College Within Reach, Achieve With Us





Student Application

June 2020-June 2021

Applicant's Full Name:	Nickname (optional):		
Today's Date:/			
	Personal Information		
Gender: Male Female Other/Not Listed	Preferred pronouns:	_ No Response:	
Permanent Home Address:		Zip Code:	
Current Mailing Address:		Zip Code:	
Telephone Number:	Home or Cell:		
Email Address:	/Birthday (Month, Day, Year)//		
Emergency Contact (Name and Relationship):			
What is your mother's full name?			
What is your father's full name?			
Who is your primary guardian? Self Other:	Relationship to them? _		
	Education History		
Name of School	<u>Dates Attended</u>	Graduate (Y/N)	
Do you have experience with remote learning? I	f yes, please explain your experiences: _		

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Briefly discuss what you learned in school:	
Did you do homework regularly while in school:	
What was your favorite subject in school:	
What helped you learn in school:	
What is your favorite part of school:	
Employment/Vo	olunteer History
Current or Previous Job (if any):	Date of start (month, year) :/
Job Title: Location :	
Responsibilities:	
Did you interview for your job? If so please explain the interv	iew experience:
Approximately how many hours per week do/did you work:	
DDD & DVR	Information
Do you have a DDD Case Manager? If so please provide the	following information.
Case Manager Name:	Telephone Number:
Email Address:	
Do you have a DVR Counselor? If so please provide the follo	wing information.
Counselor Name:	Telephone Number:
Email Address:	
Do you have a Support Coordinator? If so please provide the	e following information.
Coordinator Name :	Telephone Number:
Email Address:	_
Name of Company:	

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Technology Information

Do you use a computer or laptop? How often do you use it?
Do you use email? Do you check your email daily?
Do you use Facebook/Twitter/Instagram or other social media platforms?
Please circle the following if you use these forms of technology on a regular basis: Laptop/Computer Phone Tablet
Have you ever used Zoom or Cisco Webex? If yes, which one?
Rules and Safety Information
Please circle YES or NO for the following questions.
1. Do you know how to follow rules and safety procedures? YES or NO
2. Can you self-administer your medications if needed? YES or NO
3. Do you have transportation to Raritan Valley Community College? YES or NO
4. Do you have any health concerns that need to be addressed each day you attend Raritan Valley Community College? YES or NO
If your answer is YES to the last question, please describe them:
Why do you want to go to college?
1. What interests you about attending a college program?
2. What do you hope to learn and do in a college program?

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Are	their any interests you want to explore in college that you were unable to do in high school?
Wha	t are your goals for the future? (College, Work, etc.)
i. How	do you think attending a college program will help you in the future?
. Wha	t subjects from high school do you hope to continue learning about in college?
Dov	ou have any concerns about entering a college program?
. Бо у	ou have any concerns about entening a conege program:

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Are their any clubs or special interest groups that you are interested in exploring at college?	
. How did you learn about The Achievement Center program at Raritan Valley Community College?	
D. What excites you about going to college?	

Email: bobh@thearcofsomerset.org

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Mailing Address: 141 South Main Street, Manville NJ, 08835. Please direct to the attention of TAC or Bob Hulit.