

PO Box 9569
Rosedale, MD 21237
Phone (800) 901-5614
Website: edassociates.org

EDUCATIONAL ASSOCIATES & AFFILIATES Application Form

Please return the completed form along with your \$50 (nonrefundable) application fee and relevant documentation to the address above. Feel free to include additional information. You may use the back pages or extra sheets

Institution/semester/year applying: _____

How did you hear about EAA? _____

If applicable, please complete the information regarding state services:

State Agency client receives services: _____

Contact Name of state agency representative: _____

Contact Address/phone number: _____

Contact Email: _____

I. APPLICANT INFORMATION

Citizenship (check appropriate box)

US citizen

Dual US citizen

Please list any non-US countries of citizenship: _____

US permanent resident visa

Alien registration number: _____

Other citizenship

Visa Type

If you are not a US citizen and live in the United States, how long have you been in the country?

Your Name: _____ Gender: _____ Birth date: _____

Contact information: _____

(email address)

(cell / phone)

Parent/Guardian: _____ Home phone: _____

Address if different from above: _____

Telephone number where parent can be reached during the day: _____

Email address: _____

II. POST-SECONDARY APPLICATION INFORMATION (Circle one)

Has the student been accepted to one of EAA affiliate schools? Yes No

If Yes, into which school? _____

III. EDUCATIONAL HISTORY

To assist with appropriate programming at the post-secondary level, please include IEP/psycho-educational evaluations or other pertinent documentation along with this application. Standardized testing, transcripts, and grade reports are welcomed as well.

IV. EDUCATIONAL DATA

Academic strengths: _____

Academic challenges: _____

V. FAMILY BACKGROUND

Father's name: _____ Age: _____ Education: _____ Occupation: _____

Address if different from yours: _____

Mother's name: _____ Age: _____ Education: _____ Occupation: _____

Address if different from yours: _____

Marital Status: (Circle) Unmarried Married Separated Divorced

V. FAMILY BACKGROUND (continued)

Other immediate family members:

Name	Age	Relationship	Phone Number

Are there any other family members, including those listed above, who have experienced similar difficulties as the applicant? If so, please list person, relationship, and type of difficulty.

Is the student adopted? _____ If so, at what age? _____

VI. BEHAVIORAL/MEDICAL HISTORY

Is the student currently taking any medications? _____ Please list below:

Prescription	Quantity	Purpose

Describe any significant medical and/or mental health issues (i.e. hospitalizations, diagnoses, etc.)

Does the student have a history of physically or verbally aggressive behavior? _____

If yes, please describe. _____

VI. REFERENCES

Please provide the name, email address and telephone number of two professionals we can contact regarding the applicant (teacher, guidance counselor, coach, psychologist, etc):
