



CIP Summer Program 2012 Application for Admission

<input type="checkbox"/> Long Beach, CA	<input type="checkbox"/> Melbourne, FL	<input type="checkbox"/> Berkeley, CA	<input type="checkbox"/> Bloomington, IN	<input type="checkbox"/> Chicopee, MA	<input type="checkbox"/> Buffalo, NY
July 1 – July 15 2012	June 24 – July 8 2012	July 15 – July 29 2012	July 1 – July 15 2012	July 15 – July 29 2012	July 8 – July 22 2012

The CIP Summer Program carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely. An interview will also be required for acceptance into the CIP Summer Program.

**Please include an application fee of \$50.00 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 <input type="checkbox"/> FEMALE <input type="checkbox"/>
APPLICANT NAME _____	DATE OF BIRTH _____ AGE _____
ADDRESS _____	PLACE OF BIRTH _____
CITY, STATE, ZIP _____	PRIMARY LANGUAGE _____
HOME PHONE _____	APPLICANT EMAIL _____
CELL PHONE _____	TEE SHIRT SIZE _____

FAMILY 1 INFORMATION (Family that the student resides with)

PARENT 1'S NAME _____	PARENT 2'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 _____

PRIMARY CONTACT PERSON (FROM ABOVE):

FAMILY 2 INFORMATION (If relevant)

PARENT 1'S NAME _____

PARENT 2'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 _____

MAGAZINE: NAME _____

WEBSITE: WEB ADDRESS _____

CONFERENCE: NAME _____ LOCATION _____

PREVIOUS ATTENDEE: STUDENT NAME _____

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 _____

CURRENT GRADE _____ 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.

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 DIAGNOSES: _____

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 LIST MEDICATION AND 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 AND INCLUDE DATES _____

SPECIAL INFORMATION – (To be completed by student)

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? _____

5. DESCRIBE YOUR PERSONAL INTERESTS INCLUDING HOBBIES AND SPORTS _____

6. DIETARY NEEDS AND/OR LIMITED FOOD PREFERENCES _____

7. ALLERGIES AND REACTIONS _____

8. WHY WOULD YOU LIKE TO COME TO THE SUMMER PROGRAM? _____

9. ADDITIONAL COMMENTS _____

STUDENT STATEMENT (To be completed by student)

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 (To be completed by parent)

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:

Explain your student's internet and computer habits:

Additional Comments:

STATEMENT OF AUTHENTICITY

NAME OF PERSON COMPLETING APPLICATION _____

ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

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 conducted via webcam. The full summer tuition amount of \$3,975 will be due upon acceptance to the summer session.*

APPLICATION PACKET CHECKLIST

Do you have all of the following? *Applications will not be reviewed until all of the listed documents are received.

- FULLY COMPLETED APPLICATION
- \$50 APPLICATION FEE
- WAIS III TESTING (OR EQUIVALENT)
- WOODCOCK JOHNSON TESTING

- 2 REFERENCE FORMS
- H.S. TRANSCRIPT/IEP
- STUDENT PHOTO
- A COPY FOR MY RECORDS

SEND COMPLETED PACKET TO:

Abby Tierney
High School Summer Program Coordinator
College Internship Program
18 Park Street
Lee, MA 01238

413-243-0710 x 13
info@cipsummer.com