

MSM Social Coaching Application

Thank you for applying to our Mentorship Program!

MSM Social Coaching carefully screens applicants for admission. Please take the time necessary to complete this application accurately and completely. ***There is a nonrefundable application processing fee of \$150.00. You may either mail a check or money order payable to MSM Social Coaching. The application fee is waived for past participants.***

The **Mentorship Program** application decision ***will not be made until all of the below listed documents are received:***

- Fully completed application
- A nonrefundable application processing fee
- Latest Educational Evaluation including Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) and/or Woodcock Johnson Achievement or Wechsler Individual Achievement Test (WIAT)
- Latest IEP (most recent – if applicable)
- Official High School Transcripts/Official College Transcripts
- Current Psychological Evaluation/Mental Status Exam
- Completed Parent Questionnaire

Once your application is complete, it will be reviewed and an invitation extended to you to interview if it is felt our program is a good match. ***An interview is required.***

Please send all application requirements to the address below:

MSM Social Coaching
P.O. Box 1384
Blue Bell, PA 19422

If you have any questions or require assistance, please contact **267-217-3833** or email ***Success@MSMSocialCoaching.com***

APPLICANT INFORMATION

TODAY'S DATE	CELL PHONE
APPLICANT NAME	DATE OF BIRTH AGE
HOME MAILING ADDRESS	CITY, STATE, ZIP
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	HOME PHONE

Providing a safe and beneficial experience is a primary goal of our program. Having relevant background information helps us know more about the participant so that we can better address his or her needs in the program and design experiences that will be more rewarding and effective. In addition, the information is needed to insure

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the safety of our staff and of the other participants in the program. The information requested will be kept completely confidential; only authorized staff members will have access to it.
 How did you hear about the MSM Social Coaching?

FAMILY INFORMATION
 Family with whom the student resides. Please indicate primary contact person.

PARENT/GUARDIAN #1 Primary Contact <input type="checkbox"/>	PARENT/GUARDIAN #2 Primary Contact <input type="checkbox"/>
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
EMAIL	PARENT/GUARDIAN EMAIL
BEST WAY TO REACH ME PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/>	BEST WAY TO REACH ME PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/>
WHICH PHONE? HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/>	WHICH PHONE? HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/>
BEST TIME TO CONTACT ME	BEST TIME TO CONTACT ME
OCCUPATION	OCCUPATION

SIBLING INFORMATION

Please list siblings in chronological order (eldest first). Include the applicant and all step and half siblings.

NAME	AGE	SEX

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RESIDENCY AND CUSTODY

WITH WHOM DOES THE PARTICIPANT LIVE? SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> Other _____	ARE THERE ANY CUSTODY ORDERS PERTAINING TO THE PARTICIPANT? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please explain:
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EDUCATIONAL INFORMATION

Please list all schools attended from 9th through 12th grade. Also include colleges, technical schools or other relevant educational programs.

CURRENT SCHOOL OR PROGRAM

NAME	ANTICIPATED GRADUATION DATE
ADDRESS	ANTICIPATED DEGREE/MAJOR
CITY, STATE, ZIP	PHONE
GUIDANCE COUNSELOR or ACADEMIC ADVISOR	EMAIL
CASE MANAGER (if applicable)	EMAIL

PREVIOUS SCHOOL OR PROGRAM

NAME	DATES ATTENDED
ADDRESS	DEGREE/MAJOR
CITY, STATE, ZIP	PHONE
GUIDANCE COUNSELOR or ACADEMIC ADVISOR	EMAIL
CASE MANAGER (if applicable)	EMAIL

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BEHAVIORAL CONCERNS

Please check any behavioral concerns that are currently present, or have been present in the past 2 years:

- Anxious mood that interferes with concentration/attention
- Frequent episodes of sadness, crying
- Difficulty sleeping
- Significant difficulty separating from family or leaving home
- Frequent periods of irritability
- Temper outbursts at home
- Temper outbursts in the school or social settings
- Tics, unusual motor movements
- Stuttering
- Difficulty independently maintaining hygiene/grooming
- Abuse of alcohol
- Abuse of drugs
- Hyperactivity
- Frequently withdraws/isolates socially
- Clumsy/ poor coordination
- Self-harm/cutting/head banging
- Weight loss or gain of 20 pounds
- Thoughts or attempts of suicide
- Pulling hair
- Eating issues
- Difficulty managing sexual impulses/feelings
- Fighting
- Often belligerent with others
- Intense or unusual fears
- Other: _____

STUDENT CONDUCT

Does applicant demonstrate behavior issues related to:

- Adult Aggression Yes No
- Peer Aggression Yes No
- Running Away Yes No

Has applicant ever been convicted of a misdemeanor, felony, or other crime? Yes No

Does applicant have any pending criminal charges? Yes No

(Please note: If you answer “yes” to any of these criminal history questions, you must submit the following information: accurate explanation, location of conviction pending criminal charges, suspension(s), expulsion, dates and court disposition. This statement must also include a grant of irrevocable authorization to the MSM Social Coaching Program for complete access to criminal records, if any. Complete information must be submitted at the time of application. A previous conviction, pending criminal charges or other expulsion or dismissal does not automatically bar admission to the MSM Social Coaching Program, but does require review and evaluation.) Any program student who has great difficulty in adjusting to this Program or who proves to be a detriment to themselves or others may be discharged.

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EMPLOYMENT OR VOLUNTEER INFORMATION

Please list your employment and volunteer history from most recent onwards

COMPANY NAME	DATES EMPLOYED
LOCATION	ROLE/TITLE

COMPANY NAME	DATES EMPLOYED
LOCATION	ROLE/TITLE

COMPANY NAME	DATES EMPLOYED
LOCATION	ROLE/TITLE

COMPANY NAME	DATES EMPLOYED
LOCATION	ROLE/TITLE

Required Signatures:

I certify that I have read and I understand all the above information on this application. I certify that the information submitted is factually true and honestly presented. By completing this application, I am applying for admission to MSM Social Coaching Program. The application fee of \$150 is payable to MSM Social Coaching. I understand that the application fee is non-refundable.

(Student Signature)

Date _____

(Parent/Guardian Signature)

Date _____