

Application: 2025 Beyond Barriers Summer Transition Program

To participate in the Beyond Barriers Summer Transition Program, YOU MUST FIRST BE ACCEPTED TO LIBERTY UNIVERSITY FOR **SUMMER 2025**.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First Nickname M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date of Birth: _____ With whom do you live? ☐ Mother ☐ Father ☐ Both parents ☐ Other

What is your t-shirt size? ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

TELL US ABOUT YOU

Answer the following prompts on a separate document and include with your application

- (1) In 200 words or less, tell us why you want to apply for the Summer Transition Program.
- (2) In 200 words or less, tell us about your strengths and what makes you unique.
- (3) What is your major?
- (4) What type of career would you like to pursue?
- (5) In 200-300 words describe: (1) how you feel this program will contribute to supporting your college experience, (2) your academic strengths, (3) your social strengths and comfort levels, and (4) your specific challenges or behavioral concerns and how they might impact your experience at Liberty.

EDUCATION – SUPPORT SERVICES – DOCUMENTATION

High School: _____

Graduation Date: _____

Type of High School: ☐ Public ☐ Parochial ☐ Private ☐ Home School

Type of Program: ☐ Regular classroom ☐ Learning support ☐ Autism support ☐ Life skills
☐ Emotional support ☐ Other

Special Services: ☐ Occupational therapy ☐ Physical therapy ☐ Speech therapy

Do you have a 504 Plan or IEP? ☐ Yes ☐ No

Support Services – Did you receive any of the following? ☐ Group Therapy ☐ Individual Therapy ☐ Other: _____

Please list all the accommodations you received in high school.

Please submit a copy of your most recent disability diagnosis documentation (i.e., IEP, 504, direct letter from treating physician).

Date Completed: _____

Evaluator: _____

Place of Evaluation: _____

BEHAVIORAL CONCERNS / OTHER DIAGNOSES

What concerns do you have about transitioning to being a student at Liberty University?

What additional information should we be aware of so that we can support you during your time at Liberty University?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Parent Signature (if student is under 18 years of age): _____ Date: _____

Fax completed application to 434-582-3858 or Email completed application to ejwarren@liberty.edu

NAME: _____

DATE: _____

Academic Preparedness

1. How confident do you feel about managing college-level coursework?
 - ☐ Very confident
 - ☐ Somewhat confident
 - ☐ Unsure
 - ☐ Not confident at all
2. Do you have experience using assistive technology (e.g., screen readers, speech-to-text software) for academic purposes?
 - ☐ Yes, regularly
 - ☐ Occasionally
 - ☐ No, but I am interested in learning
 - ☐ No, and I am not interested
3. Are you comfortable seeking help from professors or academic advisors if you encounter difficulties in your classes?
 - ☐ Very comfortable
 - ☐ Somewhat comfortable
 - ☐ Unsure
 - ☐ Not comfortable at all

Social and Emotional Preparedness

4. How comfortable are you with the idea of living away from home?
 - ☐ Very comfortable
 - ☐ Somewhat comfortable
 - ☐ Unsure
 - ☐ Not comfortable at all
5. Do you feel confident in your ability to make new friends and build a social network on campus?
 - ☐ Very confident
 - ☐ Somewhat confident
 - ☐ Unsure
 - ☐ Not confident at all
6. How do you typically manage stress and anxiety in academic settings?
 - ☐ I have effective strategies in place
 - ☐ I have some strategies, but they need improvement
 - ☐ I struggle to manage stress and anxiety

Disability-Specific Needs

7. Are you familiar with the disability support services available on campus?
 - ☐ Yes, very familiar
 - ☐ Somewhat familiar

- Not familiar, but interested in learning
- Not familiar at all

8. How comfortable are you with advocating for your needs in a college setting?

- Very comfortable
- Somewhat comfortable
- Unsure
- Not comfortable at all

Daily Living Skills

10. Do you feel prepared to manage your daily living tasks (e.g., laundry, cooking, budgeting) while attending college?

- Yes, fully prepared
- Somewhat prepared
- Not prepared, need assistance

Communication and Self-Advocacy

12. How confident are you in your ability to communicate your needs to peers, professors, and support staff?

- Very confident
- Somewhat confident
- Unsure
- Not confident at all

13. Do you feel comfortable discussing your disability with others when necessary?

- Very comfortable
- Somewhat comfortable
- Unsure
- Not comfortable at all

Expectations and Goals

14. What are your main goals for your first year of college?

15. What support or resources do you think you might need to achieve these goals?

Additional Support

16. How would you prefer to receive information and resources about disability support services?

- Email
- In-person meetings
- Online portal
- Phone calls
- Other (please specify)

General Feedback

18. Is there anything else you would like to share about your concerns or needs as you prepare for college?