2021-2022 Academic Year
Application for F.O.C.U.S. Program
Applications Due Thursday, April 1st 2021
*Must include application fee of $60
**Application for early acceptance (Spring 2021 Semester)
Due Tuesday, November 2nd 2020
Instruction for Applicants on F.O.C.U.S. Admission

Admission Process

Step 1: Application
- Application
- Family Assessment (Complete online at: https://forms.gle/Asas4spabVWMdvEi9)
- Documentation
- Video
- Essay
- 2 Letters of Recommendation
- Scholarship Application (Optional)

Step 2: Application Review

Step 3: F.O.C.U.S Selection
- Acceptance Letter

Step 4: Meeting and Enrollment
- STAR Planning

Application Submitted by 4:00pm Thursday, April 1st, 2021 (Tuesday, November 1st 2020 for spring 2020 acceptance)

Checklist:

____ Application
____ Family Assessment
____ Documentation of Intellectual/Developmental Disability
____ Video
____ Essay
____ Letter of Recommendation
____ Personal
____ Professional (Non-Relative)
____ Scholarship Application (Optional)
____ $60 Application Fee

Application Emailed, Mailed, or Dropped off to:
K. Ryan Wennerlind Office 115 University of Nevada, Las Vegas
Carlson Education Building 4505 S Maryland Pkwy Box 453014
karl.wennerlind@unlv.edu Las Vegas, NV 89154
APPLICATION FOR ADMISSION

Contact Information
Last name ___________________ First _______________ Middle ________________

Mailing Address
Mailing Address ______________________________________________________________
Email______________________ Cell Phone _____________ Optional Phone___________

Parent/Guardian/Stakeholder Information
Name _______________________ Relation to Student ___________________________
Mailing Address ______________________________________________________________
Cell Phone _________________ Email __________________
Home Phone _________________ Preferred Phone: (circle) Cell – Home

Applicant Information
Date of birth ___________________ Gender M___ F ____
Social Security Number _____-____-___________ (Providing this information is voluntary. It is
used only for record-keeping purposes.)
I am a: U.S. citizen ___ Yes ___ No
If not a U.S. citizen, are you a permanent resident? ___Yes ___ No (If a permanent resident,
please attach copy of your resident card to your application.)
If not a U.S. citizen, country of citizenship: ________________________________
Please check all that apply:
___ White, not of Hispanic origin
___ Black, not of Hispanic origin
___ Hispanic American or Multiracial
___ Hispanic or Latino descent
___ American Indian/Alaskan Native
___ Asian or Pacific Islander
___ International/other _______________
**School information**

Lists all high schools attended (list most recent first)

<table>
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<tr>
<th>High school</th>
<th>City</th>
<th>Years attended</th>
<th>Graduated/ Grades completed</th>
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What courses in did you enjoy most?  
1. _____________________________  
2. _____________________________  
3. _____________________________  
4. _____________________________  
5. _____________________________

What courses did you enjoy least?  
1. _____________________________  
2. _____________________________  
3. _____________________________  
4. _____________________________  
5. _____________________________

**Work History**

Employer ___________________  
Job Title ___________________  
Pay ________
Start Date ______  
End Date ______  
Hours Per Week ______

Job Duties ____________________________________________
________________________________________________________________________________

**Volunteer/Internship Experience**

Organization ___________________  
How Often ______  
Hours Per Week ______

Tasks/Duties ____________________________________________

**Assistive Technology**

Have you ever utilized assistive technology? Yes____ No ____
If so, what?
________________________________________________________________________________
**Medical History**

Please provide brief description of your medical history, including disability diagnosis (Please include documentation of disability. This may include most recent IEP or MDT):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list any significant medical, behavioral, and/or physical conditions that may impact your participation in classroom, social, or recreational activities on campus:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list any current medications you are taking (include dosage, frequency, and reason, for taking the medication):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*If applicant must take medication while on campus, he/she must be independent in self-administering his/her medications.

Do you currently receive private/public-agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? Yes _____ No _____

If yes, please list:

______________________________________________________________________________
______________________________________________________________________________

Please provide any other medical information that you feel would be important regarding your participation in this program:

______________________________________________________________________________
______________________________________________________________________________

Family Assessment

Instructions: To be filled out by Parent/Family/Guardian/Support person. The assessment will be filled out online at https://forms.gle/Asas4spabVWMdvEi9. Complete the assessment to the best of your knowledge of the student. Additional assessments will be administered by staff upon acceptance into program.
**Documentation**

Please provide documentation of an intellectual and/or developmental disability (i.e., IEP, medical records, letter from doctor). Please attach documentation to this application before submitting. This information must be received prior to services on campus (i.e., acceptance into Project FOCUS, accommodations from the UNLV Disability Resource Center).
Student Questionnaire for Personal Essay and Video Interview

Instruction for Essay and Video Interview

This section is to be filled out by the student applicant and may include additional pages. This is an opportunity to demonstrate writing skills. Please write answers to each question and use question and answer when you record your video interview. The student may also provide additional writing samples, but it is not required.

- What are your strengths?

- What are some things you like doing in your free time (hobbies)?

- Why do you want to go to UNLV? What do you want to study?

- Do you want to get a job after college? If so, what job would you like to have?

- After college, where would you like to live? (With family, your own apartment, with roommates, group home, etc.)
Letters of Recommendation

Instructions for Letters of Recommendation

- Two letters of recommendation are required.
- One letter of recommendation should be a personal letter (Can be relative or family member).
- One letter of recommendation must be a professional letter (non-relative).

Letters of Recommendation must include:

- Name of Applicant
- City, State, Phone Number, Email
- Relationship to Applicant
- Length of Relationship (Years/Months)
- Discussion of the following items:
  - Description of relationship with applicant.
  - Description of why you feel the applicant would benefit from attending F.O.C.U.S and UNLV.
  - Using examples from relationship, describe the applicants desire to learn.
  - Description of parent/family/guardian/stakeholder support.
F.O.C.U.S. Program
University of Nevada, Las Vegas

Proof and Acknowledgement of Guardianship

This is to acknowledge guardianship rights to my child even though he or she is over the age of eighteen (18). Check one:

_____ My child is his/her own legal guardian.

_____ I am legal guardian to my child even though he/she is over the age eighteen (18).

_____ I have attached a copy of the court-ordered guardianship.

__________________________________________________________
Parent/Guardian Signature

_____ As the applying student, I acknowledge that legal guardianship resides with my parents and that all legal documents and information from the University of Nevada, Las Vegas will be shared with them.

_____ As the applying student, I am my own legal guardian.

__________________________________________________________
Applicant Signature
F.O.C.U.S. Program
University of Nevada, Las Vegas

Release and Exchange of Information Form/Research Consent

The F.O.C.U.S. Program at the University of Nevada, Las Vegas treats all written documentation obtained to verify a disability and plan for appropriate services as well as documented services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of Nevada, Las Vegas faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in the document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name ______________________________________________

I give permission to exchange information about me to the following offices/individuals below-If you wish any to be excluded, please specify at bottom of list:

- School District(s) _________________________ (list district)
- School Personnel ______________________________________ (list schools)
- Department of Vocational Rehabilitation Office (VR)
- Dessert Resource Center (DRC)
- Admissions Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar’s Office
- F.O.C.U.S. Program Interns
- Tutor
- (Office to be excluded) ___________________________________________________

Additionally, I hereby give permission for the F.O.C.U.S. Program at the University of Nevada, Las Vegas the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes. I also agree to participate in research studies conducted by the F.O.C.U.S. Program staff (Consent forms will also be distributed prior to the start of research studies).

Student Signature _____________________________________________ Date ____________
Parent/Guardian Signature ______________________________________ Date ____________
Witness ______________________________________________________ Date ____________
F.O.C.U.S. Program
University of Nevada, Las Vegas
Student/Parent/Guardian Memorandum of Understanding

The F.O.C.U.S. Program at the University of Nevada, Las Vegas is a post-secondary education program for adults with intellectual/developmental disabilities who typically graduated high school with an adjusted diploma. The F.O.C.U.S. Program is not an entitlement program, and it is the discretion of the F.O.C.U.S. director regarding acceptance, continuance, and exiting of F.O.C.U.S. students.

The F.O.C.U.S. Program is offered in an inclusive university setting, where F.O.C.U.S. students are University of Nevada, Las Vegas students. The F.O.C.U.S. program provides the following to students:

- Person Centered Planning
- Academic Advising
- Academic, Social, and Wellness Mentoring
- Career Development
- Campus Inclusion and Membership
- Self-Determination and Independent Living Skills Enhancement

It is a goal for the F.O.C.U.S. Program to provide students with an authentic college experience. Therefore, the F.O.C.U.S. Program does not provide the following:

- 24/7 supervision
- One-on-one companionship throughout each day
- Daily/Weekly reports regarding student progress
- Daily communication with parent or family members
- Completing coursework for the student

In addition, F.O.C.U.S. is not responsible for the following:

- Students’ personal belongings
- Student conduct
- Guaranteeing employment during or upon exiting the program

The program will expect a high level of parental support regarding the mission, philosophy, and goals of F.O.C.U.S. As parent(s)/guardian, you need to clearly understand the expectations and agree to the limitation of the F.O.C.U.S. program to provide direct teacher contact/supervision of students enrolled. All coursework, whether for credit or audit, must be completed by the student. In addition, it is inappropriate for a parent(s)/guardian(s) to contact course instructors. Some opportunities provided by the F.O.C.U.S. Program may occur beyond the hours of a traditional college day/week and may occur of the UNLV Campus. The program requirements of students include, but are not limited to:
• Students must independently mobilize around campus
• Student must arrange transportation to and from UNLV/work and F.O.C.U.S. activities
• Student must be able to manage and adhere to all of his/her schedule
• Parent/student must provide own cell phone for use when on campus (activated and on)
• Student family responsible for the cost of student’s meals
• Parents/student must provide their own scholastic materials (pen, paper, notebooks, etc.)
• Parents/student are responsible for tuition costs and F.O.C.U.S. program fee
• Parents/student are responsible for text books associated with courses

The F.O.C.U.S Program offers a unique opportunity for selected students to learn, grow, and move into adult life in a natural setting-a college campus. An individualized program of study will be used to design the course of study, life skills, recreation, personal wellness, and career development opportunities for each student. However, be aware that supports and services will only be available that support the program’s stated objective, which is to prepare students to transition into adult life as independently as possible. It must be recognized that F.O.C.U.S. is a non-degree program working towards an Occupational, Career, and Life Studies Certificate.

I (we) understand that if ___________________________ is accepted into the F.O.C.U.S. Program that we will provide necessary parental support and we are aware he/she will not be in the presence of the program director or coordinator most of the time during the school days. There are risks associated with any program provided in the community, and I (we) are willing to accept those risks and do not hold F.O.C.U.S., UNLV, or their employees liable.

Student Signature ____________________________________________ Date ____________

Parent/Guardian Signature ____________________________________ Date ____________