

OLS-Venture Application

(To be filled out by Applicant – Please type or print legibly)



Applicant Name: _____

Address: _____ City: _____

Home Phone #: _____ Work Phone #: _____

Email (optional) _____ Sex: Female Male

U.S. Social Security Number*: _____ Date of Birth: _____

* Your SSN is confidential and under federal law, it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purposes of state and federal financial aid, Hope/Lifeline Learning tax credits, assessment, academic transcripts, or accountability research.

Today's Date: _____ For Academic Year Beginning _____ (Quarter/Year)

A non-refundable \$54.00 fee is required with this application

Please fill out all items on this application. You may attach pages if additional writing space is needed. Your answers will help us determine your suitability for OLS-Venture and help us determine how we can best serve you. This application is valid for one year.

Please mail application and questionnaire to:

**Bellevue College
OLS-Venture
3000 Landerholm Circle SE
Bellevue, WA 98007**

For more information or additional forms please inquire at ols-venture@bellevuecollege.edu or 425.564.2844. or visit our website: www.bellevuecollege.edu/ols. Fax: 425.564.3094

OLS-Venture is an associate degree program designed for postsecondary highly motivated adults with mild developmental delays. This degree prepares students to become self-determined, responsible citizens. Students develop a career pathway, interpersonal skills, and participate in related internship experiences. Admission information is available at www.bellevuecollege.edu/ols.



Bellevue College reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit <http://www.bellevuecollege.edu/equal.asp>.

Print Name Here: _____

Please tell us about your disability and what accommodations you will need, if any: _____

General Information

How did you learn about OLS-Venture?

Please check one: Friend Counselor Teacher Job Coach Other

If other, please explain: _____

Do you have any concerns about entering a college program? Yes No

Please explain: _____

What is it about the OLS-Venture that interests you?

What are your future plans for where you will live after you finish college? _____

Have you ever lived away from your parents? Yes No If yes, where? _____

What would be (or is) different about living away from home? _____

School

What were your favorite subjects in school?

Why did you choose these subjects?

What subjects did you not like in school?

Why not?

Think of a positive learning experience you had in the last 3 years. What were you learning about? _____

Have you ever been asked or told to leave a school or program that you have attended?

Yes No If yes, please explain: _____

Work

Have you ever worked? Yes No

Was the position paid or volunteer? Paid Volunteer

What was the best part of having a job (whether it was paid or volunteer)?

What are your goals for your future? _____

How will OLS-Venture help you reach those goals? _____

What concerns do you have about being in a program for students with disabilities? _____

Work/Volunteer History (please use the other side of this paper if more space is needed)

Name of Organization	Job Title	Dates (from-to)	Reason for termination	Paid or Volunteer

Free Time

How often do you do things with friends? (Check one)

Once a month Once a week Several times a week

What kinds of things do you do with friends?

What are your favorite TV programs?

Do you read for fun? Yes No

What have you read in the last month or so?

What types of transportation do you use regularly? _____

Do you use the Internet? Yes No

Do you have access to the Internet at home? Yes No

Signature

Date