
MURRAY STATE UNIVERSITY
COLLEGE TO CAREER EXPERIENCE
PROGRAM STUDENT APPLICATION

Student Information

1. Name: _____
2. Address: _____

3. Phone Number: Home _____ Cell: _____
4. Email Address: _____
5. Social Security Number: _____ - _____ - _____
6. Date of Birth: _____
(mm/dd/yyyy)

Parent/Guardian/Advocate Information

1. Do you have a legal guardian? (circle one) Yes No I don't know
2. Name: _____
3. Address: _____

4. Relationship to Applicant: _____
5. Phone Number: Home _____ Cell: _____
6. Email Address: _____

Student Background Information

These questions provide CCE with information about your school experience and interests.

1. I live with: (circle one) My parents Other relatives Group home
Independently Other _____
2. Are you currently a high school student? (circle one) Yes No
If yes, what school? _____

3. Did you receive, or plan to receive, (circle one) Diploma Certificate
4. If you are **NOT** currently a high school student, what do you do during the day?

5. Please check any of the following services you receive:

Office of Vocational Rehabilitation (OVR)
 Supports for Community Living (SCL)
 Michelle P. Waiver
 Consumer Directed Option (CDO)
 Hart-Supported Living
 Home and Community-Based Waiver (HCBW)
 Other _____

6. The purpose of the project is to help students continue their education beyond high school. Please tell us why you would like/need to continue education beyond high school/go to college: _____

7. Who will be supporting you while you go to college: (check all that apply)

<input type="checkbox"/> Self	<input type="checkbox"/> Minister/Pastor
<input type="checkbox"/> Parents/Guardian	<input type="checkbox"/> Friend
<input type="checkbox"/> Siblings	<input type="checkbox"/> Other
<input type="checkbox"/> Neighbor	<input type="checkbox"/>

8. Where do you expect to live when you go to college?

I will stay in my current living situation
 Other _____

9. How will you get to your college classes?

<input type="checkbox"/> Drive myself (I have a valid driver's license)	<input type="checkbox"/> Paratransit (e.g., Wheels)
<input type="checkbox"/> Family/Friends will drive me	<input type="checkbox"/> I don't know
<input type="checkbox"/> Carpool	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bus	

10. What do you think will be the easiest part of going to college?

11. What do you think will be the hardest part of going to college?

12. What kinds of supports do you think you will need to successfully complete college? _____

13. How did you hear about our program? _____

14. What do you want to study/what classes do you want to take?

15. What are your expectations for note-taking, studying and completing assignments? _____

16. Will you be willing and able to participate in social activities outside of the classroom environment, such as clubs, sporting events and musical performances? (circle one) Yes No

17. What are some special social events/activities you would like to experiences? ____

Important:

When turning in your application, be sure to include the following:

____ At least 1 letter of recommendation from a school representative or job supervisor

____ IEP that states intellectual or mental disability

We look forward to talking with you and we will respond within 15 days of receiving all 3 parts of the application (1. Application; 2. Letters of Recommendation; and 3. IEP). You will be contacted within 10 days of receiving all parts of the application to set up an interview. If you have questions or need assistance with this application, please contact:

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