

DREAM Program

Developing Real Expectations For Achieving Mastery

Student Application

Please return by mail on or after February 1 to:

Mercer County Community College
DREAM Program
Academic Support Services - LB216
PO Box B
Trenton, NJ 08690
609-570-3422

*The DREAM program acknowledges the generous contributions from the
National Down Syndrome Society and the Riggio family.
Enrollment is limited.*



DREAM PROGRAM DESCRIPTION

Mercer County Community College's DREAM Program is an educational initiative designed to provide transition and postsecondary programs for students with Down syndrome and other intellectual disabilities. Identified students, ages 18-25, have the opportunity to reach their individual goals in an inclusive and supportive college environment. The program addresses the development of

- Academic skills in reading, writing, math, and academic classes of interest to the individual student;
- Career exploration skills;
- Social relationships; and
- Independent living skills to enhance success in community and family life

Each student will participate in an individualized plan of study based on his/her individual goals and needs. Students may participate in the DREAM program for three years. Those students interested in earning an academic degree or program certificate will continue their studies at the college.

FIRST YEAR Plan of Study

During the first year, students will participate in the following activities:

- Introduction to Student Success Seminar
This seminar provides opportunities for discussion relevant to successful adaptation to college life and serves as a support group for students. Additionally, presentations by staff and community speakers will address topics of interest to young adults, such as health and wellbeing, fitness, personal safety, relationships and personal finances.
- Peer mentoring program
Students will work with current Mercer County Community College students who have been trained as peer mentors.
- Introduction to Career Planning Seminar
This class facilitates acquisition of skills necessary to enter the world of work. Students participate in career exploration experiences such as job shadowing and volunteer opportunities, as well as learning how to seek, apply for and be successful in a job.
- Course work which includes academic classes, as well as interest-based electives such as cooking, sculpture, dance and computer skills.
- Full participation in college life, including clubs and organizations, guest lectures, special events, theatrical productions and other recreational activities.

ABOUT MERCER COUNTY COMMUNITY COLLEGE

Mercer County Community College is committed to inclusive education and the development of academic, economic and personal growth opportunities for all students. The college's vast array of academic and student services provide continuing support for all students, including those who need extra support to achieve success.



DREAM PROGRAM ELIGIBILITY REQUIREMENTS

The Dream program was developed for students with intellectual disabilities. The term intellectual disability is defined as “a disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills” (American Association on Intellectual and Developmental Disabilities, 2007).

The ideal candidate should meet the following criteria for the purposes of our program:

- Be 18 years of age by August 15 and no older than 25 by August 15 of the year student begins the program.
- Complete all intake procedures, to include attending information meetings and interviews, completing college and program applications, participating in two class observations and other procedures as listed on the Intake Checklist.
- Consent to being photographed, videotaped, interviewed and/or quoted in media and publications for promotion, public relations and/or training purposes.
- Acknowledge and give permission for Mercer County Community College and its agents to collect information and data about personal and academic achievements throughout the program.
- Demonstrate interest in developing academic, social, vocational and independent living skills.
- Have a proven ability to participate appropriately in classroom and/or professional work settings.
- Demonstrate ability to benefit from this program through information gathered through personal interview, applications and references.
- Be a resident of New Jersey. Admission priority is given to residents of Mercer County.
- Be a client of New Jersey’s Division of Vocational Rehabilitation or Division of Developmental Disabilities.
- Be available to attend an orientation meeting in mid-August and to start classes on or about August 25.

FEES

Course fees for the DREAM Program are tuition-based and follow the typical Mercer County Community College fee schedule. There is an additional per semester charge to DREAM Program participants.

APPLICATION PROCEDURES

Students should complete the application as independently as possible. The applications can be typed or printed neatly. All applications **MUST BE MAILED** and postmarked on February 1 or later. Applications which are emailed, faxed or delivered in person will not be accepted. **NO APPLICATIONS WILL BE ACCEPTED BEFORE FEBRUARY 1. ADMISSION DECISIONS WILL BE MADE ON A ROLLING BASIS, BEGINNING ON FEBRUARY 1.**



MATERIALS TO INCLUDE IN APPLICATION PACKET

1. DREAM Application
2. Questions About Me
3. Parent/Guardian Information (recommended but optional—to be completed by parent or guardian)
4. Three (3) Letters of Recommendation (use enclosed forms). One Letter of Recommendation should be from a teacher, one should be from an employer or community member, and one should be from a relative (parent, sibling, aunt, uncle, grandparent, cousin, etc.) or friend.
5. Mercer County Community College application
6. Office of Special Services application
7. Acknowledgement of Responsibility and Student Release of Information Agreement
8. Emergency Contact/Medical Information form
9. High school transcript and any postsecondary records
10. Educational, psychological and social evaluations conducted within the last three years
11. Recent photograph of applicant

Application packages must be complete to be considered.

Mail completed application packages on or after February 1 to:

Mercer County Community College
DREAM Program
c/o Susan Onaitis - LB223
PO Box B
Trenton, NJ 08690-0182

Please do not call about the status of your application, as we will not be able to provide that information over the phone. We will call students to schedule interviews in the order in which the applications were received. If you have any questions about completing the application, please contact Sue Onaitis at onaitiss@mccc.edu or 609-570-3375.



**DREAM PROGRAM APPLICATION FORM
(TO BE COMPLETED BY STUDENT)**

Name _____

Address _____

City

State

Zip

Phone Number _____

Alternate Phone Number _____

Email Address _____

Date of Birth _____

Month

Day

Year

High School attended/attending _____

I understand that I am applying to a program for transition/postsecondary education at Mercer County Community College. The information provided in the application is my own work and represents my own thoughts. I verify that I meet the eligibility requirements described on page 3 of this packet.

Your Signature _____ Date _____

Print Name _____



**DREAM PROGRAM APPLICATION
QUESTIONS ABOUT ME**

Name _____

Please answer the following questions to the best of your ability. Answers should be brief, but you may attach additional sheets of paper if necessary.

1. Discuss any activities, hobbies and/or groups that you belong to or participate in. (You may not have an answer for all of these, and that is okay.)

I play the following sports

I belong to the following clubs or organizations

I work at

My other interests include

2. Discuss two of your goals for the future.

3. I would like to take a class about



**DREAM PROGRAM PARENT/GUARDIAN FORM
(RECOMMENDED, BUT OPTIONAL)**



Name _____

Address _____

_____ City _____ State _____ Zip _____

Phone Number _____

Alternate Phone Number _____

Email Address _____

Relationship to Student _____

Student's Name _____

Please discuss why you are interested in the program for the applicant.

Please discuss any assistance the applicant received in completing this application.
(This will not affect the admissions decision process.)

I understand that _____ is applying for admission to attend a transition/postsecondary program at Mercer County Community College. If he/she is selected to participate, I will help to ensure that he/she attends the program. I certify that he/she meets the following eligibility criteria: has an intellectual disability; is between the ages of 18 and 25; demonstrates a desire to continue his/her education; and displays appropriate behavioral and social skills in school, home and community.

Signature _____

Print Name _____ Date _____



**DREAM PROGRAM
PERSONAL RECOMMENDATION LETTER
ABOUT THE APPLICANT**

Name _____

Phone Number _____

Email Address _____

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name _____

Address _____

_____ City _____ State _____ Zip _____

Phone Number _____

Alternate Phone Number _____

Email Address _____

Relationship to the Applicant _____

I have known the applicant for (specify years/months) _____

Please use a separate piece of paper to discuss the following:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

These letters should be no more than one (1) page in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who must enclose it in his/her application package. Admission to the DREAM Program is offered on a rolling basis. Applications will be accepted starting February 1 and continuing until the program is full.



**DREAM PROGRAM
RECOMMENDATION LETTER
ABOUT THE APPLICANT**

Name _____

Phone Number _____

Email Address _____

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name _____

Address _____

_____ City _____ State _____ Zip _____

Phone Number _____

Alternate Phone Number _____

Email Address _____

Relationship to the Applicant _____

I have known the applicant for (specify years/months) _____

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Relatives of the applicant are not eligible to complete recommendations.

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**DREAM PROGRAM
ACKNOWLEDGEMENT OF RESPONSIBILITY AND
STUDENT RELEASE OF INFORMATION AGREEMENT**

By signing this agreement, and by participating in the DREAM Program, I acknowledge that Mercer County Community College and its agents will be collecting information and data about my personal and academic achievements throughout the program.

I understand that this information will be used to encourage my development, as well as to help improve the services provided by the program.

Additionally, I give Mercer County Community College the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

At all times, Mercer will, to the greatest extent possible, protect my privacy and confidentiality.

Name _____

Signature _____

Date _____



D

R

E

A

M

Dream Program Emergency Contact Form



Name of Student _____

In case of emergency, please contact:

Name _____ Relationship _____

Day Phone _____ Cell Phone _____

Name _____ Relationship _____

Day Phone _____ Cell Phone _____

Medical Conditions: Please list any medical conditions that we should be aware of, including allergies.

Medications: Please list all medications student currently takes. Are there symptoms from medication that staff should be alerted to? Please note: Students must be able to take medication independently if medication is needed during school hours. Mercer County Community College does not have staff or facilities to administer medication.

Insurance Company Name and Policy Number _____

Student's Guardian Status (please circle one) Self Parent Other

Parent/Guardian Name _____

Parent/Guardian Address _____

If full guardianship is in place, parent or guardian must sign below to permit emergency and life-saving medical treatment if we are unable to locate the guardian at the time of the emergency:

I, _____ (and) _____, parent(s) and/or legal guardian(s) of _____, authorize medical and emergency treatment to be given him/her in the event I (we) cannot be reached.

Signature (Parent or Guardian) _____ Date _____

Signature (Student) _____ Date _____



DREAM PROGRAM

SAMPLE STUDENT INTERVIEW QUESTIONS

Students who submit a completed application form will be requested to participate in an intake interview with members of the DREAM Program Admissions Committee. This interview will provide the student with the opportunity to learn more about the program and will give the Admissions Committee the opportunity to learn more about the student. The questions below illustrate the types of questions that students may be asked during the interview to initiate conversation; there are no right or wrong answers to the interview questions and students do not need to prepare or rehearse answers.

1. Why do you want to go to college?

2. What do you know about Mercer County Community College and the DREAM Program?

3. How will you get to and from college?

4. What questions do you have about our program and school?



DREAM Program Checklist

_____ I attended the information meeting on _____.

_____ I completed and submitted a Mercer County Community College application.

_____ I submitted my high school transcript and any postsecondary records.

_____ I submitted educational, psychological and social evaluations which have been conducted within the last three years. (Remember, an IEP is not considered an evaluation.)

_____ I completed the DREAM application packet, which includes:

_____ DREAM application

_____ Questions About Me

_____ Parent/Guardian Information (Recommended, but optional)

_____ Three letters of recommendation- teacher, employer/community member and personal

_____ Mercer County Community College application

_____ Academic Support Services application

_____ Acknowledgment of Responsibility and Student Release of Information Agreement

_____ Emergency Contact/Medical Information form

_____ Recent photograph of applicant

_____ I attended my intake interview on _____.

_____ I observed an academic class on _____.

_____ I observed a class in my area of interest on _____.

_____ I responded in writing to a question about my class observations.

_____ I have decided that I want to be involved in the DREAM Program.

_____ I have a schedule for the Fall semester.

Student Signature

Date

Student Name (print)

