

CIP Summer Program Application for Admission

2009

June 19th- July 3rd

2010

Dates TBA

2011

Dates TBA

The CIP Summer Program is located in Berkeley, CA and is open to national and international students. CIP carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely.

**Please include an application fee of \$100.00 with this application (one time fee can be applied to future CIP applications). The full summer tuition amount will be due upon acceptance to the summer session.*

GENERAL INFORMATION

DATE _____ MALE FEMALE

APPLICANT NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____ PLACE OF BIRTH _____

CITY, STATE, ZIP _____ PRIMARY LANGUAGE _____

PHONE NUMBERS _____ HOME SOCIAL SECURITY # _____

_____ WORK STUDENT CELL PHONE # _____

STUDENT EMAIL _____

FAMILY INFORMATION

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

EMPLOYER _____ EMPLOYER _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

OCCUPATION _____ OCCUPATION _____

FAMILY INFORMATION (CONTINUED)

STEP MOTHER'S NAME _____

STEP FATHER'S NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

OCCUPATION _____

OCCUPATION _____

SIBLING INFORMATION

Please list the *names, ages, gender* of all siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

HOW WERE YOU REFERRED TO THE CIP SUMMER PROGRAM?

CONSULTANT NAME _____ COMPANY _____

ADDRESS _____ PHONE NUMBER _____

CITY, STATE, ZIP _____ EMAIL _____

WEBSITE _____

MAGAZINE _____

OTHER _____

EDUCATIONAL INFORMATION

College Internship Program will need official copies of the applicant's high school and post-high school transcripts. Please list all schools, colleges and other relevant educational programs the applicant has attended, even if student withdrew or was dismissed. Please include reason(s) and interim activities when not enrolled.

SCHOOL OR PROGRAM _____ DATES ATTENDED _____

ADDRESS _____

GRADE LEVEL ACHIEVED _____ CONTACT PERSON _____

EMAIL _____

SCHOOL OR PROGRAM _____ DATES ATTENDED _____

ADDRESS _____

GRADE LEVEL ACHIEVED _____ CONTACT PERSON _____

EMAIL _____

**Attach additional sheet if necessary.*

APPLICANT INFORMATION

*Please list all counselors and therapists who have seen applicant and permission for CIP to contact them using attached waiver form.

NAME _____ NATURE OF SERVICE _____

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

NAME _____ NATURE OF SERVICE _____

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

DO YOU HAVE ANY MEDICAL CONDITIONS? _____

LIST YOUR SPECIFIC L.D. DIAGNOSES? _____

APPLICANT INFORMATION CONTINUED...

WESCHLER ADULT INTELLIGENCE SCALE - THIRD EDITION (WAIS III)

I.Q. SCALE: VERBAL_____ PERFORMANCE_____ FULL SCALE_____

WOODCOCK JOHNSON ACADEMIC TESTING: GRADE EQUIVALENT

READING_____ WRITING_____ MATH_____ LANGUAGE_____

*Please include a copy of WAIS III and WOODCOCK JOHNSON with application. Recent equivalent testing may be applicable if not older than 2 years.

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS: YES NO

IF YES, PLEASE GIVE DATE AND REASON (*Attach additional sheets if necessary*)

DO YOU TAKE ANY MEDICATION? YES NO IF YES, PLEASE DESCRIBE FOR WHAT?

STUDENT CAN SELF-MANAGE MEDICATIONS? YES NO IF NO, PLEASE EXPLAIN:

IS THERE ANY PAST HISTORY OF ALCOHOL, DRUG OR LEGAL DIFFICULTIES? YES NO

IF YES, PLEASE DESCRIBE_____

HAS STUDENT EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN

HAS STUDENT EVER BEEN SUSPENDED OR DISMISSED FROM SCHOOL? YES NO

IF YES, PLEASE EXPLAIN_____

SPECIAL INFORMATION

1. WILL YOU NEED SPECIFIC ACCOMODATIONS? _____

2. WHAT ARE YOUR BEST SUBJECTS? _____

3. WHAT ARE YOUR MOST CHALLENGING SUBJECTS? _____

4. WHAT WOULD YOU LIKE TO DO POST HIGH SCHOOL OR AT THIS STAGE OF YOUR LIFE?

5. DESCRIBE YOUR PERSONAL INTERESTS _____

6. DIETARY NEEDS AND/OR LIMITED FOOD PREFERENCES _____

7. ADDITIONAL COMMENTS _____

STUDENT STATEMENT

Please explain your strengths and challenges:

Please list 3 goals that you would like to achieve while attending the College Internship Summer Program:

Please list any previous volunteer or community service you have participated in:

PARENT STATEMENT

Please explain your student's strengths:

Please list at least 3 goals you would like your student to achieve while attending the College Internship Summer Program:

Please explain any special considerations that CIP should be aware of, i.e. personal habits, sensory issues, behavioral difficulties, suicidal thoughts or attempts and/or use of illegal substances. (*Attach additional sheets if necessary*).

Please explain any behavioral issues we should be aware of. Specifically in regard to anger management, personal habits and the potential for, or history of self-harm.

Has your student ever stayed away from home before? If so, how long and what for:

Explain your student's sleep habits:

STATEMENT OF AUTHENTICITY

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 STUDENT (APPLICANT) DATE

SIGNATURE OF PARENT OR PREPARER DATE

** The interview process will be determined once the application packet is complete. Interviews will be held at each of our four centers and at various locations around the country. The full summer tuition amount of \$3,875 will be due upon acceptance to the summer session.*

APPLICATION PACKET CHECKLIST

Do you have all of the following?

- FULLY COMPLETED APPLICATION
- \$100 APPLICATION FEE
- WAIS III (OR EQUIVALENT)
- WOODCOCK JOHNSON
- 2 REFERENCE FORMS
- H.S. TRANSCRIPT/IEP
- STUDENT PHOTO
- RELEASE OF INFORMATION FORM
- COPY FOR MY RECORDS

SEND COMPLETED PACKET TO:

Director of Admissions
College Internship Program
17 Main St.
Lee, MA 01238

College Internship Summer Program

REFERENCE FORM #1

Director of Admissions
College Internship Program
17 Main Street
Lee, MA 01238

Please return your completed forms directly to the address provided above.

APPLICANT INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

APPLICANT'S EMAIL: _____

APPLYING FOR ADMISSION TO THE SUMMER PROGRAM IN BERKELEY:

2009 2010 2011 2012

EVALUATOR INFORMATION

An application for admission to the College Internship Summer Program requires evaluations from two people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.

EVALUATOR'S NAME: _____

TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

SCHOOL OR COMPANY: _____

TELEPHONE NUMBER: _____ EMAIL: _____

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW DOES THIS APPLICANT COMPARE WITH HIS OR HER PEER GROUP IN ABILITY?

PERSONAL EVALUATION OF THE APPLICANT

What particularly qualifies this student for the College Internship Summer Program? Please include recent accomplishments and/or challenges. If you have any particular concerns regarding the applicant's participation, please explain:

EVALUATORS: Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

PERSONAL CHARACTERISTICS

Please rate this student realistically in comparison to other students of similar ages.

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulates gaming/computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

YES NO SIGNATURE _____ DATE ____/____/____

College Internship Summer Program

REFERENCE FORM #2

Director of Admissions
College Internship Program
17 Main Street
Lee, MA 01238

Please return your completed forms directly to the address provided above.

APPLICANT INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

APPLICANT'S EMAIL: _____

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TITLE: _____

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COUNTRY: _____

SCHOOL OR COMPANY: _____

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Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulates gaming/computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

YES NO SIGNATURE _____ DATE ____/____/____

CIP Summer Program
The Berkeley Center

RELEASE OF INFORMATION FORM

I, _____, and I, _____, hereby authorize **College Internship Program**, its agents, employees and representatives, to exchange information, make full report to, and provide and exchange copies of my records with _____.
This Release of Information shall expire upon completion or discharge from the Program. It is agreed that a photocopy of this Release of Information shall have the same effect as the original.

Student & Date of Birth	Date
Parent or Guardian	Date
Witness	Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, and I, _____ hereby authorize any employee or representative of **College Internship Program**, to request and receive my medical, psychological, dental and educational records in any form whatsoever. This Release of Information shall expire upon completion or discharge from the Program.

Student & Date of Birth	Date
Parent or Guardian	Date
Witness	Date