



DREAM Program
Developing Real Expectations for Achieving Mastery
Student Application

DREAM PROGRAM DESCRIPTION

Mercer County Community College's DREAM Program is an educational initiative designed to provide transition and postsecondary program opportunities for students whose behavior is characterized by limitations in both intellectual and adaptive behavior and so require significant additional supports to navigate the postsecondary environment. After successful application and admission to the program, identified students, ages 18-24, have the opportunity to reach individual goals in an inclusive and supportive college environment.

The program addresses the development of:

- Academic skills in reading, writing, math, and academic classes of interest to the individual student;
- Career exploration skills;
- Social relationships; and
- Independent living skills to enhance success in community and family life

Each student will participate in an individualized plan of study based on his/her individual goals and needs. Students work closely with program staff to identify goals, build schedules, and arrange for mandatory job shadowing and other career-related experiences.

All students are required to participate in courses which are uniquely designed for DREAM students, as well as inclusive Mercer County Community College offerings.

Students will register for the inclusive classes based on placement and may be permitted to audit classes in areas of interest.

Participation in the DREAM Program is generally four semesters. After that time, students interested in continuing the pursuit of academic or vocational goals may continue their studies by taking credit or non-credit classes at Mercer County Community College without the support of the DREAM Program but with the support and accommodations of the Center for Accessibility Resources (CAR).

In certain situations, DREAM participants may be invited to continue for semesters beyond the fourth semester with augmented fees.

DREAM PROGRAM ELIGIBILITY REQUIREMENTS

The Dream Program is for students with intellectual disabilities, which is defined as “a disability characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday social and practical skills” (American Association on Intellectual and Developmental Disabilities, www.aaid.org, 2020).

The applicant should meet the following criteria:

- Be 18 years of age by August 15 and no older than 24 by August 15 of the year student begins the program.
- Complete all admission procedures, to include attending admissions interviews and completing college and program applications.
- Demonstrate interest in developing academic, social, vocational and independent living skills.
- Have a proven ability to participate appropriately in classroom and/or professional work settings.
- Demonstrate ability to benefit from this program
- Be available to attend an orientation meeting in mid-August and to start classes on or about September 8.

FEES

Course fees for the DREAM Program are tuition-based and follow the typical Mercer County Community College fee schedule. There is an additional per semester charge to DREAM Program participants.

APPLICATION PROCEDURES

Students should complete the application as independently as possible.

MATERIALS TO INCLUDE IN APPLICATION PACKET

1. DREAM Application
2. Information About Me
3. High school transcript, postsecondary records, all current evaluations and assessments if available.

Additionally, applicants must complete:

- The Mercer County Community College application, available on-line at www.mccc.edu
- The Center for Accessibility Resources (CAR) Request for Academic Accommodation form (attached to this document)
- Application packages must be complete to be considered.

DREAM PROGRAM APPLICATION

Thank you for your interest in applying to Mercer County Community College's DREAM Program.

APPLICANT INFORMATION
(TO BE COMPLETED BY STUDENT)

Name:

Street Address:

City, State, Zip code:

Phone Number:

Alternate Phone Number:

Email Address:

Birth date (Month, Day, Year):

High School attended/attending:

Preferred remote platform for interview (FaceTime, Skype, Zoom, Teams):

I understand that by completing and submitting this application I am applying to a program for transition/postsecondary education at Mercer County Community College. The information provided in the application is my own work and represents my own thoughts. I verify that I meet the eligibility requirements described on page two of this packet.

Your Name

Date

**DREAM PROGRAM APPLICATION
INFORMATION ABOUT ME**

In the space below, please write a few sentences about your hobbies, interests and favorite activities.

In the space below, please write a few sentences about any volunteer, job shadowing or work experiences you may have had. Please write "NONE" if you have never had any of these experiences.

In the space below, please tell us about two of your goals for the future, why you would like to attend college and which college classes you are interested in experiencing.

DREAM PROGRAM PARENT/GUARDIAN FORM

Name

Street Address

City, State and Zip code

Telephone Number(s)

Email Address

Relationship to Student

Student's Name

Please discuss why you are interested in the program for the applicant.

Please discuss any assistance the applicant received in completing this application.

(This will not affect the admissions decision process.)

I understand that **(type student's name here)** is applying for admission to attend a transition/postsecondary program at Mercer County Community College. If he/she is selected to participate, I will help to ensure that he/she attends the program. I certify that he/she meets the following eligibility criteria: has an intellectual disability; is between the ages of 18 and 24; demonstrates a desire to continue his/her education; and displays appropriate behavioral and social skills in school, home and community.

Student's Guardian Status (place an X next to one): Self Parent Other

NOTE: If student's guardian status is not self, please include a copy of guardianship documents.

Parent/Guardian Name

Parent/Guardian Address

**DREAM PROGRAM
PERSONAL RECOMMENDATION LETTER
ABOUT THE APPLICANT**

Name

Phone Number

Email Address

ABOUT THE PERSON WRITING THE RECOMMENDATION

Name

Address

City, State, Zip Code

Phone Number(s)

Email Address

Relationship to the Applicant

I have known the applicant for (specify years/months)

Please use a separate piece of paper to discuss the following:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

These letters should be no more than one (1) page in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who needs to enclose the letter in his/her application package.

DREAM PROGRAM
PROFESSIONAL RECOMMENDATION LETTER
ABOUT THE APPLICANT

Name

Phone Number

Email Address

ABOUT THE PERSON WRITING THE RECOMMENDATION

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City, State, Zip Code

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Relatives of the applicant are not eligible to complete professional recommendations.

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DREAM PROGRAM CHECKLIST

- I have completed and submitted a Mercer County Community College application online. Go to www.mccc.edu to complete the application.

- I have completed the CAR Request for Academic Accommodations Form (attached).

- I have submitted my high school transcript and any postsecondary records.

- I have submitted educational and psychological evaluations which have been conducted within the last three years. (Remember, an IEP is not considered an evaluation.)

- I have completed the DREAM application packet, which includes:
 - ___ DREAM application
 - ___ Information About Me
 - ___ Parent/Guardian Information
 - ___ Three letters of recommendation: teacher, employer/community member and personal

- I have attended my admission interview on **(type date here)**.

- I have decided that I want to be involved in the DREAM Program.

Student Signature and Date

Student Name (print)

Request for Academic Accommodations Form
Mercer County Community College
Center for Accessibility Resources (CAR)

**THE STUDENT WHO IS REQUESTING ACADEMIC
ACCOMMODATIONS MUST COMPLETE THIS FORM.**

If you require academic accommodations due to a documented disability, please complete this form. All requests must be supported by appropriate documentation. You can print this form, handwrite your answers, and email us the completed sheet or you may type your answers using your computer and email it back to us as an attachment. The email address is CAR@mccc.edu.

Write or type your full name:

Write or type your telephone number:

Student signature or typed full name:

Write or type today's date:

Read and initial both statements below:

<p>Student's initials indicate that CAR has permission to respond to questions about academic accommodation with the Academic Testing Center.</p> <p>Write or type your initials:</p>	<p>Student's initials indicate that CAR has permission to respond to questions about academic accommodation with course instructors.</p> <p>Write or type your initials:</p>
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The Americans with Disabilities Act of 1990 including changes made by the ADA Amendment Act of 2008 and Section 504 of the Rehabilitation Act of 1973 prohibits colleges and universities from making inquiries regarding a disability prior to admission. Information regarding a disability, voluntarily given or inadvertently received by Admissions will not affect a student's admission to Mercer County Community College. Acceptance into a specific College program, however, is contingent upon the student meeting the technical and academic standards of the program (8/2023 updated)

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