



The Community Year Application

We're excited that you're interested in exploring The Community Year (TCY) at the Cobscook Community Learning Center as an option for your high school career. Filling out and submitting this application is the first step in the process. Once we receive your completed application, we'll contact you to schedule an interview. The interview is an opportunity for us to get to know one another, for you to ask any questions you have about the program, and for us to collectively determine if this will be a good fit for you as a learner. Prospective students will then participate in a pre-school trip in August as the final piece of the application process.

If you have any questions as you are filling out this form, do not hesitate to contact us. You can find our contact information at the bottom of page 5 of this form.

Your full name: _____

Name you commonly go by: _____

Male [] Female [] Age: _____ Birth date: _____

Home address: _____

City/Town: _____ Zip code: _____

Home phone: _____

Other phone number (s): _____

E-mail: _____

How did you hear about The Community Year? _____

Name of Parent/Guardian #1: _____

Address (if different from applicant's): _____

Home phone: _____ Cell/other phone: _____

E-mail: _____

Name of Parent/Guardian #2: _____

Address (if different from applicant's): _____

Home phone: _____ Cell/other phone: _____

E-mail: _____

Current School Information

Present grade in school: _____

School name: _____

School phone: _____

Name of your guidance counselor / advisor: _____

____ **Please attach a copy of your most recent transcripts** (Please see **Transcript Request** form on our website)

References:

Please provide the names and contact information of two people who can speak to the likelihood of your success in the Community Year program. References should be someone who knows you as a student: administrators, teachers, counselors, etc. **Please notify these references that they will be contacted by the CCLC.**

Reference #1: _____

E-mail: _____ Work phone: _____

Reference #2: _____

E-mail: _____ Work phone: _____

Written Responses:

To the student: We would like to learn more about you through your answers to the questions below. We are looking for developed answers as a way to get a sense of who you are and if this program will be a good fit for you. We encourage you to reflect on what is important to you and allow your responses to communicate who you really are. In short, be yourself!

Please complete the following sentences:

I am happiest when _____

Three adjectives that describe me best are _____

In my free time, I like to _____

My favorite way to learn is _____

Someday I would like to _____

1. Based on what you know about the CCLC, and from what you have read in the brochure or on our website, explain why you want to participate in The Community Year. What excites you? What might challenge you?

2. Each participant in TCY will be an important member of our group. What qualities, talents or gifts would you contribute to our learning community?

3. Share with us an idea or topic you've learned about and found particularly interesting.

4. What qualities do you value in your friends?

5. What are your greatest strengths? What are your greatest challenges?

6. Tell us about your favorite book you've read outside of school. Why is it your favorite?

7. What goals do you hope to achieve by the end of The Community Year?

8. Please describe if you have any special dietary, physical, academic or emotional needs that you would like us to know about. If you receive special education services, please describe that here as well. We also request that you fill out the **Release of Records Form** (page 6) so that we may talk with people on your support team.

9. Have you ever been dismissed or suspended from school for any reason? Yes No

If yes, please explain fully on a separate sheet. Please include the name of the school and principal.

Essay Question

Please choose one topic from the options below and write a **one-page, typed or handwritten response**. Your essay should reflect your own thoughts, ideas, and writing skills. Your parents, teachers, friends, etc. should **not** edit your writing. Please check one of the boxes below and staple your essay to the back of this form.

- Tell us about an ethical dilemma you've faced and describe its impact on you.
- What book, song, movie, or piece of art is meaningful to you and why?
- Describe what Community means to you. In what ways do you contribute to your community?
- In your opinion, what is the greatest challenge your generation will face? What ideas do you have for dealing with the issue?

Completing Your Application

The undersigned applicant understands that final acceptance for participation in the program will be based on these areas:

1. Completion of the application.
2. Participation in an interview.
3. Ability to describe how the program works and an understanding of Program Commitments.
4. Personal desire to participate in the program.
5. Evidence that you can expect to be successful in this program. This evidence may include, though is not limited to, conversations with staff from your sending school, family members, caseworkers or special education staff (if applicable), and other references.
6. Participation in the pre-school year camping trip.

Signature of applicant

Date

Signature of parent/legal guardian

Date

Deadline: Applications will be considered as they are received. Those wishing to participate in the 2011-12 school year should make effort to apply by July at the latest. Applications received after that time will be considered based on space available.

Please return applications to:

The Community Year
Cobscook Community Learning Center
10 Commissary Point Road
Trescott Twp., ME 04652

You may fax applications to: 207-733-2233 ext. 17

You may email completed applications to: tcy@thecccl.org

Questions? Please call or email: 207-733-2233 or tcy@thecccl.org

You can find further information at: www.thecccl.org

The CCLC reflects the diversity of the people of the Cobscook region and celebrates the diversity of all people. We do not discriminate against current or prospective participants on the basis of race, color, national or ethnic origin, economic status, gender, sexual orientation, religion, marital status, age (except as indicated for age-specific programs) or disability.

Release of Records Authorization

Cobscook Community Learning Center
The Community Year
10 Commissary Point Rd.
Trescott Twp., ME 04652
207-733-2233

Student Name _____
D.O.B. _____
SS# _____
Effective Date _____

I hereby authorize the organization/agency named below to disclose the following information to the Cobscook Community Learning Center. **(Please complete one form per agency)**

Person/Agency Information: _____

Address: _____

Phone: _____ Fax: _____

FAXED INFORMATION WILL BE LIMITED TO PERTINENT CLINICAL DISCHARGE SUMMARY AND DIAGNOSTIC TESTS.

YOU MAY INITIAL THOSE THINGS YOU AGREE TO RELEASE:

___ Date of Admission ___ Admittance History ___ Social History ___ Medical Consultant
___ Diagnostic Information ___ Discharge Summary ___ Progress Notes ___ Outpatient Progress Notes
___ Diagnostic Tests ___ Discharge Date ___ Outpatient Record ___ Consultation _____
Type/Date

Other information to be released: _____

The purpose of this is to determine whether The Community Year is an appropriate placement for this student.

If I wish to review this information prior to its release, I will initial this line _____
Review may need to be supervised.

I understand that I may revoke all or part of this authorization at any time by notification to the above institution or persons in writing subject to the rights of anyone who received or disclosed information prior to receiving my revocation. I may refuse to disclose all or some of the information in my medical records. A refusal or revocation to release some or all information may result in improper diagnosis or treatment. I may have a copy of this form upon request. This release expires on _____ (6 months from date above).

(Please initial where applicable):

___ 1. I Do ___ DO NOT ___ authorize disclosure of information which refers to treatment or diagnosis of drug or alcohol abuse. Such information may not be disclosed by the recipient without my specific written consent.

___ 2. I Do ___ DO NOT ___ authorize disclosure of information which refers to treatment or diagnosis of psychiatric illness.

___ 3. I Do ___ DO NOT ___ authorize disclosure of information which refers to treatment or diagnosis of HIV infection, ARC, or AIDS. I understand that individuals about whom such disclosures have been made encountered discrimination from others in the areas of employment, housing, education, life insurance, health insurance, and social & family relationships.

Signature of student or guardian (signature requested for minors 14 or older)

Date

Signature of parent of minor or other responsible person

Capacity

Witness

All spaces on this consent form must be completed for this release to be valid.