

EAB SUMMER COLLEGE PROGRAM APPLICATION  
FOR STUDENTS WITH DISABILITIES

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone number student can be reached at: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

High School Attending: \_\_\_\_\_ Year Graduating: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sponsoring Counselor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Counselor Phone Number: \_\_\_\_\_

Student's Major Disability (Please Describe): \_\_\_\_\_

List all chronic or specific illnesses, allergies, and/or special instructions:

Please indicate if student has diabetes and/or history/type of seizures:

List current medications: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Please fill out both sides of this application and return as soon as possible to the address listed below.

EAB Summer College Program

P.O. Box 6445

Evansville, IN 47719

**DEADLINE FOR APPLICATION: MAY 15th** (Please contact us if you have any concerns about the application deadline).

Please check the appropriate items that pertain to you.

\_\_\_\_\_ I can take care of my own personal living needs such as taking medications, showering, grooming, etc.

\_\_\_\_\_ I can use regular print textbooks and would like them available.

\_\_\_\_\_ I will need my textbooks on tape/cd – Braille books are not available.

\_\_\_\_\_ I have a special 4-track player or cd player to use with my textbooks on tape/cd.\*

\_\_\_\_\_ I am registered with Recordings for the Blind. (This is not the same as Talking Books available at the library.)

My registration # \_\_\_\_\_

\*If you need textbooks on tape and are not registered with Recordings for the Blind please call us as soon as possible to find out what needs to be done.

\_\_\_\_\_ I use a white cane.

\_\_\_\_\_ I use a guide dog.

\_\_\_\_\_ I will need an interpreter because I am hearing impaired.

\_\_\_\_\_ I will be driving a car while participating in the summer program.

List any special equipment that you will be bringing such as computer, printer, Brailier, hearing aid, etc. (**\*Due to availability of equipment we encourage you to bring a computer or 4-track player/cd player for books on tape/cd if possible**).

\_\_\_\_\_  
\_\_\_\_\_

List any other special needs you have because of your disability.

What college do you plan to attend? \_\_\_\_\_

Once this application has been received, further information will be mailed to you. If you have any questions call (812) 422-1181.

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Student/Guardian Consent & Medical Authorization

I, hereby give my permission for this student to participate in the EAB Summer College Program. I understand that the event is sponsored by the Evansville Association for the Blind and agree that EAB will not be liable for injury or accident incurred during this program. I also understand that I am agreeing to pay for any damages to University property by this student. In the event of a medical emergency, I give my permission to the EAB staff to seek medical attention for said student as deemed necessary by a licensed physician. I am sending a copy of both sides of the insurance card that pertains to this student.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date