

**Project Success Application Form**  
**University of Wisconsin- Oshkosh**  
**800 Algoma Blvd.**  
**Oshkosh, WI 54901**

Phone: 920-424-1033

Email: projectsuccess@uwosh.edu

Fax: 920-424-0858

**Personal Information**

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent/Guardian Name(s):**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

**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 and plan to pay non-resident tuition
- What is your expected High School Graduation date? \_\_\_\_\_

**Information About Your Disability**

Date of initial evaluation of dyslexia or learning disability: \_\_\_\_\_

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

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

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

**Reading**

- Word Attack       Reading Rate  
 Comprehension

**Written Expression/ Spelling**

- Spelling       Writing Mechanics  
 Paragraph/ Theme Development

**Mathematics**

- Basic Facts       Story Problems  
 Basic Operations/ Calculations

**Study Skills**

- Note-taking       Test Preparation  
 Time Management

**High School Information**

Please provide the name and address of high school where you graduated or are currently attending:

School Name: \_\_\_\_\_ School Location: \_\_\_\_\_

Did you receive Special Education Services during High School?     Yes       No

Did you have an Individualized Education Plan?     Yes       No

What types of services did you receive?

Extra Testing Time       Test Reader       Resource Room

Other(s): \_\_\_\_\_

**Postsecondary Education Information**

Have you attended a postsecondary school such as a college, university or technical school? \_\_\_\_\_

School Name: \_\_\_\_\_ School Location: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Credits Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

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

What types of services did you receive?

Extra Testing Time       Test Reader       Resource Room

Other(s): \_\_\_\_\_

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How did you hear about Project Success \_\_\_\_\_

Did you see a representative of Project Success at a Transition fair and/or college visit? \_\_\_\_\_

If so, which state/fair and/or Project Success representative \_\_\_\_\_

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**Application To-Do List**

**Please make sure to include the following when submitting the application:**

- Copy of Most Recent Documentation**
  - ACT Scores** (Recommended, but not required)
  - High School Transcript complete through Junior Year** (do not send report cards or other similar documents)
  - Senior Year Schedule for the whole year, both first and second semester**
  - Hand-written Letter of Interest**
  - Date sent in \_\_\_\_\_**
- Project Success recommends applying to the program during second semester Junior year or first semester Senior year.

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