applications must be submitted in paper form (not electronically)

We operate on a rolling admission policy and although there is no specific deadline to apply for admission, it is to your advantage to plan ahead and apply early.
APPLICATION FOR ADMISSION PROCESS

CarolinaLIFE™ is a non-degree certificate program. Transfer credits from other colleges or postsecondary programs do not apply. We operate on a rolling admission policy and although there is no specific deadline to apply for admission, it is to your advantage to plan ahead and apply early. Applications are not considered unless ALL requested information is present at the time of review. Students can expect to hear back regarding the next phase of the interview process in 4-6 weeks after submitting their application. In addition to submitting the required documentation, select candidates will be invited to participate in an on-site interview with the CarolinaLIFE™ program student selection committee. Admission to the CarolinaLIFE™ Program is selective. Meeting basic requirements does not guarantee admission to the program.

Admissions Screening

The applicant should be able to…

- Act responsibly and maintain respect for him/herself and others and have no significant history of disruptive or aggressive behaviors.
- Demonstrate a desire to attend CarolinaLIFE and adhere to the policies and procedures of the University of South Carolina and those specific to the CarolinaLIFE program regarding attendance, participation, grades, and conduct.
- Provide proof of high school completion (a high school diploma is not required.)
- Attend all classes, employment commitments and academic lab sessions.
- Undertake activities of daily living, including self-administration of medication, without direct supervision.
- Navigate campus independently.
APPLICATION CHECKLIST:

Make sure you have included the following documents in your application packet before you submit your application.

___ $ 25.00 application fee (Please make checks payable to University of South Carolina)
___ CarolinaLIFE Student Application
___ Copy of most recent/current IEP
___ Psychoeducational evaluation within the past three years
___ Official high school transcript
___ 3 letters of recommendation (See Letters of Recommendations form)

Note: Letters must be submitted using the recommendation forms in this packet and must be returned with the application packet in sealed envelopes* with the evaluator’s signature across the flap. All materials submitted will be reviewed only by the CarolinaLIFE administrative team. Complete confidentiality is assured.

*Unsealed envelopes will not be accepted, and the application will be deemed incomplete.

Please send all admission materials to:

CarolinaLIFE™
ATTN: Dr. Chelsea Stinnett
820 Main Street
Suite 123 Wardlaw – College of Education, USC
Columbia, SC 29208
Phone: (803) 777-8863

All application materials submitted will be destroyed immediately after final decisions are made for those students who are not accepted. Any admission materials sent directly to the university rather than the program office above may delay the admission process.
STUDENT INFORMATION

Last Name: ___________________________ First Name: ___________________________ MI: ____

Preferred Name: _____________________ Birth Date: __________________________

Home Phone: _________________________ Cell Phone: __________________________

Address: _______________________________________________________________________________

City: _________________________________ State: _____________ Zip Code: ___________________

Email Address: __________________________________________________________________________

Social Security Number: _______________________________  
Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for financial aid, academic transcripts or accountability research (last four digits).

Is the student applying for CarolinaLIFE their own legal guardian?

YES      NO

If yes, name of guardian: __________________________

*Note: If no Transfer of Rights has been carried out, then all students over the age of 18 are their own legal guardian.*
FAMILY INFORMATION

Student lives with:

_________ Both Parents __________ Mother __________ Father __________ Guardian(s) _________ Other

Mother/Guardian

Last Name: ____________________________          First Name: ________________________________
Home Phone: __________________________           Cell Phone: ________________________________
Address: _____________________________________________________________________________
City: __________________________________   State: _____________   Zip Code: _________________
Occupation: ____________________________         Work Phone: _______________________________
Email Address: ________________________________________________________________________

Father/Guardian

Last Name: ____________________________          First Name: ________________________________
Home Phone: __________________________           Cell Phone: ________________________________
Address: _____________________________________________________________________________
City: __________________________________   State: _____________   Zip Code: _________________
Occupation: ____________________________         Work Phone: _______________________________
Email Address: ________________________________________________________________________

Emergency Contact:

Last Name: ____________________________          First Name: ________________________________
Home Phone: __________________________           Cell Phone: ________________________________
Address: _____________________________________________________________________________
City: __________________________________   State: _____________   Zip Code: _________________
Occupation: ____________________________         Work Phone: _______________________________
STUDENT QUESTIONNAIRE

The intent of this section is to learn about the applicant and his/her preferences and goals. **The answers should be in the applicant’s own words.** Do not be overly concerned about spelling or punctuation. Use additional pages if necessary. Please indicate if a scribe was used by checking the statement below.

☐ A scribe was used for this section

Why do you want to attend CarolinaLIFE™?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How did you learn about CarolinaLIFE™?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What do you want to study in college?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
List at least 1 skill you would like to develop or improve in the following areas:

Independent living:
__________________________________________________________________________

Employment:
__________________________________________________________________________

Social/Personal:
__________________________________________________________________________

List three goals you have for your future:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How would you describe your ability to effectively manage your stress? What are some strategies you use to manage stressful situations?
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________

Describe your favorite hobbies and what you like to do in your free time.
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
Describe how you manage your time when you have many responsibilities.
__________________________________________________________________________
__________________________________________________________________________
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Do you spend time with friends outside of school at least once a week? (circle one) YES  NO
What do you like to do with your friends?
__________________________________________________________________________
__________________________________________________________________________
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Have you ever been away from your family for an extended period? If so, when, where and how long were you away? If you experienced homesickness, how were you able to manage those feelings?
__________________________________________________________________________
__________________________________________________________________________
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Please use this space to provide us with any additional information about yourself that you wish to share.
__________________________________________________________________________
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8
## EDUCATION HISTORY

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name/Location</th>
<th>Graduated? Degree?</th>
<th>Major/Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College or University</td>
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<tr>
<td>Other Education</td>
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</tbody>
</table>

Describe your academic strengths and weaknesses.

__________________________________________________________________________
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__________________________________________________________________________
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What strategies and supports help you to learn, such as frequent repetition and a note-taker?

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________

Describe your involvement with any teams, clubs, or community activities.

__________________________________________________________________________
__________________________________________________________________________
EMPLOYMENT HISTORY

Describe your work experience. These may include paid or unpaid employment, school-based employment, training, and internships. (Employment experience is not a requirement for admission.) Please check “No Work History” below if this applies to you.

☐ No Work History

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Supervisor:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Job title:</td>
<td>Responsibilities:</td>
</tr>
<tr>
<td>How did you obtain this job?</td>
<td>Dates of employment:</td>
</tr>
<tr>
<td>☐ Paid ☐ Internship ☐ Volunteer</td>
<td>Reasons for leaving:</td>
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</tr>
<tr>
<td>☐ Paid ☐ Internship ☐ Volunteer</td>
<td>Reasons for leaving:</td>
</tr>
</tbody>
</table>
Describe your ideal work environment and any accommodations or supports you may need to be successful at work.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe your goals for your future as they relate to employment.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe any volunteer experience you have had.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
MEDICAL HISTORY

What is your diagnosed disability?
____________________________________________________________________________________

Please describe any significant medical conditions you have been diagnosed with.
____________________________________________________________________________________
____________________________________________________________________________________

Please describe any limitations that may affect your participation in residential life, the classroom, and/or social/recreational activities.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you currently take and over the counter or prescription medications?

YES  NO

If yes, please list current medications.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

NOTE: If the applicant must take medications while on campus, he/she MUST be independent in taking those medications. No university personnel administer student medications.

If yes, please read and sign below confirming your ability to self-administer medication.

“I confirm that I am able to independently self-administer my necessary over the counter and/or prescription medications.”

Applicant Signature: _______________________________  Date: ______________
RELEASE AND EXCHANGE OF INFORMATION FORM

The University of South Carolina treats and regards all written documentation obtained to verify a disability and to plan for appropriate services as confidential. However, it may be necessary for CarolinaLIFE to exchange some information about you with other officials on a need-to-know basis. This exchange will occur only with your written permission.

Name: _______________________________________________________________

I give my permission to exchange information about me with offices/individuals checked below:
   _____ My Previous School District(s)
   _____ My Parents/Guardians
   _____ South Carolina Department of Vocational Rehabilitation
   _____ USC Officials
   _____ Other (Specify) _____________________________________________________________

I, ___________________________, agree as part of the application process, to waive my right to access the student recommendation form.

Signature _____________________________________________________________________
LETTER OF RECOMMENDATION FORM

Recommendation for (applicant’s name): ____________________________________________________

CarolinaLIFE™ is a non-degree, certificate program that supports students with diverse needs in taking classes, living, learning, and experiencing life at college. Students work towards their goals related to independent living, employment, and social and personal development. CarolinaLIFE is a rigorous post-secondary option for candidates who demonstrate independence and drive for meeting their full potential.

We appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed. The recommendations should address each of the following areas: (1) Education, (2) Vocational/Employment, (3) Community involvement, and (4) Personal.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed application packet. Thank you for your assistance.

Recommender Information:
Last Name: _______________________ First Name: _______________________ Middle Initial: ____
Institutional Affiliation: _______________________________________________

Address of Recommender:
Number and Street: ___________________________ Apt. # ______________
City: _____________________ State: ________ Zip Code: ___________
Telephone: ________________ E-mail: _______________________________

1. How long have you known the applicant and in what capacity?

2. Please provide your overall assessment of the applicant’s strengths and support needs. Describe what why he or she would be a good candidate for CarolinaLIFE.
3. Please describe why you believe the applicant would benefit from a post-secondary education experience.

4. Describe any disruptive or challenging behavior that might interfere with the safety or learning experience of other students.

5. Please describe the applicant’s ability to make independent decisions and self-advocate.
6. CarolinaLIFE requires a level of independence for students and does not provide 24-hour support. Please rate the applicant’s independence level based on what you know about the applicant.

<table>
<thead>
<tr>
<th></th>
<th>Requires a high level of support</th>
<th>Requires a low level of support</th>
<th>Requires no support</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>Navigating a familiar environment</td>
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<tr>
<td>Navigating a new environment</td>
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<tr>
<td>Using good judgment</td>
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<tr>
<td>Asking for help/clarification</td>
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<tr>
<td>Coping with stress/anxiety</td>
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<tr>
<td>Communicating needs</td>
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<tr>
<td>Handling conflict with others</td>
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<tr>
<td>Socializing appropriately</td>
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<tr>
<td>Studying</td>
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<tr>
<td>Keeping up with due dates/assignments</td>
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</tr>
<tr>
<td>Following verbal instructions</td>
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<tr>
<td>Following written instructions</td>
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<tr>
<td>Following a daily schedule</td>
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<tr>
<td>Being on time</td>
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</table>

7. Additional Remarks:
TRANSCRIPT REQUEST FORM

To the applicant:
Use this form to request that a copy of your high school transcripts be send to CarolinaLIFE™ at University of South Carolina.

Please attach my transcripts for transmittal to CarolinaLIFE™ at the University of South Carolina.

To the registrar/counseling office:

High School: _________________________________________________________

Number and Street: ____________________________________________________

City: _______________________ State: _________ Zip Code: ____________

Please forward one (1) official copy of my academic records to:

CarolinaLIFE™
Attn: Dr. Chelsea Stinnett
820 Main Street
123 Wardlaw – College of Education
Columbia, SC 29208
Phone: (803) 777-8863

*Any materials sent directly to the university rather than the program office above may delay the admission process.

Applicant’s name: _____________________________________________________

I last attended in: ________________________________ of ___________________

Name on my records at that time was: _____________________________________

Signature ___________________________      Date: ___________________