

**CarolinaLIFE**

Learning Is For Everyone

**UNIVERSITY  
OF  
SOUTH CAROLINA**

**STUDENT APPLICATION PACKET**

**2020-2021**

applications must be submitted in paper form (not electronically)

**We operate on a rolling admission policy and although there is no specific deadline to apply for admission, it is to your advantage to plan ahead and apply early.**

## **APPLICATION FOR ADMISSION PROCESS**

CarolinaLIFE™ is a non-degree certificate program. Transfer credits from other colleges or postsecondary programs do not apply. We operate on a rolling admission policy and although there is no specific deadline to apply for admission, it is to your advantage to plan ahead and apply early. Applications are not considered unless ALL requested information is present at the time of review. Students can expect to hear back regarding the next phase of the interview process in 4-6 weeks after submitting their application. In addition to submitting the required documentation, select candidates will be invited to participate in an on-site interview with the CarolinaLIFE™ program student selection committee. Admission to the CarolinaLIFE™ Program is selective. Meeting basic requirements does not guarantee admission to the program.

### **Admissions Screening**

The applicant should be able to...

- Act responsibly and maintain respect for him/herself and others and have no significant history of disruptive or aggressive behaviors.
- Demonstrate a desire to attend CarolinaLIFE and adhere to the policies and procedures of the University of South Carolina and those specific to the CarolinaLIFE program regarding attendance, participation, grades, and conduct.
- Provide proof of high school completion (a high school diploma is not required.)
- Attend all classes, employment commitments and academic lab sessions.
- Undertake activities of daily living, including self-administration of medication, without direct supervision.
- Navigate campus independently.

## **APPLICATION CHECKLIST:**

Make sure you have included the following documents in your application packet before you submit your application.

- \_\_\_\_\_ \$ 25.00 application fee (Please make checks payable to *University of South Carolina*)
- \_\_\_\_\_ CarolinaLIFE Student Application
- \_\_\_\_\_ Copy of most recent/current IEP
- \_\_\_\_\_ Psychoeducational evaluation within the past three years
- \_\_\_\_\_ Official high school transcript
- \_\_\_\_\_ 3 letters of recommendation (See Letters of Recommendations form)

**Note:** Letters must be submitted using the recommendation forms in this packet and must be returned with the application packet in **sealed envelopes\*** with the evaluator's signature across the flap. All materials submitted will be reviewed only by the CarolinaLIFE administrative team. Complete confidentiality is assured.

**\*Unsealed envelopes will not be accepted, and the application will be deemed incomplete.**

Please send all admission materials to:

**CarolinaLIFE™**  
**ATTN: Dr. Chelsea Stinnett**  
**820 Main Street**  
**Suite 123 Wardlaw – College of Education, USC**  
**Columbia, SC 29208**  
**Phone: (803) 777-8863**

*All application materials submitted will be destroyed immediately after final decisions are made for those students who are not accepted. Any admission materials sent directly to the university rather than the program office above may delay the admission process.*

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for financial aid, academic transcripts or accountability research (last four digits).

Is the student applying for CarolinaLIFE their own legal guardian?

YES NO

If yes, name of guardian: \_\_\_\_\_

*Note: If no Transfer of Rights has been carried out, then all students over the age of 18 are their own legal guardian.*

## FAMILY INFORMATION

**Student lives with:**

\_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_ Other

**Mother/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## STUDENT QUESTIONNAIRE

The intent of this section is to learn about the applicant and his/her preferences and goals. **The answers should be in the applicant's own words.** Do not be overly concerned about spelling or punctuation. Use additional pages if necessary. Please indicate if a scribe was used by checking the statement below.

A scribe was used for this section

Why do you want to attend CarolinaLIFE™?

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How did you learn about CarolinaLIFE™?

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What do you want to study in college?

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List at least 1 skill you would like to develop or improve in the following areas:

Independent living:

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Employment:

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Social/Personal:

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List three goals you have for your future:

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How would you describe your ability to effectively manage your stress? What are some strategies you use to manage stressful situations?

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Describe your favorite hobbies and what you like to do in your free time.

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Describe how you manage your time when you have many responsibilities.

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Do you spend time with friends outside of school at least once a week? (circle one) YES NO  
What do you like to do with your friends?

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Have you ever been away from your family for an extended period? If so, when, where and how long were you away? If you experienced homesickness, how were you able to manage those feelings?

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Please use this space to provide us with any additional information about yourself that you wish to share.



## EDUCATION HISTORY

School Level	Name/Location	Graduated? Degree?	Major/Emphasis
High School			
College or University			
Other Education			

Describe your academic strengths and weaknesses.

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What strategies and supports help you to learn, such as frequent repetition and a note-taker?

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Describe your involvement with any teams, clubs, or community activities.

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## EMPLOYMENT HISTORY

Describe your work experience. These may include paid or unpaid employment, school-based employment, training, and internships. (Employment experience is not a requirement for admission.) Please check “No Work History” below if this applies to you.

No Work History

Employer:	Supervisor:
Address:	Phone:
Job title:	Responsibilities:
How did you obtain this job?	Dates of employment:
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Reasons for leaving:

Employer:	Supervisor:
Address:	Phone:
Job title:	Responsibilities:
How did you obtain this job?	Dates of employment:
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Reasons for leaving:

Employer:	Supervisor:
Address:	Phone:
Job title:	Responsibilities:
How did you obtain this job?	Dates of employment:
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Reasons for leaving:

Describe your ideal work environment and any accommodations or supports you may need to be successful at work.

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Describe your goals for your future as they relate to employment.

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Describe any volunteer experience you have had.

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## MEDICAL HISTORY

What is your diagnosed disability?

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Please describe any significant medical conditions you have been diagnosed with.

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Please describe any limitations that may affect your participation in residential life, the classroom, and/or social/recreational activities.

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Do you currently take and over the counter or prescription medications?

**YES NO**

If yes, please list current medications.

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**NOTE:** If the applicant must take medications while on campus, he/she **MUST** be independent in taking those medications. No university personnel administer student medications.

If yes, please read and sign below confirming your ability to self-administer medication.

“I confirm that I am able to independently self-administer my necessary over the counter and/or prescription medications.”

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RELEASE AND EXCHANGE OF INFORMATION FORM

The University of South Carolina treats and regards all written documentation obtained to verify a disability and to plan for appropriate services as confidential. However, it may be necessary for CarolinaLIFE to exchange some information about you with other officials on a need-to-know basis. This exchange will occur only with your written permission.

Name: \_\_\_\_\_

I give my permission to exchange information about me with offices/individuals checked below:

- My Previous School District(s)
- My Parents/Guardians
- South Carolina Department of Vocational Rehabilitation
- USC Officials
- Other (Specify) \_\_\_\_\_

I, \_\_\_\_\_, agree as part of the application process, to waive my right to access the student recommendation form.

Signature \_\_\_\_\_



3. Please describe why you believe the applicant would benefit from a post-secondary education experience.

4. Describe any disruptive or challenging behavior that might interfere with the safety or learning experience of other students.

5. Please describe the applicant's ability to make independent decisions and self-advocate.

6. CarolinaLIFE requires a level of independence for students and does not provide 24-hour support. Please rate the applicant's independence level based on what you know about the applicant.

	<b>Requires a high level of support</b>	<b>Requires a low level of support</b>	<b>Requires no support</b>	<b>Don't know</b>
Navigating a familiar environment				
Navigating a new environment				
Using good judgment				
Asking for help/clarification				
Coping with stress/anxiety				
Communicating needs				
Handling conflict with others				
Socializing appropriately				
Studying				
Keeping up with due dates/assignments				
Following verbal instructions				
Following written instructions				
Following a daily schedule				
Being on time				

7. Additional Remarks:



# TRANSCRIPT REQUEST FORM

**To the applicant:**

*Use this form to request that a copy of your high school transcripts be send to CarolinaLIFE™ at University of South Carolina.*

Please attach my transcripts for transmittal to CarolinaLIFE™ at the University of South Carolina.

**To the registrar/counseling office:**

High School: \_\_\_\_\_

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please forward one (1) official copy of my academic records to:

**CarolinaLIFE™**  
**Attn: Dr. Chelsea Stinnett**  
**820 Main Street**  
**123 Wardlaw – College of Education**  
**Columbia, SC 29208**  
**Phone: (803) 777-8863**

\*Any materials sent directly to the university rather than the program office above may delay the admission process.

Applicant's name: \_\_\_\_\_

I last attended in: \_\_\_\_\_ of \_\_\_\_\_

Name on my records at that time was: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_