Project EDGE Application

Due March 28, 2025 to mtcprojectedge@manateeschools.net

Student Information

Last Name:	First Name	: :	Middle Initial:			
Address:						
City:	State:		Zip Code:			
Cell Phone:		Birth Date:	Birth Date:			
Disability:		Full Scale IO	Full Scale IQ:			
Student Email Addres	s:					
	•		adent academic transcripts. owing: (please select all that			
Agencies for People	with Disabilitie	S				
Division of Blind So	ervices					
Medical Assistance						
Supplemental Secur	rity Income					
Vocational Rehabili	tation					
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 live	es with:					
Is the student their of	own guardian?					
Yes	No					
If no, please list the	student's Gua	rdian(s):				
Mother/Guardian						
Last Name: First Name:		Name:	Middle Initial:			
Address:			·			
City:	State	•	Zip Code	Zip Code:		
Cell Phone:		Home Ph	Home Phone:			
Occupation/Emplo	yer:	Work Pho	Work Phone:			
Email Address:						
Father/Guardian						
Last Name:	First	Name:	Middle In	Middle Initial:		
Address:			T			
City:	State	State:		Zip Code:		
Cell Phone:			Home Ph	Home Phone:		
Occupation/Employer:			Work Pho	Work Phone:		
Email Address:						
Siblings						
Name		Age				

Employment Information

		Work/Internsh	nip/O	JT/Volunte	eer Experie	ence	
Employer Contact Information	Job]	Responsibilities		l/Non-Paid	Dates at th		Reason for Leaving
I							
		Educa	atio	n Histo	ry		
Name of School/Institution						eason for Leaving	
Did/will you re	ceive	a high school di	plon	na? Ye	es		No
Date Received:	:						
Did/will you re	ceive	a high school ce	ertific	eate of com	npletion?	Yes	No
Date Received:	:						

Getting to Know You

Please fill out as independently as possible, grammatical errors are not counted against applicants.

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:
<u>Employment</u>
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 in	dependently	:				
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 acce	pted into Pro	gect EDGE?				
Please use the space below to provide any additional information about yourself that you would like to share.						
Did someone assist you in completing this applif yes, who?	plication?	Yes	No			

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