

**Application Form
Project Success
University of Wisconsin Oshkosh
Oshkosh, WI 54901**

Phone: (920) 424-1033/Fax: (920) 424-0858/e-mail: kitz@uwosh.edu

- I wish to enter Project Success in the summer of _____.
- I will not attend the Summer Program, but would like to in the _____ semester.

Residency Status

Are you a Wisconsin or Minnesota resident for tuition purposes?

- Yes, I am a Wisconsin or Minnesota resident and plan to pay resident tuition.
- No, I am a non resident student and plan to pay non resident tuition.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ Fax (____) _____ e-mail _____

Date of Birth: _____ Age: _____ SSN# _____

Parents Names (optional) Father: _____ Mother: _____

Information about Your Disability

Date initial evaluation of dyslexia or learning disability _____

Please provide the following information on the person who first or most recently diagnosed your learning disability or dyslexia:

Name _____

Professional Title _____

Address _____

City/ State/Zip _____

What is the date of your most recent re-evaluation of your disability? _____

Do you have a copy of your most recent evaluation? Yes No

Please send a copy of your most recent documentation with this application.

Please check the areas that are most difficult for you because of your disability:

Reading

- Word Attack
- Comprehension
- Reading rate

Written Expression/Spelling

- Spelling
- Writing mechanics
- Paragraph/theme development

Mathematics

- Basic Facts
- Basic operations/calculations
- Applied (story) problems

Study Skills

- Time management
- Note taking
- Test preparation

High School Information

Name and address of high school where you graduated or high school you are currently attending:

School Name: _____

Address: _____

City, State, Zip: _____

Dates Attended: From _____ to _____

Year of High School Graduation or anticipated Graduation: _____

Did you receive Special Education services during high school? Yes No

Did you have an Individualized Educational Plan? Yes No

If yes, please indicate dates of service _____ to _____

What types of services and accommodations did you receive?

Special education teacher's name: _____

Postsecondary Education Information

Have you attended a postsecondary school such as a college, university or technical school?
 Yes No

If so, please fill in the information below for the last school you attended:

Dates Attended: From _____ to _____

Number of credits earned: _____ Cumulative GPA: _____

Did you receive accommodations for your disability at this postsecondary institution?
 Yes No

If yes, please indicate dates of service _____ to _____

What types of services/accommodations did you receive?

Financial Assistance Information

Do you receive SSI/SSDI? Yes No

Have you applied for SSI/SSDI? Yes No

Have you applied for financial aid? Yes No

Date application submitted: _____ Date received: _____

Have you applied for vocational rehabilitation services (DVR/DORS)? Yes No

Date application submitted: _____ Date of eligibility: _____

If yes, Counselor's name: _____

Address: _____

City, State, Zip _____

Phone: _____

Student Signature

Date

Please send a copy of your most recent documentation with this application.