



Registration for Think Ahead

Mail, email, deliver or fax form to:

Dutchess Community College
c/o Office of Accommodative Services
53 Pendell Road, Poughkeepsie, NY 12601-1595
845-431-8055
bertoloz@sunydutchess.edu

Please print legibly– Use Full Legal Name

DCC ID # (If available): A _____

Birthdate: _____ - _____ - _____
Month Day Year

Last Name _____ First Name _____ M.I. _____

PERMANENT LEGAL ADDRESS*

Street _____ Apt. # _____

City/Town _____ State _____ Zip _____

County _____ Mailing address if different: _____

Phone: (Home) _____ (Cell) _____

Email _____

- **Please note that all students in this program must be OPWDD eligible with the HCBS Medicaid waiver and submit a current ISP/PISP and/or IEP**
Will you have HCBS waiver by program enrollment? (Y N)
- **Must be Dutchess County Resident**
- **Must submit letter of recommendation from neighbor, school personnel, employer**
- **Space is limited, selection based upon application and interview**
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Registration for Semester: ___ Fall ___ Spring Year: 20 _____

Program Fee: \$25 (collected after acceptance)

If you anticipate a need for disability related accommodations to attend or participate, please contact the Office of Accommodative Services, contact information listed above.

DEMOGRAPHIC INFORMATION (For general reporting purposes):

Gender: ___ Male ___ Female Are you Hispanic/Latino? ___Yes ___No

If Hispanic/Latino, is your background (select one):

___Central American ___Dominican ___Mexican ___Puerto Rican ___South American ___Other Hispanic/Latino

Is your race (select one or more): ___American Indian or Alaskan Native ___Asian ___Black or African American
___Native Hawaiian or Other Pacific Islander ___White

Application Deadline: April 15, 2018

Student selection interviews: May 2018, decisions by June 15, 2018

Think Ahead Orientation: TBA

Classes Begin: Monday, August 27, 2018