



College Internship Program Application for Admission

CIP Berkshire
Lee, Massachusetts

CIP Brevard
Melbourne, Florida

CIP Bloomington
Bloomington, Indiana

CIP Berkeley
Berkeley, California

CIP Long Beach
Long Beach, California

CIP Amherst
Amherst, New York

ADMISSION DATE: 2011 – 2012 2012 – 2013 2013 – 2014 Fall Spring Rolling

The College Internship Program (CIP) carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely. For questions, please call (877) 566-9247.

APPLICANT INFORMATION

DATE _____

DATE OF BIRTH _____ AGE _____

APPLICANT NAME _____

PLACE OF BIRTH _____

ADDRESS _____

ENGLISH PRIMARY LANGUAGE? YES NO

CITY, STATE, ZIP _____

SOCIAL SECURITY # _____

HOME PHONE _____

CITIZENSHIP _____

STUDENT CELL _____

MALE FEMALE

STUDENT EMAIL _____

FAMILY 1 INFORMATION

PARENT 1A NAME _____

PARENT 1B NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

WORK PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

FAX NUMBER _____

FAX NUMBER _____

OCCUPATION _____

OCCUPATION _____

FAMILY 2 INFORMATION (IF APPLICABLE)

PARENT 2A NAME _____

PARENT 2B NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

WORK PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

FAX NUMBER _____

FAX NUMBER _____

OCCUPATION _____

OCCUPATION _____

SIBLING INFORMATION

Please list siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

NAME

AGE

SEX

NAME

AGE

SEX

HOW WERE YOU REFERRED?

CONSULTANT WEBSITE AD ARTICLE OTHER (LIST) _____

NAME _____

COMPANY _____

EMAIL _____

PHONE _____

ADDRESS _____

I would like CIP to contact the person listed above with information regarding my admissions process

EDUCATIONAL INFORMATION

CIP will need official copies of the applicant's High School and College transcripts. Please list all schools attended from 9th through 12th grade. Also include colleges or other relevant educational programs.

CURRENT/MOST RECENT SCHOOL _____ YEARS ATTENDED _____

MAILING ADDRESS _____ PHONE _____

GRADE LEVEL ACHIEVED, DIPLOMA OR DEGREE _____

EDUCATIONAL INFORMATION (CONTINUED)

SCHOOL 2 NAME _____ YEARS ATTENDED _____

MAILING ADDRESS _____ PHONE _____

GRADE LEVEL ACHIEVED OR DIPLOMA OR DEGREE _____

SCHOOL 3 NAME _____ YEARS ATTENDED _____

MAILING ADDRESS _____ PHONE _____

GRADE LEVEL ACHIEVED OR DIPLOMA OR DEGREE _____

ADVISOR/GUIDANCE COUNSELOR AT CURRENT SCHOOL:

NAME _____

SCHOOL _____ ADDRESS _____

PHONE _____ EMAIL _____

COUNSELOR / THERAPIST INFORMATION

*Please list all counselors and therapists who have seen applicant.

NAME 1 _____ NATURE OF SERVICE _____

ADDRESS _____ AGE SEEN _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

NAME 2 _____ NATURE OF SERVICE _____

ADDRESS _____ AGE SEEN _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

DO YOU HAVE ANY MEDICAL CONDITIONS? _____

LIST YOUR SPECIFIC DIAGNOSES _____

WESCHLER ADULT INTELLIGENCE SCALE - (WAIS III OR IV)

I.Q. SCALE: VERBAL _____ PERFORMANCE _____ FULL SCALE _____

WOODCOCK JOHNSON ACADEMIC TESTING

READING _____ WRITING _____ MATH _____ LANGUAGE _____

*Please include a WISC or WAIS and either Woodcock Johnson or WIAT testing, preferably administered within the last two years.

APPLICANT INFORMATION (CONTINUED)

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS: YES NO

IF YES, PLEASE GIVE DATE AND REASON: _____

DO YOU TAKE ANY MEDICATION? YES NO

IF YES, PLEASE DESCRIBE FOR WHAT: _____

CURRENT DIFFICULTIES OR HISTORY OF ALCOHOL, DRUG OR LEGAL DIFFICULTIES? YES NO

IF YES, PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM SCHOOL? YES NO

IF YES, PLEASE EXPLAIN: _____

CURRENT DIFFICULTIES OR HISTORY OF VIOLENCE TO SELF, OTHERS OR PROPERTY? YES NO

IF YES, PLEASE EXPLAIN: _____

CURRENT DIFFICULTIES OR HISTORY OF ANGER MANAGEMENT ISSUES? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU YOUR OWN LEGAL GUARDIAN? YES NO IF NO, WHO IS: _____

SPECIAL INFORMATION

1. WILL YOU NEED TUTORING IN ANY SUBJECTS? _____
2. WHAT ARE YOUR BEST SUBJECTS? _____
3. DO YOU KNOW WHAT YOUR MAJOR WILL BE? _____
4. DO YOU WANT SPECIALIZED TRAINING IN ANY AREA? _____

Please choose an academic or career option for the center you are applying to:

CIP BERKSHIRE <input type="checkbox"/> Berkshire Community College <input type="checkbox"/> ELMS College <input type="checkbox"/> C-STEP Career Program	CIP BLOOMINGTON <input type="checkbox"/> Indiana University <input type="checkbox"/> Ivy Tech Community College <input type="checkbox"/> C-STEP Career Program Other _____	CIP BREVARD <input type="checkbox"/> Brevard Community College <input type="checkbox"/> University of Central Florida <input type="checkbox"/> Florida Institute of Technology <input type="checkbox"/> C-STEP Career Program Other _____
CIP BERKELEY <input type="checkbox"/> Berkeley City College <input type="checkbox"/> Merritt College <input type="checkbox"/> UC Berkeley <input type="checkbox"/> Laney College <input type="checkbox"/> C-STEP Career Program Other _____	CIP Amherst <input type="checkbox"/> Daemen College <input type="checkbox"/> Erie Community College <input type="checkbox"/> University of Buffalo <input type="checkbox"/> Canisius College <input type="checkbox"/> Medaille College <input type="checkbox"/> C-STEP Career Program Other _____	CIP LONG BEACH <input type="checkbox"/> Long Beach City College <input type="checkbox"/> Long Beach State University <input type="checkbox"/> C-STEP Career Program Other _____

STUDENT STATEMENT

Please explain your strengths and challenges:

List 3 goals that you would like to achieve while attending:

PARENT STATEMENT

Please explain your student's strengths:

List at least 3 goals you would like your student to achieve while attending:

EXTRACURRICULAR, COMMUNITY AND VOLUNTEER ACTIVITIES

Please list your principle extracurricular, community, church, and family activities and hobbies. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc. Please indicate those activities you hope to pursue at CIP.

NAME OF PERSON COMPLETING APPLICATION _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBERS _____ HOME _____ WORK _____

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT _____

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PREPARER

DATE

APPLICATION PACKET CHECKLIST

Current Psychological or Neuropsychological Evaluation

Latest IEP

\$100.00 fee

H.S. / Previous College Official Transcripts

2 Reference Forms

Student Photo

Applications can be mailed to: Maggi Sanderson, College Internship Program, 18 Park St, Lee, MA 01238
Or faxed to: (413) 243-2517 (If faxing, please send check by mail)