# Career Studies Program Customer Relations Certificate Application

All Information needs to be filled out completely!

## PERSONAL INFORMATION

Last Name Firs	t Name
Date of Birth	
Age at the time of application	
Are you a Pennsylvania Resident? Yes 1	No
Do you have an intellectual disability or other disa	ability? Yes No
Please provide the specific disability	
Is your disability documented in the evaluation rep	port? Yes No
Street Address	
City	
State	
Zip Code	
Phone Number	E-mail
HIGH SCHOOL INFORMATION	
Name of High School	
Contact Name	
City	

State\_\_\_\_\_\_
Zip Code\_\_\_\_\_
Phone Number \_\_\_\_\_\_ E-mail\_\_\_\_\_
Highest Level of Education Completed
\_\_\_ No High School \_\_\_ GED, Date (mo/yr) \_\_\_ Certificate of Completion

\_\_\_ HS Diploma, Date (mo/yr)

Career Studies Program, Penn State Harrisburg

\_\_\_ Some High School

#### SUPPLEMENTAL INFORMATION

#### DOCUMENTATION OF DISIBILITY

#### ALONG WITH THIS APPLICATION, SUBMIT:

Most recent Individualized Education Program (IEP), and/or

Psychological-Educational or Neuropsychological Evaluation (by a licensed professional)

#### SUPPORTING DOCUMENTS

#### ALONG WITH THIS APPLICATION, SUBMIT:

Resume or summary of work history, and

School transcripts or records (e.g. high school, college)

Parent and Guardian Information
Name
Street Address
City
State
Zip Code
Phone Number E-mail
Emergency Contact
Parent Guardian Other (Complete the information below)
Name
Street Address
City
State
Zip Code

### SERVICE PROVIDER INFORMATION

Phone Number \_\_\_\_\_ E-mail\_\_\_\_

Do you currently have a waiver through the County Office of Intellectual Disability?	_Yes	_No
What is the name and contact information of your supports coordinator?		
Name		
Address		
Email		
Phone Number		
Have you opened a file with the Office of Vocational Rehabilitation (OVR) Services?	_Yes	No
Are you currently receiving services from OVR?Yes*No		
*If yes, what is the name and contact information of your OVR Counselor?  Name		
Address		
Email		
Phone Number		
Student Centered Information		
Why do you want to annull in Donn State Harrighurg's Customer Polations Program?		
Why do you want to enroll in Penn State Harrisburg's Customer Relations Program?		

Caree	areer Studies Program, Penn State Harrisburg		

What do you want to learn if accepted?			

Do you have a preferred method of learning?			
What academic support do you need in the classroom?			

reer Studies Program, Penn State Harrisburg		
,	What are your short term and long term education and career goals?	
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Career Stu	areer Studies Program, Penn State Harrisburg		
W	hat are your talents and strengths? What are you good at doing?		

What is important to you?	
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Caree	areer Studies Program, Penn State Harrisburg		
	Are you or were involved in extracurricular activities? If yes, please explain.		

Application Agreement: I certify that the responses provided on my application are true and complete the best of my knowledge. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to withdrawal my application, deny admission or dismine after enrollment. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all required information and supplemental documents. I also agree to inform Career Studies and Penn State Harrisburg in writing, of any change in my plans to attend the University, any change of address, or residency. I understand that if I do not enroll or discontinue my enrollment in the Career Studies program at Penn State Harrisburg at any time, I must submit a new application by the appropriate deadline and pay a new application fee (if applicable). Penn State Harrisburg and the Career Studies program is authorized to use my image (still or motion photography its proportional materials.	r Studies Program, Penn State Harrisburg	
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