

Project Success Application Form
University of Wisconsin- Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901

Phone: 920-424-1033

Email: projectsuccess@uwosh.edu

Fax: 920-424-0858

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ E-Mail: _____@_____

Date of Birth: _____ Age: _____

Parent/Guardian Name(s):

Father: _____ Mother: _____

Parent E-mail _____@_____ Parent phone:(____) _____

Residency Status:

Are you a Wisconsin or Minnesota resident for tuition purposes?

- Yes, I am a Wisconsin or Minnesota resident and plan to pay resident tuition
- No, I am a non-resident and plan to pay non-resident tuition
- What is your expected High School Graduation date? _____

Information About Your Disability

Date of initial evaluation of dyslexia or learning disability: _____

****Please send a copy of your most recent documentation with this application****

Please provide the following information on the person who first or most recently diagnosed your learning disability or dyslexia:

Name: _____ Professional Title: _____

Address: _____

City: _____ State: _____ Zip: _____

What is the date of your most recent re-evaluation of your disability? _____

Do you have a copy of your most recent evaluation? Yes No

“Helping others understand a different way of learning!”

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Please check the areas that are most difficult for you because of your disability:

Reading

- Word Attack Reading Rate
 Comprehension

Written Expression/ Spelling

- Spelling Writing Mechanics
 Paragraph/ Theme Development

Mathematics

- Basic Facts Story Problems
 Basic Operations/ Calculations

Study Skills

- Note-taking Test Preparation
 Time Management

High School Information

Please provide the name and address of high school where you graduated or are currently attending:

School Name: _____ School Location: _____

Did you receive Special Education Services during High School? Yes No

Did you have an Individualized Education Plan? Yes No

What types of services did you receive?

Extra Testing Time Test Reader Resource Room

Other(s): _____

Postsecondary Education Information

Have you attended a postsecondary school such as a college, university or technical school? _____

School Name: _____ School Location: _____

Dates Attended: From _____ to _____ Credits Earned: _____ GPA: _____

Did you receive accommodations for your disability at this institution? Yes No

What types of services did you receive?

Extra Testing Time Test Reader Resource Room

Other(s): _____

How did you hear about Project Success _____

Did you see a representative of Project Success at a Transition fair and/or college visit? _____

If so, which state/fair and/or Project Success representative _____

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Application To-Do List

Please make sure to include the following when submitting the application:

- Copy of Most Recent Documentation**
 - ACT Scores** (Recommended, but not required)
 - High School Transcript complete through Junior Year** (do not send report cards or other similar documents)
 - Senior Year Schedule for the whole year, both first and second semester**
 - Hand-written Letter of Interest**
 - Date sent in _____**
- Project Success recommends applying to the program during second semester Junior year or first semester Senior year.

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