

**Missouri  
State**<sup>™</sup>

**BEAR POWER**

Promoting **O**pportunities for **W**ork, **E**ducation and **R**esilience

**STUDENT ADMISSIONS APPLICATION**

The completed application and all required documents must be submitted by December 1st for priority consideration.

\*Applicants will only be considered once all items in the checklist below have been submitted. You will receive email notification when your entire packet has been received. If selected for an interview, the applicant will be notified via email and will be interviewed independently as well as with their family/support person(s). Not all applicants who complete the application process will be interviewed due to limited space within the program.

### **Admissions Criteria**

- Admissions Criteria:
- Be a United States citizen, and have completed a high school program.
- Diagnosis of a cognitive, intellectual and/or developmental disability. The applicant must have qualified for special education services under IDEA while in high school. This includes services through an IEP, Service Plan, or 504 plan.
- Independently demonstrates the desire to attend the Bear POWER Program at MSU and live on campus.
- Have sufficient emotional and independent living skills to participate in coursework and campus life.
- Be able to remain unsupervised for a minimum of 72 hours (essentially a weekend).
- Have a cell phone.
- Demonstrates the ability to accept responsibility for their actions, maintain respect towards others, and have no history of disruptive behaviors (the program does not have the personnel or support needed to manage behavioral issues).
- Have the ability to read and complete math at a functional level.
- Have medical insurance and be independent in handling medications, dietary and/or medical needs (staff is not available to administer medications and cannot take responsibility for specialized diets or medical needs).
- Participate in an interview with and without support from family/support person.
- Agree to participate in all courses, sessions, internships, and employment training, if accepted.
- Attend MSU Bear POWER Leadership Retreat if selected to attend (this is the final step of our admissions process).
- Attend MSU SOAR (student orientation advisement and registration) if accepted.

## **Bear POWER Memorandum of Understanding and Code of Ethics**

\*All applicants must read and sign below.

If accepted a Consent to Exchange Information form must be signed to share relevant information with participating organizations. Equal Opportunity: Acceptance to Bear POWER is made without regard to race, color, ability, religion, national origin, age, gender, political affiliation, veterans' status or sexual orientation.

Please initial next to the following:

I understand that I **and** my parent(s)/guardian(s) may be requested for a program interview.

I understand that if admitted to the program I **and** my parent(s)/guardian(s) will be expected to attend the Leadership Retreat in the Spring on MSU campus.

I understand that if admitted to the program, Bear POWER staff will take no responsibility for student's medication or dietary needs.

I understand that if admitted, Bear POWER staff will evaluate SAP (Satisfactory Academic Progress) and if I am not progressing as expected and meeting program expectations, I could be put on Academic Probation and eventually removed from the program.

I understand that if admitted, I am expected to follow the MSU Code of Conduct. If I violate this code of conduct I could be removed from the Bear POWER program.

I understand my financial responsibility. If I have an Intellectual Disability, I can apply for financial aid and it will be determined by the results of my Free Application for Federal Student Aid (FAFSA) and by federal regulations regarding aid programs. If I don't have an Intellectual Disability I can still apply for scholarships.

I understand that Missouri State University, including Bear POWER staff, will not share students' educational records and information with others without the student's written or verbal consent. Students may sign a Release of Information form. Please view [www.missouristate.edu/registrar/FERPA.html](http://www.missouristate.edu/registrar/FERPA.html) to learn more.

I understand that if admitted to the program, I will be asked to review and agree to the student handbook.

I certify that all information on this application and supplementary documents is correct and complete. I understand that any untruthful statements in this application could result in my application being denied or immediate dismissal from the Bear POWER Program. I understand that I am required to notify and update the Bear POWER Program if any disciplinary or criminal

incident occurs after submission of this application and prior to my enrollment in the Bear POWER Program at Missouri State University.

I have read and understand these statements:

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

### **Admissions Checklist**

- Student Application
  - Personal Statement and Student Questionnaire completed by applicant (student) \*must indicate if a scribe was used
  - Personal Support Questionnaire (completed by parent/support person)
  - Parent/Guardian Readiness Questionnaire
  - Official High School Transcript \*must be sent directly from school
  - Current IEP (Individualized Education Plan) or ISP (Individualized Service Plan)
  - Behavioral Records – copy of Functional Behavior Assessments and/or Behavior
    - Intervention Plan for past five years \*if student has no records must send a letter directly from school stating there is no record
  - Documented comprehensive evaluation and diagnosis(es) of an intellectual or developmental disability by a psychologist or qualified professional:
    - Psychological Evaluation (most current)
- OR**
- Educational Evaluation (most current)
  - Three recommendation forms from non-family members who have known the applicant for at least three years
    - Bear POWER has specific recommendation forms to be completed:
      - One from an educator
      - Two from non-family members
  - Copy of guardianship agreement, if applicable

Applications and Recommendations should be mailed to:

MSU Bear POWER  
Attn: Bear POWER Admissions Hill Hall 216  
901 S National Avenue  
Springfield, Missouri 65897

## Admissions Timeline

1. Complete and submit application packet. Applicants will be notified via email once all information is received.
2. Completed application packets will be reviewed by the Bear POWER Admissions Committee.
3. Applicants will be notified via email if they have been selected for an interview. If selected, they will participate in an interview independently and with family/support person. This interview will be in the Spring.
4. Interview documentation will be reviewed by the Bear POWER Admissions Committee.
5. Applicants will be notified via email if they have been selected for the next step. The next step is the Leadership Retreat. The Leadership Retreat is an event where students will stay on campus and participate in college life and academic activities in the college setting. Parents will attend informational meetings.
6. The Bear POWER Admissions Committee will notify up to 15 students via email if they are accepted into the MSU Bear POWER Program.
7. Students who are not selected for acceptance into the program will receive an email but will not receive an explanation. \*Bear POWER follows standard policy for Missouri State University admissions for all students who apply to the University.

## Projected Program Cost

Bear POWER Projected Program Cost – Per Semester (Estimated) as of Fall 2022

<b>Missouri Resident</b>	<b>Non-Missouri Resident</b>
Academic Tuition - \$1,602 (\$267/credit hour)	Academic Tuition - \$3,432 (\$572/credit hour)
Hutchens Housing and Meal Plan (19 per week) - \$5,188	Hutchens Housing and Meal Plan (19 per week) - \$5,188
Bear POWER Program Fee - \$4,035	Bear POWER Program Fee - \$4,035
Books & Supplies - \$625	Books & Supplies - \$625
<b>TOTAL COST: \$11,450</b>	<b>TOTAL COST: \$13,280</b>

**Student Information**

Student's Full Name: \_\_\_\_\_

Chosen Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

U.S. Citizen? Yes / No Missouri Resident? Yes / No

If not a resident of Missouri, what is the state of your legal residence? \_\_\_\_\_

Marital Status: single / married

Student's Permanent Residence is with: \_\_\_\_\_

Does the student have guardianship in place? (if yes, please include a copy) \_\_\_\_\_

Military: Are you a dependent of someone that served in the military? \_\_\_\_\_

What is your ethnicity? Check any that apply:

Hispanic/Latino	Not Hispanic/Latino	American Indian or Alaskan Native	Asian
White/Caucasian	Black/African American	Native Hawaiian/Pacific Islander	

*\*Your response is voluntary; this question is listed so that we may comply with federal regulations.*

Have you ever been convicted of or pled guilty to a crime other than a traffic offense or are any criminal charges pending against you or have you been dismissed/suspended from another college or university for disciplinary reasons? Yes / No

High School attended: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian 1: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (required)\*: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (required)\*: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about the Bear POWER Program? (circle)

ThinkCollege.net

Internet Search

Facebook/Social Media

Conference

High School Guidance Counselor

Word-of-Mouth

Referred by \_\_\_\_\_

Other \_\_\_\_\_







**Employment History**

\* Employment experience is not a requirement for admission. If you have a resume and references, please attach to this application.

Do you currently have employment, an internship, or volunteer work that you wish to continue while enrolled in the Bear POWER program? \_\_\_\_\_

If yes, where, and how many hours a week? \_\_\_\_\_

Describe two of your most recent jobs, internships, or volunteer experiences at school or in the community:

**Job #1**

Job site: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Was this a paid position? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

**Job #2**

Job site: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Was this a paid position? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you enjoy most about your work experiences?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Service Agencies**

\*Information may be used to help the Bear POWER team in supporting transition throughout the program.

Are you currently receiving services or support from:

Department of Mental Health \_\_\_\_\_

Regional Case Manager \_\_\_\_\_

Department of Vocational Rehabilitation \_\_\_\_\_

Social Security Administration \_\_\_\_\_

Do you have a Medicaid Waiver? \_\_\_\_\_

List any other service providers/agencies you are receiving services from:

---

---

Have you received any funding to attend a post-secondary program?

---

---

---

Do you have a Person-Centered Plan? If yes, please mail or email it to Bear POWER.

**Health**

Please list applicant's documented intellectual and/or developmental disabilities:

---

---

---

---

Please list any mental health issues the applicant has experienced in the last 10 years:

---

---

---

---

List all prescription and over the counter medications that you currently take:

Medication/Purpose: \_\_\_\_\_

---

---

---

Do you currently need support/assistance with taking your medications? If so, please list these supports (people and/or technology).

---

---

Please list any accommodations and/or modifications that you need to be successful in the following categories:

Academic coursework:

---

---

---

---

---

---

---

---

---

---

Independent living (Bear POWER is a residential program):

---

---

---

---

---

---

---

---

---

---

Social skills:

---

---

---

---

---

---

---

---

---

---

Internship/Vocational Skills:

---

---

---

---

---

---

---

---

---

---

Any other accommodations and/or modifications needed for daily life skills:

---

---

---

---

---

---

---

---

---

---

---

---

Do you have a service animal or an assistive technology device?

---

---

**Student Personal Statement**

\*Please answer the following question in your own words without assistance from others. Response could be typed and attached to this application.

**Student Questionnaire**

Why do you want to participate in the Bear POWER Program at Missouri State University and what are your plans after graduating from the Bear POWER Program?

---

---

---

---

---

---

---

---

---

---

Describe three goals you have for yourself while in college:

---

---

---

---

---

---

---

---

Describe a typical day and what it looks like. What do you enjoy most? Least?

---

---

---

---

---

---

---

---

---

---

---

---

Please tell us about your favorite hobbies and how you like to spend your free time? What inspires you?

---

---

---

---

---

---

---

What do you think is your greatest strength?

---

---

---

---

---

---

---

---

---

---

---

---

What do you think will be the most challenging part of college for you?

---

---

---

---

---

---

---

---

---

---

---

---

Have you ever traveled and been away from your family for an extended period of time? What was that experience like for you?

---

---

---

---

---





**Parent Questionnaire**

What goals does the family/parent have for the student while in college and after graduation from the Bear POWER Program?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Do you have any concerns about the student's social skills or behavior while living away from home?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

How does the student manage anger/anxiety?

---

---

---

---

---



**PERSONAL SUPPORT INVENTORY**

(To be completed by parent/guardian or support person)

**Student Name** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the student’s functional level and is not a determining factor in acceptance to the Program.

**Check all that apply.**

**Independent Living Skills**

Finds a way around new environment	Has never had the opportunity
	Needs complete assistance
	Needs limited assistance
	Completely independent
Follows a schedule independently	Has never had the opportunity
	Needs complete assistance
	Needs limited assistance
	Completely independent
Bathes daily	Needs daily reminders
	With prompting/schedules
	Completely independent
Changes clothes daily	Needs daily reminders
	With prompting/schedules
	Completely independent
Brushes teeth daily	Needs daily reminders
	With prompting/schedules
	Completely independent
Uses good judgement in an emergency	Has received instruction, but has not been in the situation
	Has not received instruction
	Completely independent
Cuts fingernails and toenails	Needs complete assistance
	Needs reminders
	Completely independent
Shaves face/legs	Needs complete assistance
	Needs reminders
	Completely independent
Copes well with stress	Needs assistance
	Has and uses coping strategies

	Independent
Adjusts well to new environments	Needs much assistance
	Needs little assistance
	Independent
Prefers to do things for himself/herself	Yes
	No
	Frequently requests assistance
Laundry	Sorts
	Operates washer
	Operates dryer
	Folds
	Irons
	Does not do laundry
Cooks	No
	Completely independent
	Very basic (Example: _____)
Has attended camp away from home	Yes (For how long? _____)
	No
Sets appointments for self	Yes
	No
Has travelled	Yes, flown with adult
	Yes, flown alone
	Yes, bus with adult
	Yes, bus alone
	No
	Other: _____
Has driver's license	Yes, drives on own
	Yes, drives with parent/adult only
	Learner's Permit only
	Student does not drive
What chores is the student responsible for at home?	

### Independent Living Skills (Cont.)

Is the student able to manage his/her own time?	Arrives on time
	Allows enough time to walk to classes, etc.
	Uses alarm clock
	Uses schedule or day planner
	No
Is the student independently able to use:	Laptop
	Debit card
	Flash drive
	Cell phone
	ATM
	Email
	Attach a document to an email
Printer	

### Social Skills and Communication

Communicates needs appropriately	Yes
	No
	With prompting
Engages in age-appropriate interaction	Yes, socializes with same age peers
	Does not socialize
	Socializes mostly with family
	Socializes with traditional students
	Socializes only with students with disabilities
Deals with conflict	Needs much assistance
	Seeks assistance
	Needs limited assistance
	Independent
Distinguishes between friends and strangers	Yes
	No
	Has not been in the situation
Follows rules	Yes, is a rule follower
	Needs reminders
	Struggles following rules
Respects authority figures	Yes
	No
	Depends on the relationship

Uses cell phone		Phone calls
		Text messages
		Calendar/day planner
		Alarms
		Apps
		Internet browsing
Able to provide personal information		Address
		Emergency contact
		Medication information
		Insurance information
		Phone number
		Email address
Uses email		Has email account but does not use
		Uses account with assistance
		Uses account independently
		Uses a flash drive
		Remembers passwords
		Needs reminders for passwords
How does the student manage anger/anxiety?		

## Academic Skills

Reading skills Approximate grade level reading ability: _____	No functional reading
	Reads chapter books
	Reads books silently
	Can answer questions about a reading selection
	Can summarize a reading selection
	Reads books for pleasure
	Makes inferences
	Title of last book read: _____
Math skills Approximate grade level: _____	Handles money to make purchases
	Counts change in bills
	Manages a checking account
	Stays within a budget
Writing skills Approximate grade level writing ability: _____	Writes simple sentences
	Writes short paragraphs
	Has written papers
	Uses punctuation
	Copies notes from board
	Takes notes during class
	Uses technology for writing
	Drafts, revises, and edits
Does not write	
Computer skills	Word processor
	Internet search
	Remembers password
	PowerPoint
	Requires assistance
	Uses Mac
	Uses PC
Does not use the computer	
Has participated in an inclusive class	No
	Yes, independently
	Yes, with assistant
	Yes, with accommodations
Following verbal directions	Yes



	No
	With reminder
Following written directions	Yes
	No
	With reminder
Time management skills	Uses a calendar
	Makes appointments
	Needs complete assistance
	Keeps planner/agenda
	Sets reminders on phone
	On time
Study habits	Studies independently
	Has tutor
	Requires one on one assistance
	Requires prompting
	Does not have homework
Note-taking skills	Takes own notes
	Uses technology
	Requires copies of notes
Listening skills	Is auditory learner
	Able to retell settings, problems, events, and solutions
	Create questions based on information presented
Tutor/assistant	Attended class with student
	Assisted with work one on one
	At home tutor
	No tutor or assistant
Assistive technology	iPad apps
	Live Scribe Pen
	Laptop
	Voice recognition software
	Dragon Naturally Speaking
	OneNote
	Evernote
	Recording device
	Google apps
	Other: _____

# PARENT/GUARDIAN READINESS SURVEY

(To be completed by parent/guardian or support person)

## Applicant Information

Student Name	Parent/Guardian Name
--------------	----------------------

I expect to know everything my student does at college.		Strongly Agree
		Agree
		Neutral
		Disagree
		Strongly Disagree

## **Student Safety**

I expect one-on-one support for my student all day.		Strongly Agree
		Neutral
		Disagree
		Strongly Disagree
I worry about my student talking to other students unsupervised.		Strongly Agree
		Agree
		Neutral
		Disagree
		Strongly Disagree
I worry about my student crossing the street.		Strongly Agree
		Agree
		Neutral
		Disagree
I check to see if my student has the correct facts.		Strongly Disagree
		Strongly Agree
		Agree
		Neutral
		Disagree
		Strongly Disagree

**Post-Secondary Programs**

I need to know the homework assignments for each class my student takes in college.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I need to know the calendar of social activities offered to my student.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I know my student, with support, will develop friendships.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I know my student, with support, will try new opportunities.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree

What goals does the family/parent(s) have for the student while in college \_\_\_\_\_

---



---



---



---



---

Describe a job(s) you think would be a good fit for the student following graduation from the Bear POWER Program, based on the student's strengths and interests.

---



---



---



---



---

**Direct Involvement**

I would like to attend classes to see my student interact with others.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
Often, I am in contact with my student more than three times a day.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
Often, I tell my student what to do or say.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I check up on my student in person if I can.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I understand I will have very limited contact with the Bear POWER Program and that communications will go through my child.	Yes
	No

**Student's Strengths and Challenges**

My student has the ability to handle frustration appropriately.	Strongly Agree
	Agree
	Neutral

	Disagree
	Strongly Disagree
I trust my student's judgement.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
My student has the ability to seek assistance.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I believe I am ready for my student to leave home to college.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I feel that my student knows what is best for him/herself.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree

### Concerns about the Future

I believe a post-secondary education is important for my student.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
I feel that my student wants to attend college.	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree
My student will live independently of our family after graduation.	Strongly Agree
	Agree

		Neutral
		Disagree
		Strongly Disagree
My student will have meaningful employment after graduation.		Strongly Agree
		Agree
		Neutral
		Disagree
		Strongly Disagree

How does the student manage anger, anxiety, or stress? \_\_\_\_\_

---



---



---



---



---

Do you have any concerns about the student's social skills or behavior while living away from home?

---



---



---



---



---



BEAR POWER

### Recommendation Form

---

(Applicant name)

The student named above has applied for admission to the Bear POWER program at Missouri State University. (Visit our [website](#) to learn more about the program). Bear POWER is an inclusive college program for students with Intellectual and Developmental Disabilities. Bear POWER is a two-and-a-half-year (five semesters) residential program; students will live on campus and be fully integrated into academic courses, social experiences, and internships. Faculty will undergo training in coursework modifications for students. Bear Ambassadors are student volunteers that will support Bear POWER students with integration in both academic and social areas within campus life. Following graduation from the program students will earn a Bear POWER Certificate and walk in the graduation ceremony at Missouri State University.

\*Please answer the following questions to the best of your ability (complete online or mail to the Bear POWER Admissions Committee at Missouri State University address listed on the last page of this document). Applications will not be reviewed without recommendations. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Bear POWER at [bearpower@missouristate.edu](mailto:bearpower@missouristate.edu).

Thank you,

Bear POWER Admissions Committee

**Contact Information**

Your Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the student and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel the student would benefit academically and socially from post-secondary education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





What are the student's strengths?

---

---

---

---

---

---

---

---



What kinds of support and/or modifications do you feel would be most helpful for the student to be successful in the Bear POWER program?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Do you have any additional information about the student you would like to share with the Bear POWER Admissions committee in determining if the program is a good fit for the student?  
\*If you need more space, please attach an additional page.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please return the completed form to:

MSU Bear POWER  
Attn: Bear POWER Admissions Hill Hall 216  
901 S National Avenue  
Springfield, Missouri 65897



BEAR POWER

### Recommendation Form

---

(Applicant name)

The student named above has applied for admission to the Bear POWER program at Missouri State University. (Visit our [website](#) to learn more about the program). Bear POWER is an inclusive college program for students with Intellectual and Developmental Disabilities. Bear POWER is a two-and-a-half-year (five semesters) residential program; students will live on campus and be fully integrated into academic courses, social experiences, and internships. Faculty will undergo training in coursework modifications for students. Bear Ambassadors are student volunteers that will support Bear POWER students with integration in both academic and social areas within campus life. Following graduation from the program students will earn a Bear POWER Certificate and walk in the graduation ceremony at Missouri State University.

\*Please answer the following questions to the best of your ability (complete online or mail to the Bear POWER Admissions Committee at Missouri State University address listed on the last page of this document). Applications will not be reviewed without recommendations. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Bear POWER at [bearpower@missouristate.edu](mailto:bearpower@missouristate.edu).

Thank you,

Bear POWER Admissions Committee

**Contact Information**

Your Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the student and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel the student would benefit academically and socially from post-secondary education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What are the student's strengths?

---

---

---

---

---

---

---

---









BEAR POWER

### Recommendation Form

---

(Applicant name)

The student named above has applied for admission to the Bear POWER program at Missouri State University. (Visit our [website](#) to learn more about the program). Bear POWER is an inclusive college program for students with Intellectual and Developmental Disabilities. Bear POWER is a two-and-a-half-year (five semesters) residential program; students will live on campus and be fully integrated into academic courses, social experiences, and internships. Faculty will undergo training in coursework modifications for students. Bear Ambassadors are student volunteers that will support Bear POWER students with integration in both academic and social areas within campus life. Following graduation from the program students will earn a Bear POWER Certificate and walk in the graduation ceremony at Missouri State University.

\*Please answer the following questions to the best of your ability (complete online or mail to the Bear POWER Admissions Committee at Missouri State University address listed on the last page of this document). Applications will not be reviewed without recommendations. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Bear POWER at [bearpower@missouristate.edu](mailto:bearpower@missouristate.edu).

Thank you,

Bear POWER Admissions Committee

**Contact Information**

Your Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the student and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel the student would benefit academically and socially from post-secondary education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What are the student's strengths?

---

---

---

---

---

---

---

---



