



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 work towards participating in 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 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.

DREAM PROGRAM ELIGIBILITY REQUIREMENTS

The Dream Program is for students with intellectual disabilities; “a disability characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday conceptual, social and practical skills” (American Association on Intellectual and Developmental Disabilities, www.aaidd.org, 2025).

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. ALL materials must be submitted electronically.

MATERIALS REQUIRED TO COMPLETE THE APPLICATION

1. DREAM Application
2. High school transcript, if applicable postsecondary records, all current evaluations and assessments
3. One personal reference and one professional reference

Additionally, applicants must complete:

1. The Mercer County Community College application, available on-line at www.mccc.edu
2. The Center for Accessibility Resources (CAR) Request for Academic accommodations available on the MCCC website. Please click the following link and select **2025 Request for Academic Accommodations**:

https://www.mccc.edu/car_important_documents.shtml

NO APPLICATIONS WILL BE REVIEWED UNTIL ALL MATERIALS HAVE BEEN RECEIVED BY EMAIL onaitiss@mccc.edu.

DREAM PROGRAM APPLICATION

THANK YOU FOR YOUR INTEREST IN
APPLYING TO MERCER COUNTY
COMMUNITY COLLEGE'S DREAM
PROGRAM. ALL APPLICATIONS AND
SUPPORT MATERIALS MUST BE
SUBMITTED **ELECTRONICALLY** to:
onaitiss@mccc.edu.

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:

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.

Type Your Full Name:

Date:

DREAM PROGRAM APPLICATION
AUTOBIOGRAPHICAL INFORMATION

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

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

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 below next to one):

Self:

Parent:

Other:

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

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 provide a document by email to onaitiss@mccc.edu that includes 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.

Parents and/or guardians of the applicant are not eligible to complete personal recommendations.

DREAM PROGRAM
PROFESSIONAL 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 provide a document by email to onaitiss@mccc.edu that includes 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.

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

DREAM PROGRAM
PROFESSIONAL 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):

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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.

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

These letters should be no more than one (1) page in length.

DREAM PROGRAM CHECKLIST FOR THE APPLICANT

- ☐ 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
- ☐ 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
 - ___ **Two** letters of recommendation by email: one professional (teacher, employer/community member) and one personal (parent and/or not eligible)
- ☐ I have decided that I want to be involved in the DREAM Program.

Type Full Name Here:

After your application has been received and reviewed, you will be contacted to arrange an admission interview with DREAM Program staff.