



SUPPORTED  
ACADEMICS &  
INDEPENDENT  
LIFE SKILLS

# APPLICATION FOR ADMISSION

Fill out this form using Acrobat Reader or another PDF reader program. You can find a link to the Acrobat Reader program on our website at [www.SAILSforstudents.org](http://www.SAILSforstudents.org). When you have finished filling out the form, print it out, sign the last page and submit with all your supporting materials to SAILS.

## PERSONAL INFORMATION

NAME	First	Middle	Last
Preferred Name, if not first name			
BIRTHDATE	mm	dd	yyyy
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number			
Current Address			
City		State	ZIP
Permanent Home Address			
City		State	ZIP
Email	Permanent Home Phone		Cell Phone

If different from above, please give your mailing address for all admission correspondence.

MAILING ADDRESS	from	mm/dd/yyyy	to	mm/dd/yyyy	Phone Number at Mailing Address
Street/Apartment					
City		State	ZIP		
If your mailing address is a boarding school, include name of school here					

CITIZENSHIP	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Dual US Citizen	List any non-US countries of citizenship
<input type="checkbox"/> US Permanent Resident Visa		Alien Registration Number	
<input type="checkbox"/> Other Citizenship Visa Type		List other type of citizenship Visa	
If you are not a US Citizen and live in the United States, how long have you been in the country?		(years, months)	

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**EDUCATIONAL  
INFORMATION**

Secondary School you now attend (or graduated from)		<input type="checkbox"/> Public <input type="checkbox"/> Independent <input type="checkbox"/> Religious <input type="checkbox"/> Home School	
Date of Entry (mm/dd/yyyy)		Date of graduation (mm/dd/yyyy)	
Address		City	State    ZIP
<b>SCHOOL COUNSELOR INFORMATION</b>			
Title Mr./Mrs./Dr	School Counselor's Name		
School Counselor's Email		School Counselor's Phone Number	School Counselor's Fax

What challenges (if any) do you have in the classroom?

- Not enough time  
  Difficulty writing  
  Sequencing/Prioritizing  
  Group instruction  
 Paying attention  
  Blurting out answers  
  Getting organized  
  Difficulty with written material  
 Other \_\_\_\_\_

List all other secondary schools, including summer schools and other programs you have attended, beginning with 9th grade.

Name of School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/dd/yyyy to mm/dd/yyyy)

List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of College/University/ Technical School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/dd/yyyy)	Credits Earned?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the following apply to your secondary school education, please check the appropriate box and provide details on a separate sheet.

- Graduated early                       Graduated late  
 Will not graduate, will receive GED     Will not graduate, will not receive GED

If you received a GED, list date \_\_\_\_\_

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What would you like your SAILS teacher to know about the way you learn?

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What accommodations have you had in the classroom in the past?

- Additional time       Calculator       Computer       Assisted technology  
 Assistance with note taking       Preferred seating  
 Other \_\_\_\_\_

Have you ever had an Individual Education Plan while attending school?     Yes     No

If yes, please provide a copy when submitting this application.

What is your best subject in school? \_\_\_\_\_ What is your hardest subject? \_\_\_\_\_

Possible area(s) of academic concentration/major(s) \_\_\_\_\_

Possible career or professional plans \_\_\_\_\_

**SPECIAL RECOGNITION** Briefly list or describe any special recognition, distinctions, awards, accomplishments or honors you have earned in school since the 9th grade.

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**TEST INFORMATION**

Have you taken any college placement exams such as the SAT, ACT or Test of English as a Foreign Language?

- Yes     No

If yes, please list them below.

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If yes, write the name of the school and location where the exam(s) were taken:

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Have you taken the Compass test?     Yes     No

If yes, write the name of the school and location where the exam was taken:

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**FAMILY  
INFORMATION**

Please list the adults who have legal rights and responsibilities toward you. (If you are a minor, this is usually one or both of your living biological parents.) If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you.

<b>PARENT/GUARDIAN 1</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					
Title (Mr./Mrs./etc)	First Name		Middle Name		Last Name
Home Address (If different from yours)			City	State	ZIP
Email			Home Phone Number		Cell Phone Number
Employer			Occupation		
College (if any)	Degree	Year	Graduate School (if any)	Degree	Year

<b>PARENT/GUARDIAN 2</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					
Title (Mr./Mrs./etc)	First Name		Middle Name		Last Name
Home Address (If different from yours)			City	State	ZIP
Email			Home Phone Number		Cell Phone Number
Employer			Occupation		
College (if any)	Degree	Year	Graduate School (if any)	Degree	Year

**EXTRACURRICULAR  
PERSONAL AND  
VOLUNTEER**

Please list your extracurricular, community and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé. (Please include summer activities on this chart)

Activity	Grade Level/Post Graduate (PG)					Approximate Time Spent	Positions Held, Honors Won, or Letters Earned
	9	10	11	12	PG		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**WORK  
HISTORY**

Please list jobs you have held during the past three years. Please include paid jobs, internships and volunteer service.

Specific Nature of Work	Employer	Approximate Dates (mm/dd/yy to mm/dd/yy)	Hours per Week

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What sports activities and/or hobbies do you enjoy?
What clubs/organizations interest you the most?
Do you belong to any social organizations or groups?
What types of activities of you like to do when you are by yourself?
What are your strengths?
What goals have you set for yourself?

<b>DIAGNOSIS INFORMATION</b>	
Primary Diagnosis	Age at time of Diagnosis
Secondary Diagnosis (e.g ADHD, Anxiety, Depression, etc.)	
Are there any specific intervention and or/support strategies that work well for you?	

What does the SAILS program provide which you feel will benefit you most?

- Academic Support Service     
  Organizational Skills     
  Time Management     
  Social Support  
 Other \_\_\_\_\_

**PERSONAL ESSAY**

SAILS asks that all applicants complete a personal statement or essay, so we can get you know you in a way that may not be apparent in your application or through other test scores or reports. This essay is a chance for you to share with us your interests and achievements as well as your goals for college, your career and/or your adult life. Please include a minimum of 250 words and select one of the following topics:

- Describe your future goals and what you hope you will learn at college to reach your goals.
- Share with us your strengths and challenges as a learner during high school or at a previous college you attended.
- Describe a person or an event that has influenced your life. What have you learned from this person or experience?
- Tell us about unique talents or interests and how they set you apart from others.
- Review some of the achievements you have made in your life of which you are most proud. Why are they important to you?

**Directions for essay submission:**

1. Please type or write your essay
2. Include your name and date of birth on each page
3. Please send your typed or written essay along with your other materials to:  
SAILS Program, c/o Mainstay, 1702 Harvard Ave., NP 101, Seattle, WA 98122

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Have you ever lost your license due to violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:
Have you ever experimented with any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:
Please list current or previous health problems you have experienced: (seizures, head injuries, diabetes, sleep disturbance)
Are you currently taking any medication(s)? (Include prescription medication) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medications and purpose:

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?  Yes  No

Have you ever been convicted of a misdemeanor, felony or other crime?  Yes  No

If you answered yes to either one or both questions, please attach a separate piece of paper that gives the approximate date of each incident and explains the circumstances.

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### APPLICATION FEE PAYMENT

Pay by check or credit card at [www.SAILSforstudents.com](http://www.SAILSforstudents.com)

### SUBMISSION DETAILS

All application materials may be submitted to SAILS by US Mail:  
SAILS Program, c/o Mainstay, 1702 Harvard Ave., NP 101, Seattle, WA 98122

LETTER OF RECOMMENDATION: Please have a professional educator or counselor who has worked with the applicant and can speak to their current skill sets complete with a letter of recommendation. A "Letter of Recommendation" form can be downloaded from our website at [www.SAILSforstudents.org](http://www.SAILSforstudents.org)

ADDITIONAL INFORMATION: If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.

### PERMISSIONS

I am applying to the SAILS Program. My application material will be handled with strict confidentiality and viewed only by SAILS employees.

I give consent to SAILS to contact the individuals listed in this application above in the interest of discussing information about me as it pertains to my participation in the SAILS program.

I understand additional application documentation may be necessary to determine my eligibility. If so, the SAILS Director will request my (or my legal guardian's) written consent.

I understand I have provided names and contact information on my application will require my consent to contact.

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### VERIFICATION OF INFORMATION

Acknowledged:

The information provided to SAILS represents accurate information about the Participant, including relevant information about the Participant, including, but not limited to Participant's educational, behavioral and social functioning needs.

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Signature of person completing the application

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Date

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Printed name of person completing the application