



TENNESSEE
STATE UNIVERSITY

Tiger **EDGE**
PROGRAM

APPLICATION

3500 John A. Merritt Blvd.
Nashville, TN 37209

Educate | **D**evelop | and **G**row for | **E**mployability

An Application Screening Committee will review applications and select students for admission. You will receive an email or a letter letting you know of your acceptance. **Note: Due to space limitations, not all applicants who complete the application and meet the criteria for admission can be accommodated in TigerEDGE. However, these students are welcome to reapply.**

The decision to offer or deny admission to the program will be made by the Admissions Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the ages of 18-26 at the start of the program.
- The applicant must provide documentation reflecting the applicant's case status with your state's Vocational Rehabilitation Center, such as open, in process, or denied.
- The applicant must have a significant cognitive and /or developmental disability that interferes with his/her academic performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the TigerEDGE coursework and campus environment.
- The applicant should be able to sit through 90-minute courses and function independently for 2-hour blocks of time.
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- The applicant must demonstrate the desire to attend TigerEDGE and adhere to the TigerEDGE policies regarding attendance and participation in the coursework and typical Tennessee State University classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the TigerEDGE program's content and setting.
- The applicant must be able to function within groups of peers.
- The applicant must NOT demonstrate any physical aggression or violence towards staff or students. Physical violence of any kind is grounds for immediate termination from the program.
- The applicant must be able to walk approximately 3 to 5 miles each school day. Students must provide any mobility assistance required to do this including a personal care assistant.
- A Personal Statement must be submitted in addition to the application: Include information about yourself (e.g., family, friends, a favorite pastime, school), future goals, and other details about yourself that will help you stand out as an applicant. Examples: PowerPoint slide show with captions, a personal essay, and a brief video documentary about significant aspects of your life. Please don't stop with these examples. Be inventive. No originals will be returned.

Please understand that our mission is training for employment as well as independent living. This can be difficult at times. Both parents and students need to agree to participate at a level commensurate with our standards. We understand that TigerEDGE is not an appropriate learning environment for all people with special needs.



TigerEDGE– *Application for Admission Information*

Please complete ALL sections of this application. If sections are incomplete, blank, or not signed, it may delay processing and consequently, acceptance into the program.

It is acceptable for the applicant to receive assistance, if needed, in completing the application. You may attach additional information and pages for writing space if needed. Some information may be shared with the federal government as a part of the requirement to continue to receive federal funding. Information not directly related to the applicant's receiving funding will be de-identified (i.e. no name, address, SS#, etc. will be shared) for the purposes of reporting aggregate program information. No information will be shared with additional outside agencies unless the applicant provides written consent.

References are extremely important, too, as they are able to describe current levels of performance across many areas.

This program is not an accredited college degree program and exiting students will receive a Completion Certificate along with a personal portfolio, **NOT** a degree from Tennessee State University

Please email amcgaha@tnstate.edu – subject: **TigerEDGE** or call **(615) 963-7480** if you have other questions.

PLEASE SEND ALL ADMISSION MATERIALS TO:

TigerEDGE Program
c/o Dr. Anita McGaha
Office of Disability Services
3500 John A. Merritt Blvd.
Nashville, TN 37209

EQUAL OPPORTUNITY In compliance with federal law, including the provisions of Title IX of the Ed Amendments of 1972, Sections 503 and 504 of the Rehab Act of 1973, and the ADA of 1990, Union University does not discriminate on the basis of race, gender, sexual orientation, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other university-administered programs; or employment.

SERVICES FOR STUDENTS WITH DISABILITIES Call: The Director of Disability Services at (615) 963-7480 or the Coordinator at (615) 963-1843 regarding accommodations and services.

SECURITY STATEMENT In compliance with state and federal law, Union University will provide you, upon request, an annual Security Report on University-wide security and safety, including related policies, procedures, and crime statistics.

SECTION I: STUDENT INFORMATION

1. Last Name _____ First Name _____ MI _____
2. Home Phone _____ Cell Phone _____
3. Address _____
City _____ State _____ Zip Code _____
4. Birth date _____ Email Address: _____
5. Gender ___ M ___ F
6. Ethnicity ___ Latino ___ Non-Latino
7. Race ___ Asian ___ American Indian or Alaska Native ___ Black or African-
American ___ Native Hawaii or Pacific Islander ___ White ___ Unknown

SECTION II: FAMILY INFORMATION

The applicant lives with:

- ___ Both parents ___ Mother ___ Father ___ Guardian(s)
- ___ Group home (If applicant lives in a group home, please provide the group home name, contact person and contact phone number) _____

- ___ Other (please specify): _____

Mother/Guardian:

- Last Name _____ First Name _____ MI _____
- Home Phone _____ Cell Phone _____
- Address _____
City _____ State _____ Zip Code _____
- Occupation/Employer _____ Work Phone _____
- Email address _____

Father/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email address _____

**SECTION III. EMERGENCY CONTACT INFORMATION
(Not a Parent or Guardian):**

IN CASE OF AN EMERGENCY, PLEASE CONTACT...

Name _____ Phone _____

OR

Name _____ Phone _____

SECTION IV: EDUCATION HISTORY

1. High Schools Attended

(Name, City, State) Years attended, Reason for Leaving

2. Did you receive a high school special education diploma or equivalent? ___ No ___ Yes

3. From (school and address) _____

Date _____

4. Have you ever applied to Tennessee State University? ___ No ___ Yes

SECTION V: REFERENCES

Please provide the names and email addresses of the references to whom we can send the reference form and who will respond on your behalf. At least one reference writer should be an educator (teacher, principal, guidance counselor, etc.), and another, if possible, an employer/work supervisor. It is important to note that a reference **cannot be a family member**.

First Reference

Name _____ Email address _____

Relationship to you _____ Phone number _____

Second Reference

Name _____ Email address _____

Relationship to you _____ Phone number _____

SECTION VI: EMPLOYMENT HISTORY

Note: prior work experience is not a requirement for admission into this program

1.

Name of Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

2. Is the applicant currently participating in a work experience, paid or unpaid?

If yes, at which of the above jobs?

3. Was the applicant ever employed for pay at or above minimum wage prior to entry into the TPSID program? (Y or N)

4. What work experiences does the applicant have an interest in or enjoy?

SECTION VII: APPLICANT QUESTIONNAIRE

Please answer all questions completely and honestly. The answers must be directly from the applicant, but they can be dictated.

Name _____

1. Why do you want to participate in the TigerEDGE Program?

2. What would you like to learn while participating in the program?

3. What area(s) about yourself would like to make improvements?

4. What are your strengths?

5. Do you currently have a paid or volunteer job? Yes No

6. If yes, what do you do? Do you enjoy this type of work?

7. What do you do for fun outside of school and work? Hobbies?

8. What do you like to do with your friends?

9. Do you have internet access at home? ____ Yes ____ No

10. If yes, do you use the internet at home? In what ways do you use the internet?

11. Please complete the following sentences:

My dream job would be _____

In ten years, I want to live _____

12. What is the longest you have ever been away from home before?

13. If you have been away from home, did you enjoy the experience? Please explain.

Applicant signature _____ *Date* _____

SECTION VIII: MEDICAL HISTORY

1. Please list any significant medical or physical conditions that may affect the applicant's participation in classroom, social, or recreational activities on campus, including severe allergies:

2. Please list any current medications and indicate the condition(s) for which the medication(s) are taken:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. TigerEDGE does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

3. Does the applicant currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, and behavioral therapy? If so, please indicate which services:

4. Is the applicant independent in self-care such as toileting, and basic hygiene?
 Yes No

5. List any limitations:

6. Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech or behavioral therapy?

Yes No

If so, please list/describe

CONSERVATORSHIP

Does the applicant have a conservatorship?

_____ Yes _____ No

If so, please describe the conservatorship, including the conservatorship classification and what rights are removed and retained by the applicant, (this section **MUST** be filled out if the applicant has a conservator). Please include information regarding who is designated as the conservator of the applicant, including contact information. (If you have a conservatorship, a copy of the conservatorship document must be submitted.)

Does the applicant have an alternative to conservatorship, including but not limited to the representative payee, durable power of attorney, informed consent, etc.?

_____ Yes _____ No

If so, please describe.



TigerEDGE

Postsecondary Program

Release and Exchange of Information Form

Tennessee State University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. The more sources you permit us to contact, the more accurately and efficiently we are able to process this application.

Applicant Name _____ SS# _____

Please **CHECK ALL BLANK LINES BELOW** in order to provide us with permission to contact the listed outside sources, and then sign where indicated.

I give permission to exchange information about me with the offices/individuals checked below:

- _____ School District(s) (The applicant’s high school district(s))
- _____ School Personnel (The applicant’s past high school(s))
- _____ Parents/Guardians
- _____ Department of Vocational Rehabilitation Office
- _____ Department of Disability and Special Needs Office
- _____ Admissions Office
- _____ Course Instructors
- _____ Financial Aid Office
- _____ Bursar’s Office
- _____ Registrar’s Office
- _____ Tutor/Mentor
- _____ Adaptive Behavior Assessment/Psychological Evaluation
- _____ Present Level of Performance Assessment

Applicant Signature _____ Date _____

Parent/Guardian _____ Date _____



Tennessee False Claim Act Statement

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the College or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or an alien lawfully present in the United States. By submitting this application, I am attesting that I am either a U.S. citizen or an alien lawfully present in the United States or that I am not requesting any state benefits, including in-state tuition. I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq.

I understand that if I am found to have made a false or misleading statement, my admission may be rescinded, or I may be disciplined by Tennessee State University. I grant my high school(s) and college(s) permission to release my transcript(s) to the Tennessee State University – TigerEDGE Program.

_____ Yes _____ No

I certify that none of the information provided on this application is false or has been withheld. I also acknowledge understanding that giving false information or withholding information may make me ineligible for admission to the Tennessee State University – TigerEDGE Program.

_____ Yes _____ No

I have read all the information on this page:

Parent Signature: _____

Date: _____

Applicant Signature: _____

Date: _____