

University of Arkansas EMPOWER Program Application

Applicant Name: _____

Name or name you prefer to be called: _____

Date of Birth: _____ Age: _____ Sex: _____ Citizenship: _____

Home Address: _____

Home Phone Number: _____

Cell phone number: _____

Email: _____

Mother's Full Name: _____ Occupation: _____

Mother's email: _____ Mother's cell: _____

Father's Full Name: _____ Occupation: _____

Father's email: _____ Father's cell: _____

Siblings' Names and Ages:

List each school that you have attended (elementary through high school or postsecondary) with dates of attendance, beginning with your current school. Please include address and contact person for high school:

High School Completion Document

Regular Diploma _____ Certification of Attendance/completion _____

Diagnostic Information

Please list all diagnoses you have received:

Please list the name and contact information of the licensed professional who provided these diagnoses:

Name: _____

Telephone number: _____ Date of diagnosis: _____

What kinds of support services do you currently receive? (For example: tutoring, note taker, extra time on tests, speech/language, occupational therapy, social skills, counseling, etc.)

Are there any behavioral considerations? What do these behaviors look like? (Additional information may be requested from third parties via signed release.)

Have you ever been convicted of a felony or currently involved in a pending felony investigation? Have you ever been convicted of a crime or currently involved in ANY pending criminal investigation? Explain.

Are you your own legal guardian?

Do you have any siblings that attend/have attended the University of Arkansas or have your parents/guardians attended the University of Arkansas?

Personal Statements

I learn best when: _____

My academic preferences and strengths are:

My academic challenges are:

My academic interests include:

In my free time, I like to:

What have you accomplished that has made you feel very proud of yourself?

I am excited about attending the University of Arkansas because:

I am nervous about attending the University of Arkansas because:

What are your goals after completing this program?

What else would you like us to know about you?

Your completed application package should include:

- U of A EMPOWER Application Form
- Most recent IEP
- Three Recommendation Letters
- Documentation of all diagnosis
- Most recent Psychological (within 3 years)
- Personal Support Inventory

Please send your completed application package to:

Ashley Bradley
University of Arkansas EMPOWER
410 Arkansas Ave.
University of Arkansas
Fayetteville, AR 72701
arbradle@uark.edu

Once we receive these materials, we will contact you to schedule an interview.

Personal Support Inventory

Independent Living Skills	1 Requires Complete Assistance	2 Needs Moderate Assistance	3 Needs Some Assistance	4 Needs Minimal Assistance	5 Completely Independent
Finding Way Around Campus Environment					
Knows and can verbalize and/or write personal information: Name, Address, Email, phone					
Managing Personal Belongings					
Interpersonal Skills: Ability to Relate to Others					
Asks for help, clarification, or questions					

Use of Judgment Skills in an Emergency					
Emotional: Copes with Stress					
Adjust to new situations					

Social Skills and Communication	1 Requires Complete Assistance	2 Needs Moderate Assistance	3 Needs Some Assistance	4 Needs Minimal Assistance	5 Completely Independent
Communicates needs in an appropriate manner					
Engages in appropriate social interaction					
Using phone and email					
Making friends					
What is preferred form of communication?					

Academic Skills	1 Requires Complete Assistance	2 Needs Moderate Assistance	3 Needs Some Assistance	4 Needs Minimal Assistance	5 Completely Independent
Handling money: counting change/bills, understanding values, using banking account					

Computer and Multimedia Skills Approximate Grade Levels: _____ Word Processing _____ Internet _____ Email _____ Powerpoint					
Math Skills: Approximate Grade Levels _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading and Writing Skills: _____ Reading _____ Writing _____ Listening Comprehension					
Motivation to learn and persist on new tasks					
Ability to Follow verbal directions					
Ability to Follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Has applicant utilized any assistive technology? _____ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.
