



HOPE & THRIVE
ACADEMY

Finding Hope. Learning to Thrive.

A Program of Holston United Methodist Home for Children

**A Post-Secondary Educational Program for
Adults with Intellectual and Developmental Disabilities**

Application for Admissions

Applicant's Name (Print)

All Completed Applications Will Be Reviewed

Application for Admission

Applications will not be considered unless ALL requested information is present at the time of the review. Admissions for qualified students will be subject to availability.

Completed applications may be returned to:

Hope & Thrive Academy
P.O. Box 237
Jefferson City, TN 37760

Once completed application packets have been reviewed, approved applicants will be contacted for an interview. Qualified students will then be assigned an admissions date. Admissions for qualified students are subject to availability. All other students will be placed on a waiting list and called as soon as an opening is made available.

APPLICATION CHECKLIST

1. ____ \$35.00 non-refundable registration fee payable to Holston UM Home for Children
2. ____ Completed Application for Admission
Part 1: Preliminary Application completed by Applicant. *If you are unable to write, a parent/caregiver may assist you, however the person assisting must write each statement in your own words.*
Part 2: Supportive Information completed by Parent/Caregiver.
3. ____ Name and contact information for two references from the following:
 Teacher
 Vocational/Employment or Community Involvement (such as your church pastor)
NOTE: *Hope & Thrive Academy will contact references. You are only responsible for providing their contact information.*
4. ____ A copy of student's most recent Psychological or Psychoeducational Evaluation.
NOTE: *Most high schools will have this information on file in your student's records. This documentation is REQUIRED before admission.*
5. ____ A current Physical Exam (*this will only be required after approval of admissions application*).
6. ____ A copy of student's IEP's (including Transition Plans) from your last year of school, the most recent Individual Support Plan from the Department of Intellectual and Developmental Disabilities, and/or the most recent Individual Plan of Support from Division of Rehabilitation Services, if applicable.

Applicant's Signature _____ Date _____

Parent/Caregiver's Signature _____ Date _____

Hope & Thrive Academy
A Program of Holston UM Home for Children
P.O. Box 237 | Jefferson City, TN 37760

Part 1: PRELIMINARY APPLICATION *(Completed by applicant with assistance as needed)*

Student Information

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Email Address _____

Gender:

U.S. Citizen:

Male

Yes

Female

No

Language Spoken: _____

Country of Citizenship: _____

Applicant Questionnaire

All answers must be directly from the applicant but they can be dictated.

Why do you want to participate in Hope & Thrive Academy?

Have you ever been in trouble with the law? **YES** **NO**

If yes, what for? _____

Do you currently use tobacco products? **YES** **NO**

Have you ever drunk alcohol or used illicit drugs? **YES** **NO**

Do you currently drink alcohol or use illicit drugs? **YES** **NO**

What do you like to do in your free time? *Hobbies?* _____

What do you do when you are out with friends? _____

Are you married? **YES** **NO**

If no, do you have a significant other? **YES** **NO**

Do you currently have a paid or volunteer job? **YES** **NO**

If so, what do you do? What do you enjoy about your work?

Work Experience

Name of Organization	Job Title	Dates (From - To)	Reason for Leaving	Paid or Volunteer

Please complete the following sentences:

My dream job would be: _____

At that job, I would like to: _____

In ten years, I want to live: _____

Special Interests

Religion

Are you a Christian? **YES** **NO**

Where do you go to church? _____

Address _____ City _____ Zip _____

What is the name of your Pastor? _____

Do you attend worship services? **YES** **NO**

Are you a part of a small group (*such as Sunday School, Young Adult's Class*)? **YES** **NO**

What is your favorite part about church? _____

Educational Information

Please list all schools the applicant has attended from 9th – 12th grade.

School Name _____ Years Attended _____

Address _____ State _____ Zip _____

Principal _____

School Name _____ Years Attended _____

Address _____ State _____ Zip _____

Principal _____

Did applicant graduate from high school? **YES** **NO**

If not, what was the reason for not completing high school?

If graduated from high school, did applicant receive a diploma? **YES** **NO**

Specify what kind of diploma was earned? **Special Education Diploma** **Regular Diploma**

Date of Graduation: _____ School: _____

Has applicant attended other educational programs since high school, such as a college or technical school? **YES** **NO**

If yes, where? _____

Would the applicant be interested in taking classes at a local community or technical college? **YES** **NO** **MAYBE**

What was applicant's favorite subject in school? _____

What would you like instructor to know about how applicant learns?

What accommodations did applicant have in the classroom the last two years of school?

Please attach a copy of applicant's Individual Education Plans (IEP), including any Transition Plans from last year of high school AND applicant's last Psychoeducational Evaluation.

SERVICE PROVIDERS

Is applicant a client of the Department of Intellectual and Developmental Disabilities (DIDD)?

- YES NO IN PROCESS FORMER CLIENT

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Division of Vocational Rehabilitation Services?

- YES NO IN PROCESS FORMER CLIENT

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Greene County Skills?

- YES NO IN PROCESS FORMER CLIENT

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Employment and Community First CHOICES?

- YES NO IN PROCESS FORMER CLIENT

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

FINANCIAL INFORMATION

Hope & Thrive Academy is a non-profit, tuition based academic program. Our income-based sliding scale tuition model seeks to make services accessible and affordable while ensuring the long-term financial sustainability of the program.

Based on the school's budget and projections, the full tuition amount for a student to attend Hidden Treasures Academy is \$8,400 / year or \$700 / month. Applying for sliding scale tuition is optional, but all families with concerns about their ability to afford full tuition are invited to submit financial information to determine the tuition level for which they are eligible. For families who elect not to submit financial information, tuition will automatically be set at the full tuition amount.

ESTABLISHING A SLIDING SCALE TUITION RATE

Our income-based sliding scale tuition model makes it possible for families to pay tuition based on their individual means. Applying for our sliding scale tuition is a straightforward process and families are encouraged to submit required financial documents well in advance of the deadlines. Financial information will be reviewed by Holston United Methodist Home for Children (HUMHC) and the annual family tuition fee will be established based on the financial information provided for that year. To continue receiving sliding scale tuition rates, families must reapply every year.

What financial documents are required?

Income must be verified by one of the following forms:

1. Prior year's tax return for **all members** of the household.
(A "household" is defined as all occupants who live under the same roof in a home.)
2. If you are not required to file federal income tax, please submit any W-2 form(s), 1099's and annual statement of earnings from SSI or SSDI from the previous year.
3. If a student receives SSI or SSDI, please include a copy of their annual statement of earnings.

Where do I submit required tax documents?

Financial documents can be emailed to tinabrobeck@holstonhome.org or mailed to:

Hope & Thrive Academy
P.O. Box 237
Jefferson City, TN 37760

REFERENCES FOR APPLICANT

Please list the names and contact information for the two references who will be responding for you. At least one reference should include an educator (teacher, principal, guidance counselor, etc.); another, if possible, an employer/work supervisor or the pastor of your local church. Please note these references *cannot* be from a family member.

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

PARENT / CAREGIVER ASSESSMENT

Let us know who is completing this assessment:

Name	Date	
Mailing Address		
City	State	Zip
Phone	Cell	
Email		
How do you know the applicant?		

Background Information:

For legal guardians or caregivers, how long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

If applicable, list the course you have taught this student, noting for each of the student's year in school and the level of course difficulty.

Please rate the applicant in comparison to same-age peers without disabilities on the following characteristics on a scale of one to five (with one being low and five being high). Enter your rating(s) under the categories to which you feel qualified to respond.

1 = low or problem

3 = middle or somewhat present

5 = very high

GENERAL						
Initiative	1	2	3	4	5	n/a
Motivation	1	2	3	4	5	n/a
Reliability	1	2	3	4	5	n/a
Perseverance	1	2	3	4	5	n/a
General Attitude	1	2	3	4	5	n/a

Comments:

INTERPERSONAL						
Ability to relate to: - peers	1	2	3	4	5	n/a
-teachers	1	2	3	4	5	n/a
-work supervisors	1	2	3	4	5	n/a
-young children	1	2	3	4	5	n/a
-elderly people	1	2	3	4	5	n/a

Comments on style of interaction and specific strengths and weaknesses in social interactions:

JUDGEMENT/DECISION MAKING						
Ability to: -make everyday decisions using good judgment	1	2	3	4	5	n/a
-act in an emergency using good judgment	1	2	3	4	5	n/a
-use people as a resource <i>(asking for help when necessary, asking questions/clarification)</i>	1	2	3	4	5	n/a

Comments (Use examples if possible):

EMOTIONAL ADAPTABILITY						
Ability to: -cope with stress	1	2	3	4	5	n/a
-adjust well to new situations	1	2	3	4	5	n/a
-separate own problems from problems of others <i>(avoid taking everything personally)</i>	1	2	3	4	5	n/a

Comments (Be specific: What types of situations does the applicant find stressful? What coping mechanisms are used?)

TIME MANAGEMENT / ORGANIZATION						
Ability to: -attend to daily schedule <i>(arrives at places on time, etc.)</i>	1	2	3	4	5	n/a
-plan and carry out activities	1	2	3	4	5	n/a
-prioritize	1	2	3	4	5	n/a
-keep track of belongings	1	2	3	4	5	n/a

Comments (Be specific about the nature of any difficulties and the kind of supervision required to cope):

Why do you feel that this person is/is not appropriate for Hidden Treasures Academy, Inc.?

May we contact you for further information? YES NO

--	--

Parent / Caregiver Signature

Date

*We greatly appreciate your time and effort for completing this form.
Thank you for your assistance with the application process!*