



Preparing Young Adults  
with Learning Differences  
for Success Since 1984

[www.cipworldwide.org](http://www.cipworldwide.org)

# Application

Updated 7.25.2016

Thank you for applying to the College Internship Program (CIP)!

The College Internship Program (CIP) carefully screens applicants for admission. Please take the time necessary to complete this application accurately and completely. There is a nonrefundable application processing fee of \$100.00. You may either pay online or mail a check or money order payable to College Internship Program. The application fee is waived for past participants. The summer tuition and full year tuition each require a deposit on acceptance.

**Full Year Program** application decision will not be made until all of the below listed documents are received:

- Fully completed application
- A nonrefundable application processing fee
- Student photo
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Woodcock-Johnson Achievement or Wechsler Individual Achievement Test (WIAT) (performed no more than three years prior to application)
- Latest IEP (most recent, if applicable)
- Official high school transcripts / official college transcripts
- Current psychological evaluation / mental status examination (performed no more than one year prior to admission)
- Completed parent questionnaire
- Two letters of reference
- Recent TOEFL, if an international student whose first language is not English

**Summer@CIP and Mploy Program** application decisions will not be made until all of the below listed documents are received:

- Fully completed application
- A nonrefundable application processing fee
- Student photo
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Current psychological evaluation / mental status examination (performed no more than one year prior to admission)
- Latest IEP (most recent, if applicable)
- Completed parent questionnaire
- Two letters of reference

Once you submit your application, you will receive confirmation of receipt from the CIP National Admissions Office. Further confirmation will be sent as supporting materials are received. Once your application is complete, it will be reviewed and an invitation extended to you to interview if it is felt our program is a good match. An interview is required.

**Please send all application requirements to the address or fax below:**

College Internship Program  
National Admissions Office  
199 South Street  
Pittsfield, MA 01201  
Fax: (413) 445-5069

If you have questions or require assistance, please contact (877) 566-9247, 8:00 a.m. – 4:00 p.m. EST

## APPLICATION PACKET CHECKLIST

Do you have all of the following? Application decision will not be made until all of the listed documents are received.

### Full Year Program:

- Fully completed application
- A nonrefundable application processing fee
- Student photo
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Woodcock-Johnson Achievement or Wechsler Individual Achievement Test (WIAT) (performed no more than three years prior to application)
- Latest IEP (most recent, if applicable)
- Official high school transcripts / official college transcripts
- Current psychological evaluation / mental status examination (performed no more than one year prior to admission)
- Completed parent questionnaire
- Two letters of reference
- Recent TOEFL, if an international student whose first language is not English

### Summer@CIP or Mploy Program:

- Fully completed application
- A nonrefundable application processing fee
- Student photo
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Latest IEP (most recent, if applicable)
- Current psychological evaluation / mental status examination (performed no more than one year prior to admission)
- Completed parent questionnaire
- Two letters of reference

**Please send all application requirements to the address or fax below:**

College Internship Program  
National Admissions Office  
199 South Street  
Pittsfield, MA 01201

Fax: (413) 445-5069

## PROGRAM SELECTION

Apply for a Full Year, Summer, or Mploy Program below.

### APPLY FOR A FULL YEAR PROGRAM

The College Internship Program (CIP) provides comprehensive, individualized academic, internship and independent living experiences for young adults, ages 18-26, diagnosed with learning differences, high functioning Autism Spectrum Disorder, Social Communication Disorder, nonverbal learning difference, ADHD and dyslexia.

### ADMISSIONS YEAR

Admissions dates are ideally scheduled to begin during the two-week orientation in August or the one-week orientation in January. Applicants will also be considered throughout the year on a space-available basis.

Spring 2016  
(January)

Fall 2017  
(August)

Spring 2017  
(January)

Fall 2018  
(August)

### LOCATION

Select a Full Year location and area of focus below:

CIP-BERKSHIRE, MA

CIP-BLOOMINGTON, IN

CIP-BREVARD, FL

CIP-BERKELEY, CA

CIP-LONG BEACH, CA

### AREA OF FOCUS

ACADEMIC TRACK

CAREER TRACK

## APPLY FOR A SUMMER PROGRAM

The College Internship Program's (CIP) summer programs offers two weeks of social, academic, career and life skills for students with high functioning Autism Spectrum Disorder and learning differences. It provides a taste of independence while residing in college dorms.

**The Summer@CIP Program** is for students entering their sophomore, junior or senior year of high school in the fall and students who have graduated in the current year.

**The Summer Mploy Program** is for students who have graduated high school in the current year and students up to age 26. Participants will work to develop employment readiness skills, conduct mock interviews, build their resumes, and take part in a variety of activities designed to help them prepare for the future.

## ADMISSIONS YEAR

Summer 2017

Summer 2018

## SUMMER PROGRAM TYPE AND LOCATION

Select a Summer Program type and location:

### PROGRAM TYPE

Summer@CIP

Mploy

### PROGRAM LOCATION

CIP-BERKSHIRE, MA

CIP-BLOOMINGTON, IN

CIP-BREVARD, FL

CIP-BERKELEY, CA

CIP-LONG BEACH, CA

## APPLY FOR JANUARY MPLOY PROGRAM

The College Internship Program's (CIP) January Mploy offers a 10-day career readiness program for students ages 18-26. Participants will work to develop employment readiness skills, learn self-advocacy, conduct mock interviews, build their resumes and take part in a variety of activities designed to help them prepare for their future.

### PROGRAM LOCATION

CIP-LONG BEACH, CA  
January 3-13, 2017

## APPLICANT INFORMATION

TODAY'S DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

LAST NAME \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

MALE  FEMALE

I AM  A U.S. CITIZEN

T-SHIRT SIZE \_\_\_\_\_

AN INTERNATIONAL STUDENT

## FAMILY INFORMATION

Family with whom the student resides.

Parent / Guardian #1

Parent / Guardian #2

FIRST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN EMPLOYER \_\_\_\_\_

PARENT/GUARDIAN EMPLOYER \_\_\_\_\_

PARENT/GUARDIAN OCCUPATION \_\_\_\_\_

PARENT/GUARDIAN OCCUPATION \_\_\_\_\_

**PRIMARY CONTACT PERSON (FROM ABOVE)** \_\_\_\_\_



## EDUCATIONAL INFORMATION

Please list all schools attended from 9<sup>th</sup> through 12<sup>th</sup> grades. Also include colleges or other relevant educational programs.

### CURRENT SCHOOL OR PROGRAM

NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

END DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### PREVIOUS SCHOOL OR PROGRAM

NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

END DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### PREVIOUS SCHOOL OR PROGRAM

NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

END DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### ADVISOR/GUIDANCE COUNSELOR AT CURRENT SCHOOL

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_



### COUNSELOR / THERAPIST INFORMATION

Please list all counselors and therapists who have seen the applicant in the last seven (7) years. Attach additional sheets if necessary.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AGE SEEN \_\_\_\_\_

NATURE OF SERVICE \_\_\_\_\_

### PREVIOUS COUNSELOR/THERAPIST INFORMATION

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AGE SEEN \_\_\_\_\_

NATURE OF SERVICE \_\_\_\_\_

### PREVIOUS COUNSELOR/THERAPIST INFORMATION

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AGE SEEN \_\_\_\_\_

NATURE OF SERVICE \_\_\_\_\_

### EDUCATIONAL CONSULTANT INFORMATION

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

COMPANY \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I would like CIP to contact the educational consultant listed above with information regarding my admissions process.

## APPLICANT INFORMATION

Please answer all questions.

LIST YOUR SPECIFIC LEARNING DIFFERENCES AND/OR AUTISM SPECTRUM DISORDER:

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LIST ANY MEDICAL CONDITIONS: \_\_\_\_\_

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HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS?  YES  NO

IF YES, PLEASE GIVE DATE(S): \_\_\_\_\_

REASON FOR HOSPITALIZATION(S): \_\_\_\_\_

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DO YOU TAKE ANY MEDICATION?  YES  NO

IF YES, PLEASE LIST:

Drug Name	Dosage	How is it taken?	Schedule & Indications	Comments

DO YOU SELF MANAGE MEDICATION?  YES  NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

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ANY HISTORY OF OR CURRENT LEGAL DIFFICULTIES OR SUBSTANCE ABUSE?  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, PLEASE GIVE DATE(S): \_\_\_\_\_  
PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY HISTORY OF OR CURRENT DIFFICULTIES WITH VIOLENCE TO SELF, OTHERS OR PROPERTY?  YES  NO

IF YES, PLEASE GIVE DATE(S): \_\_\_\_\_  
PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU YOUR OWN LEGAL GUARDIAN?  YES  NO

IF NO, WHO IS? \_\_\_\_\_

## STUDENT STATEMENT

Please answer all questions.

1. WHAT ARE / WERE YOUR BEST SUBJECTS AT SCHOOL? \_\_\_\_\_

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2. WHAT ARE / WERE YOUR MOST CHALLENGING SUBJECTS AT SCHOOL? \_\_\_\_\_

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3. WHAT WOULD YOU LIKE TO DO AFTER HIGH SCHOOL?

ATTEND A 4-YEAR COLLEGE

ATTEND A 2-YEAR COLLEGE

FIND EMPLOYMENT

OTHER: \_\_\_\_\_

4. DESCRIBE YOUR PERSONAL INTERESTS, INCLUDING HOBBIES AND SPORTS: \_\_\_\_\_

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5. DESCRIBE ANY DIETARY NEEDS AND / OR LIMITED FOOD PREFERENCES: \_\_\_\_\_

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6. SHARE ANY ALLERGIES AND REACTIONS: \_\_\_\_\_

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7. WHY WOULD YOU LIKE TO COME TO CIP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THREE GOALS YOU WOULD LIKE TO ACHIEVE WHILE ATTENDING CIP:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

9. LIST YOUR STRENGTHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST YOUR CHALLENGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT STATEMENT

Please answer all questions.

1. LIST THREE GOALS YOU WOULD LIKE YOUR STUDENT TO ACHIEVE WHILE ATTENDING CIP:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

2. PLEASE EXPLAIN ANY SPECIAL CONSIDERATIONS THAT CIP SHOULD BE AWARE OF IN REGARD TO YOUR STUDENT, I.E., PERSONAL HABITS; SENSORY ISSUES; BEHAVIORAL DIFFICULTIES; SUICIDAL THOUGHTS, GESTURES, OR ATTEMPTS; MEDICAL CONDITIONS; ANGER MANAGEMENT ISSUES; USE OF ILLEGAL SUBSTANCES; AND/OR THE POTENTIAL FOR OR HISTORY OF SELF HARM, VIOLENCE TO OTHERS AND/OR PROPERTY (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

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3. HAS YOUR STUDENT EVER STAYED AWAY FROM HOME BEFORE? IF SO, HOW LONG AND WHY?

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4. PLEASE EXPLAIN YOUR STUDENT'S INTERNET AND COMPUTER HABITS. HOW MUCH TIME DAILY IS SPENT ACCESSING?

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## HOW DID YOU HEAR ABOUT CIP?

Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> WORD OF MOUTH         | <input type="checkbox"/> NEWS ARTICLE        |
| <input type="checkbox"/> PROFESSIONAL REFERRAL | <input type="checkbox"/> CONFERENCE OR EVENT |
| <input type="checkbox"/> ADVERTISEMENT         | <input type="checkbox"/> WEB SEARCH          |

OTHER / PLEASE EXPLAIN: \_\_\_\_\_

## STATEMENT OF AUTHENTICITY

Signature required.

NAME OF PERSON COMPLETING APPLICATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT

CITY, STATE, ZIP \_\_\_\_\_

YOU ARE RESPONSIBLE FOR THE ACCURACY AND THOROUGHNESS OF ALL INFORMATION PROVIDED. FULL CANDOR IS A PREREQUISITE TO ADMISSION. FAILURE TO DISCLOSE, CONCEALMENT OF INFORMATION OR FAILURE TO FULLY DISCLOSE MAY RESULT IN DENIAL OF ADMISSION, REVOCATION OF ADMISSION AND/OR SUSPENSION OR DISMISSAL.

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE

\_\_\_\_\_  
SIGNATURE OF PREPARER

DATE