



Lehigh Carbon
COMMUNITY COLLEGE



Project FLAGSHIP Special Education A.A.S. Degree Request Form

Name _____ D.O.B. _____ Sex _____

Address _____ Phone _____

_____ Business Phone _____

County _____ School District _____

Social Security No. _____

(Your Social Security No. will only be used for purposes of student identification. If you prefer not to disclose your number, use the first five digits only.)

Have you applied for financial aid? yes no

Present Education Level (circle one) High School 11 12 College 1 2 3 4
 Graduate 1 2 3 4 5 6 7

List: Colleges, Business Schools, Technical Schools, or other post-high school institutions

Attended:

Institution Name	City	State	Dates Attended	Graduated	Degree

List prior experience in Special Education working with children with high incidence disabilities (e.g., mental retardation, behavior disorders, learning disabilities, speech impaired, and developmentally delayed.)

School/Facility Name	Position	City	State	Dates	
				From	To

List any additional Special Education/Education employment or experience.

School/Facility Name	Position	City	State	Dates	
				From	To

List your reason for applying to the Special Education program.

List other scholarships, honors, or awards you have received.

ESSAY SECTION

(Attach a separate sheet(s) with your response. Please hand print neatly or type.) In 500 words or less, please explain how you believe the Special Education program of study will benefit you.

APPLICANT'S CERTIFICATION

I hereby certify that the information set forth on this application is true and correct to the best of my knowledge. I understand that falsified information on this application shall be considered cause for denial into the Special Education program.

Applicant Signature

Date

Return to: Melanie Wursta, M.Ed.
Faculty/Coordinator, Teacher Education
Lehigh Carbon Community College
4525 Education Park Drive
Schnecksville, PA 18078-2598