



“Summer in St. Louis” Summer Program 2010 Application

Application Process

1. Complete the Application (including sections for parents and applicants) and submit to St. Louis Life with the non-refundable Deposit of \$100.
2. Submit the following documents:
 - Current physical (within last 12 months) from family physician with a copy of current immunization records
 - Recent (within 2 years) diagnostic evaluations and reports that could include such areas as educational (IEPs), psychological, occupational therapy, speech/language, etc.
 - Two personal or academic/employment references—Using the attached form, these should NOT be completed by family members but should include teachers, guidance counselors, staff from previous programs, etc. Please include a stamped envelope addressed to St. Louis Life when asking individuals to complete them on behalf of the applicant. This will assist the person filling out the Recommendation Form in returning the form to St. Louis Life.

Tuition and Deposit Information

The program fee for each week of the Summer Program 2010 is \$800 or \$2300 for all three weeks. A non-refundable \$100 deposit is required at time of application. Please make checks payable to St. Louis Life. Participants must apply for a minimum of one week. Space is limited so applications will be processed on a first come, first served basis. Fees include apartment accommodations, 2 meals per day, activity-related costs, program materials, and 24/7 staff support.

All applications are subject to St. Louis Life’s general Admission Criteria. While St. Louis Life serves a wide range of needs, a careful review of each application is made before acceptance. Should our program be full or if St. Louis Life determines it cannot provide services to the applicant, deposits will be fully refunded.

St. Louis Life does not discriminate on the basis of sex, race, color, religion, sexual orientation, national or ethnic origin in the administration of its educational programs, admissions policies, financial aid, or other organization administered programs.

Mail, fax, or email the application and related documents by Friday, June 4, 2010 to:

Andy Conover, Executive Director
St. Louis Life
929 Rolling Thunder Drive
O’Fallon, MO 63368
636-561-1900 • 636-625-1901 FAX
aconover@stlouislife.org

Application Information

Please select desired Session(s):

_____ Session 1: July 11-July 17

_____ Session 2: July 18-July 24

_____ Session 3: July 25-July 31

Date of Application: _____

Name of Applicant: _____
(Last) (First) (Middle) (Nickname)

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone: _____

Sex: M _____ F _____ Date of Birth: _____ Social Security Number _____

Family Information

Name of Father: _____
(Last) (First) (Middle)

Street Address (If different from above) : _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone: _____

Email Address _____ Fax: _____

Occupation: _____

Name of Mother: _____
(Last) (First) (Middle)

Street Address (If different from above) : _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone: _____

Email Address _____ Fax: _____

Occupation: _____

Parents Relationship (check all that apply):

_____ Married _____ Divorced _____ Separated

_____ Mother Remarried _____ Mother Deceased _____ Father Remarried _____ Father Deceased

Name of Stepmother: _____ Stepfather: _____

With whom does the applicant primarily reside? _____

Other children in the family:

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Please indicate any family situation of which we should be aware:

Referral Information

Who referred you to St. Louis Life or how did you learn about the Summer Program?

Name: _____ Relationship: _____
(consultant, physician, friend etc.)

Address: _____

Phone: _____ Email: _____

Applicant Education/Prior Program Information

Name of current school/program: _____

Projected school/program completion date (if applicable): _____

School/Program contact: _____ Position: _____

School/Program address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____

Does your child receive support services (speech/language, OT, PT)? Yes _____ No _____

If yes, please list and describe: _____

Former Schools or Programs Attended

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Has the applicant ever been dismissed or suspended from any program? Yes _____ No _____

If yes, please describe the circumstances and date:

Medical Information

Is the applicant now, or has the applicant been under the care of a psychologist, psychiatrist or other professional counselor? If yes, please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

What diagnoses have been given in regard to the applicant's disability?

What is the applicant's medication history (current and past)?

Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings? Yes _____ No _____

If yes, please describe: _____

Financial Information:

Individual (s) responsible for financial support of applicant: _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Signatures

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant: _____ Date: _____

Signature of Financially Responsible Party: _____ Date: _____

PARENTAL/GUARDIANSTATEMENT

On a separate sheet, please answer the following questions:

1. Describe your applicant's educational development. What are his/her current needs in this area?
2. Describe the applicant's social and emotional development. What are his/her current needs in this area?
3. Please describe the applicant's areas of strength, and how he/she will be an asset to the St. Louis Life community.
4. What are your hopes and realistic goals for the applicant's future?
5. How will participating in St. Louis Life's Summer Program help in the attainment of these goals?
6. Please describe the applicant's ability to manage life skills (self-care, chores, laundry, money management, etc).
7. How do you expect St. Louis Life to help the applicant? Describe areas of concern.

APPLICANTSTATEMENT

On a separate sheet, please answer the following questions. You may hand write or type the answers.

1. Why do you want to participate in St. Louis Life's Summer Program?
2. What are some of your interests and hobbies?
3. What job or volunteer experience have you had? What would you like to do for work in the future?
4. What is your disability as you understand it?
5. What is your greatest strength?
6. Why would you be a great addition to the St. Louis Life community?

2/28/10

St. Louis Life Summer Program 2010

Applicant Recommendation Form (Submit 2)

Name of Applicant: _____

Person Completing Form _____

Relationship: _____

Years Known Applicant: _____ Date: _____

Please rate the applicant in the following areas using the following scale (1 = Low, 5 = High):

Initiative	1	2	3	4	5
Motivation	1	2	3	4	5
Reliability	1	2	3	4	5
Self-Advocacy	1	2	3	4	5
General Attitude	1	2	3	4	5
Self-Sufficiency	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5
Ability to relate to teachers/staff	1	2	3	4	5
Ability to attend to daily schedule	1	2	3	4	5
Ability to make decisions	1	2	3	4	5
Ability to react in an emergency/follow health, safety rules	1	2	3	4	5
Ability to use people as resources	1	2	3	4	5
Emotional stability	1	2	3	4	5
Ability to cope with stress	1	2	3	4	5
Ability to adjust to new situations	1	2	3	4	5
Ability to separate own problems from those of others	1	2	3	4	5

Strengths of the applicant:

General comments and concerns: _____
