

# Project EDGE Application

Due May 3, 2024 to [mtcprojectedge@manateeschools.net](mailto:mtcprojectedge@manateeschools.net)

## Student Information

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Cell Phone:	Birth Date:	
Disability:	Full Scale IQ:	
Student Email Address:		

\*Disability and IQ are confidential and under federal law protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, accountability research, or student academic transcripts.

Do you receive support or services from any of the following: (please select all that apply)

Agencies for People with Disabilities

Division of Blind Services

Medical Assistance

Supplemental Security Income

Vocational Rehabilitation

Other:

\*\*Please make sure to submit eligible documentation with this application regarding your intellectual disability. Such documentation may include but not be limited to an Individualized Education Plan (IEP) or a diagnosis from a physician who is licensed under chapter 458 or chapter 459 or a psychologist licensed under chapter 490\*\*

## Family Information

Student lives with:

Both Parents      Mother      Father      Guardian(s)      Other

If other, student lives with:

Is the student their own guardian?

Yes                      No

If no, please list the student's Guardian(s):

### Mother/Guardian

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Cell Phone:		Home Phone:
Occupation/Employer:		Work Phone:
Email Address:		

### Father/Guardian

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Cell Phone:		Home Phone:
Occupation/Employer:		Work Phone:
Email Address:		

### Siblings

Name	Age

# Employment Information

Work/Internship/Volunteer Experience				
Employer Contact Information	Job Responsibilities	Paid/Non-Paid	Dates at this Job	Reason for Leaving

# Education History

Name of School/Institution	City, State	Years Attended	Reason for Leaving

Did/will you receive a high school diploma?      Yes    No

Date Received:

Did/will you receive a high school certificate of completion?      Yes    No

Date Received:

# Getting to Know You

Why do you want to be a Project EDGE student?

What kind of job(s) are you interested in after you leave high school or college?

What are three things you are really good at?

Describe what skills you would like to learn in the following areas:

Employment

Independent Living

Social

What do you like to do in your free time?

What is your favorite sport?

Who is your favorite musical group or singer?

Do you have a :

Learners Permit:	Yes	No
Driver's License:	Yes	No
Florida Identification Card:	Yes	No

Have you ever done the following independently:

Flown in a plane	Yes	No
Used public transportation	Yes	No
Biking	Yes	No
Walking	Yes	No
Uber/Lyft	Yes	No

What are two goals you have if accepted into Project EDGE?

Please use the space below to provide any additional information about yourself that you would like to share.

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