



Student Application

Applications must be mailed to:

**Erskine Green Training Institute
c/o The Arc of Indiana Foundation
Attn: Admissions Screening Committee
601 S. High Street
Muncie, IN 47305**

All material submitted will become property of
Erskine Green Training Institute and will not be returned.

Contact us at (765) 381-8071, (877) 216-2479
or info@egti.org.

*Please note that application guidelines are subject to change
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Admissions Application

Erskine Green Training Institute's (EGTI) programming is designed for individuals whose academic, social, communication and adaptive skills are affected due to a disability. Most applicants would have received special education services in the K-12 setting and exited their secondary school with a diploma, GED or certificate of completion.

EGTI is a certificate program (not an accredited college degree program). Students will exit their chosen training program with a certificate and potentially an industry recognized certificate depending on their program.

To ensure that EGTI is the best option for each applicant we require a completed application packet. Along with *EGTI Prerequisites: Independent Living Skills* listed within the Housing section of the website, applicants should possess a majority of the following bullets. Additional requirements for specific training programs may also be required. Please refer to your training program of interest on EGTI's website to see additional requirements.

- ◆ Functional math skills
- ◆ Functional reading skills by any mode
- ◆ Functional writing skills or a mode to produce written material
- ◆ Ability to perform hygiene routine independently or has services to provide this support
- ◆ Ability to manage medications or has services to provide this support
- ◆ Ability to be unsupervised for an extended period of time
- ◆ Applicant does not exhibit disruptive behavior
- ◆ Applicant has had prior vocational experiences that guided him or her to the chosen concentration area
- ◆ Applicant is 18 years or older (or will be 18 at the start of the training session)
- ◆ Applicant has exited high school. Applicant can apply while in high school and remain in high school until the start of the training session.
- ◆ Applicant can provide documentation for a diagnosis of a disability
- ◆ Applicant has up to date immunizations or has documentation to justify objection

**Healthcare positions require specific immunizations. Please refer to the website for specifications.*

Application Checklist

In addition to the completion of this application, please see below for additional documentation required. An application is not considered complete until all documents have been received.

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\$25 Application Fee:

- ◆ cash
- ◆ checks (make checks payable to The Arc of Indiana Foundation, Inc.)
- ◆ money orders (make payable to The Arc of Indiana Foundation, Inc.)
- ◆ credit card (visit Pay Application Fee Online under Admissions tab)

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Diagnosis documentation

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Immunization records or document to justify objection

- ◆ 2 MMR
- ◆ 1 Meningitis
- ◆ Booster dose of Td (Tetanus and Diphtheria) or Tdap (Tetanus, Diphtheria, and Pertussis) within 10 years prior to admission
- ◆ If you are applying for a healthcare position, please refer to the healthcare section on the website for additional immunization requirements.

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Individualized Education Program (IEP) if a student received special education services in k-12 schooling

- ◆ Work evaluations, if applicable

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Copy of Certificate of Completion, Diploma, or GED

☐

Legal Guardianship Documentation, if applicable

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Limited Criminal History Records

- ◆ Obtaining this is required - even if the student has nothing on their record.
- ◆ For Indiana resident, information can be found at www.in.gov/isp - Criminal History Services

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Housing Exemption Form, if commuting

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4 – 5 letters of recommendation

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Scholarship Application, if applicable

Participant Selection Process

Not all applicants who complete the application and meet the criteria listed on page two and within *EGTI Prerequisites: Independent Living Skills* within the Housing section of the website will be accepted into EGTI. Applicants who are not accepted are encouraged to reapply. Priority will be given to Indiana residents.

An Admissions Screening Committee will review all applications and invite selected applicants to an interview and informal assessment. Although an applicant may be asked to schedule an interview and informal assessment, this does not guarantee acceptance into EGTI. Once interviews are complete, selected applicants will receive a letter in the mail notifying them of their acceptance. In their acceptance letter, they will receive information about a mandatory new student orientation for the student and his/her guardian(s) to attend as well as additional forms to be completed and returned prior to the start of the training session.

Applicants not accepted to EGTI will receive a letter of regret in the mail notifying them of the decision. **Due to the amount of applicants, the Admissions Screening Committee cannot provide individual responses explaining the decision to not accept an applicant.**

Financial Information

Before submitting an application to EGTI, applicants are encouraged to review information regarding tuition and fees on EGTI's website and have an established plan to financially support their programming.

If the applicant currently has an open case with Vocational Rehabilitation (VR), a meeting should be had prior to submitting an application to ensure the counselor agrees that the chosen training program aligns with the applicant's Individualized Plan for Employment (IPE).

If an applicant is currently going through the intake process with VR, it is recommended that the applicant wait to apply until a VR counselor has been assigned and an IPE has been written.

*Please note that it is not a requirement that applicants work with VR.

Please select the applicant's plan for financial support (select all that apply):

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Scholarships |
| <input type="checkbox"/> | Self-pay |
| <input type="checkbox"/> | Vocational Rehabilitation |
| <input type="checkbox"/> | Department of Workforce Development |

Training Programs

2019 Programs

Select a Training Program	Training Programs	Weeks	Dates	Applications Deadlines	
	Host / Server Assistant (Restaurant)	10	October 14 - December 20, 2019	July 9, 2019	Training Session 4
	Dishwasher/Server Assistant (Restaurant)	10	October 14 - December 20, 2019	July 9, 2019	
	Environmental Services (Healthcare)	10	October 14 - December 20, 2019	July 9, 2019	
	Nutrition Services (Healthcare)	10	October 14 - December 20, 2019	July 9, 2019	
	Supply Chain: Inventory Distribution (Healthcare)	10	October 14 - December 20, 2019	July 9, 2019	

2020 Programs

Select a Training Program	Training Programs	Weeks	Dates	Applications Deadlines	
	Housekeeping: Heart of the House (Hotel)	13	January 6 - April 3, 2020	October 7, 2019	Training Session 1
	Front Desk Agent (Hotel)	13	January 6 - April 3, 2020	October 7, 2019	
	Kitchen Cook (Restaurant)	13	January 6 - April 3, 2020	October 7, 2019	
	Patient Transport (Healthcare)	13	January 6 - April 3, 2020	October 7, 2019	
	Host / Server Assistant (Restaurant)	10	April 6 - June 12, 2020	January 6, 2020	
	Dishwasher/Server Assistant (Restaurant)	10	April 6 - June 12, 2020	January 6, 2020	Training Session 2
	Environmental Services (Healthcare)	10	April 6 - June 12, 2020	January 6, 2020	
	Nutrition Services (Healthcare)	10	April 6 - June 12, 2020	January 6, 2020	
	Supply Chain: Inventory Distribution (Healthcare)	10	April 6 - June 12, 2020	January 6, 2020	
	Housekeeping: Heart of the House (Hotel)	13	July 6 - October 2, 2020	April 6, 2020	
	Front Desk Agent (Hotel)	13	July 6 - October 2, 2020	April 6, 2020	Training Session 3
	Kitchen Cook (Restaurant)	13	July 6 - October 2, 2020	April 6, 2020	
	Patient Transport (Healthcare)	13	July 6 - October 2, 2020	April 6, 2020	
	Host / Server Assistant (Restaurant)	10	October 12 - December 18, 2020	July 12, 2020	
	Dishwasher/Server Assistant (Restaurant)	10	October 12 - December 18, 2020	July 12, 2020	
	Environmental Services (Healthcare)	10	October 12 - December 18, 2020	July 12, 2020	Training Session 4
	Nutrition Services (Healthcare)	10	October 12 - December 18, 2020	July 12, 2020	
	Supply Chain: Inventory Distribution (Healthcare)	10	October 12 - December 18, 2020	July 12, 2020	

Applicant Information

Last Name	First Name	MI	
Primary Phone		Gender	
Street Address			
City	State	Zip Code	County
Birth Date	Age	Email Address	

How did applicant hear about EGTI?

☐ Teacher
☐ Vocational Rehabilitation Counselor
☐ Job Coach
☐ Disability Awareness Fair
☐ Medicaid Waiver Staff
☐ Other: _____

Did applicant attend a general tour at EGTI or an EGTI Visit Day?

☐ Yes
☐ No

Has applicant attended a Career Sampling Session at EGTI?

☐ Yes
☐ No

Education and Training

School's Name	City, State	Years Attended	Reason for Leaving: Diploma, Certificate of Completion, GED, or dropped out.	Completion Year

Work History

Employment

List the two most recent places of employment that was either:

- ◆ Paid at minimum wage
- ◆ Paid above minimum wage

Name of Business	Average Length of Shifts	Dates of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Name of Business	Average Length of Shifts	Dates of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Work History

Employment

List the two most recent places of employment that was (if applicable):



Paid at sub-minimum wage

Name of Business	Average Length of Shifts	Dates of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Name of Business	Average Length of Shifts	Dates of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Work History

Volunteer Experience

Name of Business	Average Length of Shifts	Dates of Volunteering	Reason for Leaving
Volunteer Responsibilities			
Support Services Provided			

Name of Business	Average Length of Shifts	Dates of Volunteering	Reason for Leaving
Volunteer Responsibilities			
Support Services Provided			

Applicant Information

Support Services

Applicant currently receives support from (check all that apply):

<input type="checkbox"/>	Aged and Disabled Waiver (A&D)
<input type="checkbox"/>	Community Integration and Habilitation Waiver (CIH)
<input type="checkbox"/>	Family Support Waiver (FSW)
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Social Security Disability Insurance
<input type="checkbox"/>	Supplemental Security Income
<input type="checkbox"/>	Traumatic Brain Injury Waiver (TBI)
<input type="checkbox"/>	Vocational Rehabilitation Services
<input type="checkbox"/>	Bureau of Developmental Disabilities Services (BDDS)
<input type="checkbox"/>	Mental Health/Psychological Services
<input type="checkbox"/>	Other: <input type="text"/>

Please list adaptive equipment or assistive technology the applicant utilizes on a daily basis (e.g. wheelchair, gait trainer, augmentative communication devices, etc.).

Please list any services currently being received.

Service (waiver support, counseling, VR, etc.)	Hours per Week/Day

Room Arrangements

What room arrangements does the applicant prefer?

<input type="checkbox"/>	A Roommate
<input type="checkbox"/>	Single room
<input type="checkbox"/>	Commuter

Applicant Information

Does the applicant have a legal guardian?

(If yes, this means you have gone to court, and a court has declared that the applicant is a protected person.

If yes, documentation is required.)

☐
☐

Yes

No

If yes, please fill out the guardian(s) information below

Last Name	First Name	MI
Primary Phone		
Street Address		
City	State	Zip Code
Email Address		

Last Name	First Name	MI
Primary Phone		
Street Address		
City	State	Zip Code
Email Address		

Applicant Information

Parent/Guardian

Last Name	First Name	MI
Primary Phone		
Street Address		
City	State	Zip Code
Email Address		

Parent/Guardian

Last Name	First Name	MI
Primary Phone		
Street Address		
City	State	Zip Code
Email Address		

Applicant Information

Emergency Contacts (must list two)

Name	Phone Number
Relationship to applicant	

Name	Phone Number
Relationship to applicant	

Allergy Information

Please note any allergies that staff should be aware of.

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Level of Support Questionnaire

Must Be Completed by a Parent or Guardian

Name of person completing the questionnaire:

Relationship to applicant:

Rate the applicant in the areas below:

Independent Living	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can manage time						
Can perform entire hygiene routine (e.g., shower, dress, brush teeth)						
Maintains proper hygiene (e.g., clean nails, hair, face)						
Can do laundry						
Can order from a menu						
Can stay within a budget						
Can be alone for a long period of time without supervision						
Displays self-regulation strategies						
Knowledgeable about basic over-the-counter medications						
Can manage medications						
Can manage dietary needs						
Understands allergies and takes precautions						
Can manage personal belongings						

Level of Support Questionnaire

Rate the applicant in the areas below:

Social Communication	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Asks clarifying questions						
Understands the difference in friends and strangers						
Can appropriately handle conflict with another person						
Can communicate needs						
Uses a personal email account						
Hangs out with friends						
Can communicate personal identification						
Follows written and verbal directions						
Sets up social activities with friends						
Can communicate through phone and/or text						

Community Access	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Uses pedestrian safety skills						
Uses good judgement in an emergency (i.e. fire alarm, tornado sirens, etc.)						
Navigates stores in search of needed items						
Able to utilize public transportation independently						
Can orient themselves to and from nearby locations by walking/operating a wheelchair.						

Level of Support Questionnaire

Rate the applicant in the areas below:

Learning	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can use a calculator						
Can count bills/change						
Can use a debit/credit card						
Can read and comprehend basic instructions						
Can navigate the internet						

Please describe the applicant's math abilities:

Please describe the applicant's reading abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the applicant's writing/composition abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the applicant's communication abilities (include any assistive technology that is used on a daily/regular basis):

Applicant Questionnaire

This questionnaire is to be independently filled out by the applicant. We encourage parents, guardians or support personnel to allow the applicant to show his/her true capabilities in this section.

1. Why do you want to attend Erskine Green Training Institute?

2. Besides learning more about the training program you've selected, what skills do you want to acquire?

3. What is one goal you want to reach after you complete the program?

4. Have you ever spent time away from home? If so, what has been the longest time you've been away?

Applicant Questionnaire

5. What activities are you looking forward to while living at the hotel?

6. If you hang out with friends, what do you like to do together?

7. List any community activities you are involved in or enjoy on a regular basis.

8. How do you learn best (i.e. small group, 1:1, large group, quiet environment, etc.)?

9. In high school, what accommodations and/or modifications do/did you need?

10. If you have been out of high school for more than three months, how do you spend your time?

Application Fee Payment Form

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
<input type="checkbox"/>	Money Order
<input type="checkbox"/>	Paid Online

*Please make check or money order out to The Arc of Indiana Foundation, Inc.

To pay online, go to www.egti.org/admissions/pay-online. Once the application fee is submitted, please print your confirmation email and mail with your completed application packet.

Housing Exemption Request Form

I am requesting a housing exemption for the following reason:

☐ I will be living with my parent(s) or guardian(s) full-time in their primary residence that is within 60 miles radius of the Erskine Green Training Institute and am including:

- ◆ Copy of a current utility bill
- ◆ Copy of a valid driver's license

☐ I live on my own in my primary residence that is within 60 miles radius of the Erskine Green Training Institute and am including:

- ◆ Copy of a current utility bill
- ◆ Copy of a valid driver's license

☐ I have primary custody of a child and am including:

- ◆ Copy of a custody order
- ◆ Copy of state issued birth certificate identifying the parent by name

☐ I am in a marriage recognized by the State of Indiana and am including:

- ◆ Copy of a marriage certificate

Please include required documentation as outlined above with your application.

I have read the Housing Exemption Policies and verify that the information I've provided is accurate and copies of the required documentation are included with my application packet.

Student Signature	Date
Guardian Signature (if applicable)	Date

Letters of Recommendation

Each applicant must obtain and submit four to five letters of recommendation.

Each recommendation should be from a different person and may not be relatives of the applicant. Letters of recommendation should come from the following areas:

- ◆ Education
- ◆ Employment
- ◆ Community Engagement
- ◆ Personal (no more than one from this area)

Please direct those writing a letter of recommendation to the Online Letter of Recommendation Form found under the Admissions/Application section of the website. Once filled out, the letter of recommendation will be sent directly to EGTI staff.

