

Rend Lake College SHINE Program Application



Personal Information

First name: _____

Last name: _____

Preferred name: _____

Pronouns: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Would you like to receive text notifications regarding the SHINE program? (circle one) Yes No

Educational and Career Plans

Intended Major: _____

Future Job or Career Plans: _____

Educational History

High School Name: _____

High School City: _____ High School State: _____

Year of Graduation: _____

Accessibility and Accommodations

Please list your documented disabilities: _____

What Accommodations have you had in your classes, if any?

Did you have the assistance of a paraprofessional or aide in the classroom setting? _____

If yes, please describe the assistance provided: _____

What do you consider your academic strength? _____

What are your academic struggles? _____

Do you receive and other support services or training, such as personal assistance or vocational rehabilitation counseling? If yes, please describe:

Are you independent with self-care? _____

Is there any other medical information you feel would be important for us to know?

Signature

Signature

Date

Emergency Contact Information



Emergency Contact First name: _____

Emergency Contact Last name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Student's known allergies? _____