



This application is to be completed by the applicant only. If you need assistance completing this form, please contact our office to discuss your application. The form should not be completed by referral agents, friends, or family members. Please complete all of the requested information. If you need additional space, you may add additional sheets or write on back. PLEASE PRINT CLEARLY.

Name _____

Address _____

City _____ State _____ Zip _____

Phone #: Cell _____ Home _____ Best time to call _____

Email _____

Female Male Date of Birth _____ Age _____

How did you learn about the POWER Program and why are you interested in applying?

What are 2 or 3 things that you hope to learn while in the POWER program?

How are currently spending the majority of you time during the day? Are you currently attending school, work, or a support program? If so, please explain where and when?

Have you gone to college in the past? If so, where and when did you last attend? What did you study, and did you get a degree?

Have you worked before? If so, where was you last job or jobs, and what did you do there?

As class attendance is extremely important, are there any pressing issues or challenges which you are currently experiencing which might affect you ability to successfully attend, participate or succeed in class? What might you be able to do to prevent these concerns during the class time this semester?

Do you need any special supports or accommodations to successfully participate in class (e.g., physical disability, hearing/ visual impairment, learning disability, reading or writing difficulties) Please be specific.

What support systems do you have in place to help you cope with any present issues?

Professional Support Information

Please provide contact information on a **professional person who you have worked with in the past**. This can be a therapist, case manager, counselor, physician, etc.

Name _____ Title/Position _____

Agency _____ Address _____

Phone _____ Email _____

Who referred you to this program? (Please complete if different than above.)

Name _____ Title/Position _____

Agency _____ Address _____

Phone _____ Email _____

Please return completed application to:
Lori Schreiber, POWER Program, Montgomery County Community College, 340 Dekalb Pike, Blue Bell, PA 19422

Any questions call: 215-641-6425 or email: lschreib@mc3.edu