



ADMISSION APPLICATION

Dyersburg State Community College
1510 Lake Rd
Dyersburg, TN 38024

Application Selection Process

An Application Screening Committee will review applications and select students for admission. You will receive an email or a letter letting you know of your acceptance.

Note: Due to space limitations, not all applicants who complete the application and meet the criteria for admission can be accommodated in Eagle Access. However, these students are welcome to reapply.

The decision to offer or deny admission to the program will be made by the Admissions Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the ages of 18-29 at the start of the program.
- The applicant must have a significant cognitive and /or developmental disability that interferes with his/her academic performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the Eagle Access coursework and campus environment.
- The applicant should be able to sit through 90 minute courses and function independently for 2-hour blocks of time.
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- The applicant must demonstrate the desire to attend Eagle Access and adhere to the Eagle Access policies regarding attendance and participation in the coursework and typical Dyersburg State CC classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the Eagle Access program's content and setting.
- The applicant must be able to function within groups of peers.
- The applicant should have a 4th gr reading level and a basic understanding of math as well as the ability to use a calculator. (lower levels may be considered for conditional admission)
- The applicant must NOT demonstrate any physical aggression or violence towards staff or students. Physical violence of any kind is grounds for immediate termination from the program.
- The applicant must be able to walk approximately 3 miles each school day. Students must provide any mobility assistance required to do this including a personal care assistant.

Please understand that our mission is training for the workforce as well as independent living. This can be difficult at times.

Both parents and students need to agree to participate at a level commensurate with our standards. Eagle Access is not an appropriate learning environment for all people with special needs.

Please complete **ALL** sections of this application. If sections are incomplete, blank or not signed, it may delay processing and consequently, acceptance into the program.

It is acceptable for the applicant to receive assistance, if needed, in completing the application. You may attach additional information and pages for writing space if needed. Some information may be shared with the federal government as a part of requirement to continue to receive federal funding. Information not directly related to the applicant's receiving funding will be de-identified (i.e. no name, address, SS#, etc. will be shared) for the purposes of reporting aggregate program information. No information will be shared with additional outside agencies unless the applicant provides written consent.

References are extremely important, too, as they are able to describe current levels of performance across many areas.

This program is not an accredited college degree program and exiting students will receive a Completion Certificate along with a personal portfolio, **NOT** a degree from Dyersburg State Community College. Please email erickson@dsc.edu or call (731) 286-3208 if you have other questions.

Please send all admissions materials by fax or mail to:

Fax (731)286-3326

**Dyersburg State Community College
Eagle Access Program
c/o Nikki Erickson
1510 Lake Rd
Dyersburg, TN 38024**

STUDENT INFORMATION

1. Last Name _____ First Name _____ MI _____
2. Home Phone _____ Cell Phone _____
3. Address _____
City _____ State _____ Zip Code _____
4. Birth date _____ Email address _____
5. Gender ___ M ___ F
6. Ethnicity ___ Latino ___ Non-Latino
7. Race ___ Asian ___ American Indian or Alaska Native ___ Black or African-American ___ Native Hawaii or Pacific Islander ___ White ___ Unknown

FAMILY INFORMATION

The applicant lives with:

- ___ Both parents ___ Mother ___ Father ___ Guardian(s)
- ___ Group home (If applicant lives in a group home, please provide the group home name, contact person and contact phone number.) _____

- ___ Other (please specify): _____

Mother/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____
City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email address _____

Father/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email address _____

**EMERGENCY CONTACT INFORMATION (Not a Parent or Guardian):
IN CASE OF AN EMERGENCY, PLEASE CONTACT...**

Name _____ Phone _____

OR

Name _____ Phone _____

EDUCATION HISTORY

1. High Schools Attended

(Name, City, State) Years attended, Reason for Leaving

2. Did you receive a high school special education diploma or equivalent? ___ No ___ Yes

3. From (school and address) _____

Date _____

4. Have you ever applied to Dyersburg State Community College? ___ No ___ Yes

5. Which of the following best describes the educational setting in which you experienced high school?

- Fully included (no special education classes)
- Special education classes only
- Spent majority of my time in inclusive setting
- Spent majority of my time in special education classes
- I don't know
- Other

6. Under what documented category(-ies) did you/or would you have been eligible to receive special education services in high school?

- Autism
- Deaf-blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disabilities
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment (including Blindness)
- Other _____

7. Are you a client of the Department of Intellectual and Developmental Disabilities?

Yes No

8. All Eagle Access students must be clients of the Division of Rehabilitation Services (VR) by the time their 1st semester begins, if eligible. Are you a client of VR?

Yes No

If so, VR Service Coordinator Name _____
Phone Number _____
Email address _____

REFERENCES

Please list the names and email addresses of the references who will be responding for you. At least one reference writer should be an educator (teacher, principal, guidance counselor, etc); another, if possible, an employer/work supervisor. Note that a reference cannot be a family member.

First Reference

Name _____ Email address _____

Relationship to you _____

Second Reference

Name _____ Email address _____

Relationship to you _____

EMPLOYMENT HISTORY

Note: prior work experience is not a requirement for admission into this program

1.

Name of Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

2. Is the applicant currently participating in a work experience, paid or unpaid?

If yes, at which of the above jobs?

3. Was the applicant ever employed for pay at or above minimum wage prior to entry into the TPSID program? (Y or N)

4. What work experiences does the applicant have an interest in or enjoy?

APPLICANT QUESTIONNAIRE

Please answer all questions completely and honestly. The answers must be directly from the applicant, but they can be dictated.

Name _____

1. Why do you want to participate in the Eagle Access Program?

2. What are your strengths?

3. What area(s) about yourself would like to make improvements?

4. What would you like to learn while participating in the program?

5. Do you currently have a paid or volunteer job? Yes No

6. If yes, what do you do? Do you enjoy this type of work?

7. What do you do for fun outside of school and work? Hobbies?

8. What do you like to do with your friends?

9. Do you have internet access at home? ____ Yes ____ No

10. If yes, do you use the internet at home? In what ways do you use the internet?

11. Please complete the following sentences:

My dream job would be _____

In ten years I want to live _____

Applicant signature _____ *Date* _____

MEDICAL HISTORY

1. Please list any significant medical or physical conditions that may affect the applicant's participation in classroom, social, or recreational activities on campus, including severe allergies:

2. Please list any current medications and indicate the condition(s) for which the medication(s) are taken:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Eagle Access does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

3. Does the applicant currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:

4. Is the applicant independent in self-care such as toileting, and basic hygiene?

Yes No

5. List any limitations:

6. Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech or behavioral therapy?

Yes No

If so, please list/describe _____

CONSERVATORSHIP

Does the applicant have a conservatorship?

_____ Yes _____ No

If so, please describe the conservatorship, including the conservatorship classification and what rights are removed and retained by the applicant, (this section MUST be filled out if the applicant has a conservator). Please include information regarding who is designated as the conservator of the applicant, including contact information. (If you have a conservatorship, a copy of the conservatorship document must be submitted.)

Does the applicant have an alternative to conservatorship, including but not limited to representative payee, durable power of attorney, informed consent, etc.?

_____ Yes _____ No

If so, please describe.

Eagle Access
Postsecondary Program
Release and Exchange of Information Form

Dyersburg State Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. The more sources you permit us to contact, the more accurately and efficiently we are able to process this application.

Applicant Name _____ SS# _____

Please **CHECK ALL BLANK LINES BELOW** in order to provide us with permission to contact the listed outside sources, and then sign where indicated.

I give permission to exchange information about me with the offices/individuals checked below:

- _____ School District(s) (The applicant's high school district(s))
- _____ School Personnel (The applicant's past high school(s))
- _____ Parents/Guardians
- _____ Department of Vocational Rehabilitation Office
- _____ Department of Disability and Special Needs Office
- _____ Admissions Office
- _____ Course Instructors
- _____ Financial Aid Office
- _____ Bursar's Office
- _____ Registrar's Office
- _____ Tutor/Mentor

Applicant Signature _____ Date _____

Parent/Guardian _____ Date _____

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the College or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or an alien lawfully present in the United States. By submitting this application, I am attesting that I am either a U.S. citizen or an alien lawfully present in the United States or that I am not requesting any state benefits, including in-state tuition. I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my admission may be rescinded or I may be disciplined by the Dyersburg State Community College. I grant my high school(s) and college(s) permission to release my transcript(s) to the Dyersburg State Community College.

_____ Yes _____ No

I certify that none of the information provided on this application is false or has been withheld. I also acknowledge understanding that giving false information or withholding information may make me ineligible for admission to the Dyersburg State Community College.

_____ Yes _____ No

I have read all the information on this page:

Parent Signature: _____

Applicant Signature: _____



DYERSBURG STATE COMMUNITY COLLEGE

Contact us at: enroll@dsccl.edu

EAGLE ACCESS Application

Application Instructions

The following information is provided to assist your application process. If you prefer, you can complete an online Application for Admission at www.DSCC.edu. Applying for admission and registering for classes are not the same. If you have any questions, you can call 731-286-3350.

1. Send your completed application to:

Office of Admissions and Records
Dyersburg State Community College
1510 Lake Road
Dyersburg, TN 38024

2. If you are requesting financial aid (including scholarships), you must complete the Free Application for Federal Student Aid (FAFSA). The Priority Date for financial aid & scholarships is March 1. Priority consideration will be given to those who complete the FAFSA and meet all other requirements by this date. You can apply online at www.FAFSA.ed.gov. High school seniors wishing to be considered for a scholarship should have a seventh semester transcript sent to the Financial Aid Office. To receive financial aid, you must be degree-seeking and must have completed all requirements for admission to the College. All applicants meeting these requirements will be considered for scholarships. For additional information regarding financial aid or scholarships, call 731-286-3350 or go to www.DSCC.edu.

3. DSCC is offering a variety of academic programs which lead to certificates and degrees. Refer to page 2 for information regarding degrees, majors, areas of emphasis, concentrations and certificates.

4. In accordance with the Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their Social Security Number to the Office of Admissions and Records

is voluntary. Each applicant will be assigned an identification number, which will be used: (a) to identify such student records as applications for admission, registration and course enrollment documents, grade reports, transcript requests, requests, and permanent academic records and (b) to determine eligibility, certify school attendance, and report student status. Social Security number will not be disclosed to individuals or agencies outside DSCC except in accordance with the institutional policy on student records.

5. Race and gender are requested for statistical reporting purposes only.

6. DSCC does not discriminate on the basis of race, gender, color, religion, national origin, age, handicap, or veteran status in providing educational opportunities or employment opportunities or benefits.

7. Pursuant to the College and University Security Information Act of 1989, DSCC will provide, upon request, a report indicating crime statistics. For a copy of this report, please contact the DSCC Security Office.

8. If you have a learning or physical disability and want information on the types of services and support that are available, please contact the Americans with Disabilities (ADA) Coordinator at 731-286-3242. Students who may benefit from these services should make early contact with the ADA Coordinator so that appropriate accommodations can be arranged.

9. For additional information regarding DSCC, please contact:

Office of Admissions and Records – 731-286-3350
Assessment Testing – 731-286-3355
Financial Aid/Scholarship – 731-286-3263
Veterans Information – 901-475-3147
DSCC Gibson County Center – 731-855-1419
DSCC Jimmy Naifeh Center at Tipton County – 901-475-3100

Dyersburg State Community College is an institution within the Tennessee Board of Regents (TBR). The TBR is Tennessee's largest higher education system, governing 40 post-secondary educational institutions with over 200 teaching locations. The TBR system, The College System of Tennessee, includes 13 community colleges and 27 colleges of applied technology, providing programs to students across the state, country and world.

EAGLE ACCESS APPLICATION
Dyersburg State Community College
Application Deadline: July 1 (Fall), October 1 (Spring)

PLEASE CHECK THE FIRST TERM YOU PLAN TO ATTEND CLASSES: ___ FALL 20 ___, ___ SPRING 20 ___, .

___ Please check if this is your first time to apply for admission to DSCC. ___ Please check if you have previously applied for admission at DSCC.

I. APPLICANT INFORMATION (PLEASE PRINT)

SOCIAL SECURITY NUMBER _____ - _____ - _____

GENDER: (___) Male (___) Female

NAME, LAST _____ FIRST _____ MIDDLE _____ SUFFIX _____

Other names previously used: _____

PERMANENT ADDRESS: _____
(If different from Mailing Address) Number & Street (P.O. Box not allowed)

City _____ State _____ Zip _____ County _____

MAILING ADDRESS: _____
Number & Street

City _____ State _____ ZIP _____ County _____

DO YOU CONSIDER YOURSELF TO BE HISPANIC/LATINO/SPANISH ORIGIN? ___ Yes ___ No

IN ADDITION, SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF:

White Black or African American Asian American Indian Alaskan Native Native Hawaiian or Other Pacific Islander

HOME PHONE NUMBER (_____) _____ CELL PHONE NUMBER (_____) _____

DATE OF BIRTH _____ BIRTHPLACE (State Only) _____

IN CASE OF EMERGENCY, CONTACT: NAME _____

ADDRESS: _____

PHONE: (_____) _____ RELATIONSHIP: _____

SELECTIVE SERVICE INFORMATION: All male citizens of the United States of America born in 1960 or thereafter must have registered for the draft prior to registering for classes. This requirement does not apply to those exempt by federal law or veterans. Indicate whether or not you have registered for the US draft. ___ (Yes) ___ (No) ___ (Exempt) ___ (Veteran)

HAS EITHER OF YOUR PARENTS EARNED A BACHELOR'S DEGREE? (Optional) ___ Yes ___ No

ARE YOU CURRENTLY INCARCERATED? (CIRCLE ONE) ___ YES ___ NO

IF YOU HAVE A DISABILITY, DO YOU WANT YOUR NAME GIVEN TO THE ADA COORDINATOR AT DSCC? ___ Yes ___ No

II. RESIDENCY INFORMATION

ARE YOU A PERMANENT RESIDENT OF TN? ___ Yes ___ No; HAVE YOU LIVED IN TN CONTINUOUSLY SINCE BIRTH _____ Yes ___ No
If No, state your reason for moving to TN: _____

ARE YOU EMPLOYED: ___ (Yes) ___ (No); ___ Full-Time; ___ Part-Time; _____ Total Hrs. Per Week

CURRENT EMPLOYMENT: _____
(Company Name)

(Company Address) (WORK TELEPHONE)

ARE YOU A UNITED STATES CITIZEN? ___ Yes ___ No

If no, indicate country of citizenship: _____ Visa Type ___ Resident Alien ___ (Please include copy of Resident Alien Card)

III. EDUCATIONAL INFORMATION

DID YOU GRADUATE FROM HIGH SCHOOL WITH A REGULAR (STANDARD) OR HONORS DIPLOMA? _____ Yes _____ No
GRADUATION DATE _____ MONTH/YEAR

NAME OF HIGH SCHOOL _____

ADDRESS _____

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU PASS THE GED/HISET? _____ Yes _____ No
IF YES, WHERE DID YOU TAKE THE GED/HISET? _____ WHEN? _____

Please note that Tennessee requires an average standard score of not less than 450 and a score of not less than 410 on each of the five tests.

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED PRIOR TO SUBMITTING THIS APPLICATION*

NAME AND ADDRESS	DATES ATTENDED	NAME LISTED ON TRANSCRIPT	DID YOU GRADUATE?
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IV. ADMISSIONS CATEGORY AND DEGREE/MAJOR/CONCENTRATION:

LIST THE CODE INDICATING YOUR PROGRAM OF STUDY: NOND-EAGL You must enter a code from the list on the inside cover of this application.

CHECK THE ADMISSIONS CATEGORY THAT APPLIES TO YOU

Non-Degree Student - is a student who is not working toward a degree at DSCC.

V. APPLICATION CERTIFICATION AND AGREEMENT

I understand that acceptance as a degree student requires submission of a copy of my high school transcript or GED, official college transcript(s), AND placement test or ACT scores. **Grades and transcripts of credits will be withheld and registration for subsequent terms may be denied until this requirement is met.

I understand that if accepted as a student, there are certain performance tests I will be required to take during my academic career and that it is a requirement of admission that I agree to take any test deemed necessary by this institution. In those instances in which tests are administered by an external entity, I hereby agree for the results of such tests to be released to this institution. The purpose of this requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. I also understand that if I am under 21 years of age and required by institutional policy to complete the Computerized Placement Assessment and Support System Test (COMPASS), my scores on these tests and course placement may be reported to my high school for research purposes. Any test scores will be treated confidentially as required by law.

I give Dyersburg State Community College permission to request my official transcript from any TBR institution in which I have previously been enrolled, all of which are noted elsewhere on this application. I realize this is a service provided to me by DSCC and other TBR institutions and I understand it is my responsibility to obtain official transcripts from each institution attended to support my application for admission. DSCC accepts no formal responsibility for delivery of transcripts by other schools.

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the college or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed.

In addition to the forgoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a United States citizen or alien lawfully present in the United States. By submitting this application, I am attesting that I am either a United States citizen or alien lawfully present in the United States or I am not requesting any state benefits including in-state tuition.

I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement my state public benefit may be rescinded or I may be disciplined by the college.

SIGNATURE _____

DATE _____

APPLICANT EMAIL ADDRESS _____

Checklist of Documents Needed for Acceptance
(we cannot finalize an acceptance without these items)

- _____ High School Diploma (regular, alternate, occupational, HiSET)
- _____ Transcript
- _____ Eagle Access Application
- _____ DSCC Application
- _____ Eligibility Paperwork from Vocational Rehabilitation
- _____ Proof of completed FAFSA
- _____ Scholarship paperwork filled out with DSCC Financial Aid dept
- _____ Proof of eligibility of Intellectual/Developmental Disabilities
- _____ State issued photo ID
- _____ Letters of Recommendations (non family members)
- _____ Copy of Conservatorship (if applicable)
- _____ Proof of Health Insurance
- _____ Release of Information
- _____ Behavioral Intake Assessment