ACCESS BSC

Bridge to Success in College

July 10, 2017– July 14, 2017

9am– 3pm

Summer Transition for Students with Learning Differences

Transition to College
For Students with Learning Differences

Apply Today

For more information and to apply contact:

Online application form

(https://buffalostate.wufoo.com/forms/z1vg4teh1mw47ub/)

Buffalo State College,

Student Accessibility Services

(716) 878-3293

- Students must be at least a sophomore in High School.
- Parent or Guardian permission required .
- Sessions will be held at Buffalo State College.
- **Transportation will not be provided.**
- **Applications Due by:**

April 1, 2017.

BUFFALO STATE
The State University of New York

What is Access BSC?

Access BSC is a week long program aimed at helping pre-collegiate students with learning differences strengthen the skills needed to easily transition from high school to college.

Self-Advocacy Skills

Access BSC will help students learn to talk about their disability and their needs. The goal is for students to feel comfortable speaking up and asking for help in college.

Assistive Technology

Students will learn how to use technology as a strategy to address issues with:

- **Time Management**
- **Executive Functioning**
- **Note taking**
- **Mentoring**
- **And more...**

The Peter and Elizabeth C. TOWER Foundation

BUFFALO STATE
The State University of New York

ACCESS BSC – Bridge to Success in College
Summer Transition Program for Students with Learning Differences
July 10, 2017 – July 14, 2017
Application Due Date: April 1, 2017

APPLICATION FOR ADMISSION

STUDENT PROFILE

Student Last Name: _____ First: _____

Home Address Street: _____

City: _____ State: _____ Zip: _____

☐ Male ☐ Female Date of Birth: _____

Student Hone Phone: _____ Student Cell Phone: _____

Student Email Address: _____

How would you describe your racial background? (Check all that apply)

☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ White/Caucasian

☐ Native Hawaiian or other Pacific Islander

SERVICES RECEIVED

Have you ever been diagnosed with Learning Disability or ADHD? ☐ Yes ☐ No ☐ I don't know

Did you receive special education services at school? ☐ Yes ☐ No ☐ I don't know

Did you receive extended time on tests? ☐ Yes ☐ No ☐ I don't know

PARENT/GUARDIAN INFORMATION

Parent Name: _____ Cell: _____ Work: _____

Email: _____

Parent/Guardian's highest level of education: _____

Annual Household Income: _____

SCHOOL INFORMATION

Current School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Grade during summer 2016-17 year: _____ Current GPA: _____

What do you expect to learn in this program?

TO BE ANSWERED BY A PARENT/GUARDIAN:

What qualities does your child have that makes him/her a good fit for this program?

What do you expect your child to get out of this program?

AUTHORIZATION TO PARTICIPATE

I authorize the participation of (Student name) _____ in the summer transition program at Buffalo State College from July 10th to July 14, 2017. I will be able to provide transportation for my student and understand that the program starts at 9:00am and ends at 3pm each day. I will also be (check one) ☐ able ☐ not able to attend the parent/guardian session on July 14th, 2017 the last day of the program.

Date: _____ Signature of Parent or Guardian: _____

Please mail completed forms to:

Buffalo State College
Student Accessibility Services
120 South Wing
1300 Elmwood Ave
Buffalo, NY 14222