

APPLICATION FOR ADMISSION

Elmhurst Learning and Success Academy (ELSA)



ELSA
190 Prospect Avenue
Elmhurst, Illinois 60126-3296

(630) 617-3752
elsa@elmhurst.edu
elmhurst.edu/elsa



Student Profile

Name

Last (family name)

First

Middle

/ /

Male Female Other

Social Security Number

Name which may appear on applicant records, if different from above

Birthdate

Mailing Address

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

If you are not a U.S. citizen, please complete the following

Country of Citizenship

Country of Birth

Visa

Permanent Resident: Yes No

Religion

If you wish, please indicate your religious affiliation:

Jewish United Church of Christ (UCC) Other, specify: _____
 Roman Catholic Protestant; denomination: _____

Race/Ethnicity *(optional)*

Colleges and universities are asked by many groups, including federal government, accrediting associations, college guides and newspapers to describe the ethnic/racial backgrounds of their students and employees. In order to respond to these requests we ask you to answer the following questions.

Are you Hispanic or Latino?

Yes No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself a member:

American Indian or Alaska Native Black or African American Other: _____
 Asian Native Hawaiian or Other Pacific Islander

Interests

What are your hobbies and interests?

What do you like to read?

Elmhurst offers a variety of opportunities to get involved on campus. What areas might be of interest to you (athletics, clubs, music, performance, service opportunities)?

Education History

Name of School

Years Attended

Reason for Leaving

Date of Completion

Volunteer and/or Employment History

Complete the following if you have had any prior volunteer work/employment/vocational experiences.

Note: This is not a requirement for admission to the program.

Name of Employer	Position & Job Responsibilities	Date of Employment Hours/Week	Paid or Volunteer	Job Coach (Y/N)	Internship (Y/N)

Have you applied for Vocational Rehabilitation services? Yes No

Have you received Vocational Rehabilitation services? Yes No

If yes, please list your VR counselor's name, email and phone number: _____

Short Essay

Please feel free to complete on another piece of paper. To be completed by applicant with/without assistance from the parent/family/guardian/caregiver.

1. Why do you wish to be considered for the Elmhurst Learning and Success Academy?
2. What do you see yourself doing after graduation?
3. Understanding that ELSA and families must work together, what role will your family play in helping you achieve your vision?

Application Details

I am applying for admission to the Fall Term January Term

Indicate expected year of enrollment 20 ____ full-time part-time

I would like to be considered for living on-campus Yes No

I/we certify that the information provided is honestly and accurately provided.

Applicant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian 1

Last Name	First Name	MI	Home Phone
Address	City	State	Zip Code
Occupation/employer address			
Work Phone	Cell Phone	Email Address	

Parent/Guardian 2

Last Name	First Name	MI	Home Phone
Address	City	State	ZIP Code
Occupation/employer address			
Work Phone	Cell Phone	Email Address	

Emergency Contact Information

In case of an emergency if parent/guardian cannot be reached, please contact:

Name _____

at _____

or

Name _____

at _____

Parent/Guardian Information

Student Assessment

If the student will not receive a diploma/certificate, or equivalent, please explain:

Please describe the student's academic strengths and needs:

Please describe the student's learning style, including how the student approaches tasks and any accommodations:

Has the student used any technology? If yes, what?

What are your goals for your student's post-secondary education?

Student's Medical History

Please give a brief description of the student's medical history, including any disabilities diagnoses that he/she may have:

Please list medical conditions that may impact student's functioning on campus, including severe allergies:

Medical Condition	Date of Diagnosis	Description of the Medical Condition	Does this impact the daily living of the applicant? (Y/N)

Is the student currently taking any medications? If so, please list and indicate what the medications are being taken for:

Note: If the student must take medications while on campus, he/she must be independent in administering his/her medications. Elmhurst College does not have the personnel or facility to administer medications. This is not included in any of the program or college services.

Does the student currently receive private therapy services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy, etc? If so, please indicate which services:

Is the student independent with self-care such as toileting and basic hygiene? Is the student independent in mobility (i.e. wheelchair, use of cane, walker, braces, etc. with assistance)?

Note: If not, the student/family will need to arrange for personal assistance services in order to attend ELSA. Elmhurst College does not have the personnel to provide this service and these supports are not included in the program or College services.

ELSA evaluates all applicants and administers all its policies regarding admission, education, and school activities without regard to race, color, creed, national or ethnic origin, marital status, age, gender, sexual orientation, disability or veteran status.

Self-Disclosure

Is there a broader context in which we should consider your performance and involvement? Any external factors we should consider (e.g. family situation, work, sibling childcare responsibility or other)?

Yes No

Have you ever been found responsible for any disciplinary violation at an educational institution you have attended from the ninth grade (or international equivalent) forward, whether related to academic or behavioral misconduct, that resulted in your removal, separation, dismissal, probation, suspension or expulsion from the institution(s)?

Yes No

Have you ever been convicted of a felony (this does not include routine traffic offenses, misdemeanors or juvenile proceedings)? Felony convictions may affect your admission qualification.

Yes No

Admission Application Requirements

Students seeking admission consideration should submit their complete application to the Office of Admission by the preferred application deadline of **January 15** if students want to be considered for on-campus housing. There will be a separate housing assessment that will be scheduled after the student has been admitted.

Students interested in starting the program in the spring semester should submit their complete application by **November 1**.

The prospective student/family will be contacted by Admission/ELSA Coordinator to schedule the required admission interview after the application has been completed and reviewed.

Housing is not required for students to attend the program and we will accept new applications on a rolling basis as space permits generally through **July 1**.

ELSA Student Enrollment Checklist

This application file is complete when the following have been submitted:

- ELSA application for admission
- Parent/Family/Guardian/Caregiver recommendation and assessment
- Student essay
- Two letters of recommendation from teachers/related service providers
 - #1
 - #2
- Psychological evaluation/assessment within the last three years
- Official High School Transcript

* Note: It is highly recommended to file a FAFSA (Free Application for Federal Student Aid) in order to receive possible financial support (fafsa.gov).

Upon notification of admission please submit the \$200 deposit within two weeks to secure your seat.