



APPLICATION FOR DISABILITY SUPPORT SERVICES & THE NEILSEN FOUNDATION SCHOLARSHIP

Pursuant to the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with Disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the college. To establish that an individual is covered under the ADA-AA, documentation should include the following:

As an adult requesting reasonable, appropriate accommodations from Hinds Community College (HCC), be aware:

- Information on the student's disability is only one component of providing access.
- IEP's may not have quality support for requested accommodation.
- Documentation of a specific disability does not translate directly into specific accommodations.
- Determination of accommodations is an interactive process requiring collaborative efforts.
- Documentation is confidential & shared only on a need to know basis.

As an adult collecting documentation to support your request for reasonable program appropriate accommodations from HCC, consider the following:

- Specific application of documentation to your accommodation request.
- The credentials of the evaluator(s).
- A diagnostic statement identifying the disability and accommodation history.
- A description of the current functional limitations.
- A description of current and past accommodations, services and/or medications.
- Recommendation for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

Please provide only the documentation that supports your request for reasonable accommodations.

Sources: AHEAD Documentation: General Principles

<http://www.aahead.org/resources/best-practices-resources> & AHEAD Seven (Essential) Elements of Quality Documentation Supporting Accommodations

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for Administrative Services, 34175 Hwy. 18, Utica, MS 39175, 601.885.7002; Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator, Raymond Campus (Denton Hall 221), P.O. Box 1100, Raymond, MS 39154, 601.857.3232, titleIX@hindsc.edu.

Step 1: ADMISSIONS (Required of all prospective students)

- Submit admissions documents online or to the Office of Admission and Records, P.O. Box 1100, Raymond, MS 39154. For more information call 601-857-3216 or 800-HINDSCC
 - The online application for admission can be completed at www.hindscc.edu/admissions
 - Submit official high school and/or college transcripts.
 - Submit official test scores (ACT, Accuplacer or SAT) if you have not completed college English and math courses.
 - Contact the Support Center at 601-857-3344 or support@hindscc.edu to obtain your username and password for My.Hindscc.edu.

Step 2: MONEY MATTERS

- To determine eligibility for Pell Grant, scholarship, student loan and/or work study, applicants must complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov.
- After completing FAFSA submit any required forms to the Office of Financial Aid, P.O. Box 1100, Raymond, MS 39154. For more information call 601-857-3223 or 800-HINDSCC
- Check My.Hinds for financial aid updates. For log in assistance call 601-857-3344 or email support@hindscc.edu.

Step 3: DISABILITY SERVICES APPLICATION

- Complete the attached application to determine eligibility for disability support services. Approved services are based on individual needs and may be approved once the application and documentation are provided. Some services include, but are not limited to: approval to use assistive technology, sign language interpreter, extended time on test and a note taker.
- Please submit the application and documentation of the disability together in one packet.

Step 4: NEILSEN FOUNDATION SCHOLARSHIP

- Complete the Neilsen Scholarship questions in section 5 of the attached application.
- Submit three recommendation forms from individuals (i.e. school, church, community/civic organizations, or work). The recommendation form is enclosed on page 5.
- Submit necessary information to document your spinal cord injury. On the medical record you submit, please black out your social security number, patient number, etc. Note: If you are eligible to receive a scholarship an in person interview will be required.

For more information contact:
Hinds Community College Disability Support Services
SMO-disabilitysupportservices@hindscc.edu
601-857-3359 or 3310



**HINDS COMMUNITY COLLEGE
APPLICATION FOR DISABILITY SUPPORT SERVICES**

SECTION 1: Student Information

Full Name:

Date of birth:

Hinds ID:

Phone:

Permanent Street Address:

City:

State:

ZIP Code:

Email Address:

Emergency Contact Name & Phone #:

SECTION 2: Educational Background

Are you, or will you be, a high school graduate? Yes No

High School:

Graduation Year

Do you, or will you, have a (choose one):

High School Diploma

Occupational Diploma

High School Certificate

GED, HiSET or TASC

Have you taken the ACT/SAT? Yes No If yes, what was your score?

Have you attended Hinds Community College before? Yes No

SECTION 3: Educational Plan

When will you begin taking classes at Hinds CC? Fall Spring Summer 20

What are your career goals?

What is your program of study/major?

Which HCC locations will you be attending?

Jackson-Academic/Technical

Jackson-Nursing/Allied

Rankin Campus

Raymond Campus

Utica Campus

Vicksburg-Warren

Online Classes

SECTION 4: Disability/Functional Impact Assessment

What is your disability?

Are you a client of MS Department of Rehabilitation Services Yes No

If yes, what is your counselor's name?



SECTION 5: Neilsen Foundation Scholarship. Students are eligible for the Neilsen Foundation Scholarship if they have experienced a spinal cord injury that impacts daily living and academic engagement.

- **Please type or write and submit your answers to all of the following three questions.**
 1. Write a summary about yourself and why you feel you should be considered for this scholarship.
 2. List your achievements, extra-curricular activities, community service and work experience.
 3. If needed, please state your financial need and how this scholarship may be able to help meet those needs.
- **Submit three recommendation forms from individuals** (i.e. school, church, community/civic organizations, or work). The recommendation form is enclosed in this packet.
- **Submit necessary information to document your spinal cord injury.** On the medical record you submit, please black out your social security number, patient number, etc.

SECTION 6. Required Certification.

All the information provided by me is true to the best of my knowledge. I understand that this application does not guarantee services from the Disability Support Services Department. If signing electronically my printed name, date of birth and today's date serve as my official signature.

Student's Signature _____

Date of Birth _____ Today's Date _____

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Hinds Community College Foundation Scholarship Recommendation Form

Applicant/Student's Full Name: _____ Student ID: _____
(Please Print) First – Middle Initial - Last Name (if known at this time)

Applicant/Student's Address: _____
Street City State Zip

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified categories:

COMMUNICATION SKILLS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
ATTENDANCE RECORD	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
WORK HABITS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
INTEGRITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
RELIABILITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COOPERATION	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
OVERALL CHARACTER	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COMMUNITY/SCHOOL INVOLVEMENT	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
FINANCIAL NEED	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known

Please feel free to provide additional comments in the space below about why you believe this student is a good candidate to receive a scholarship to attend Hinds CC?

I give the individual identified below permission to release recommendation information to Hinds CC on my behalf.
I do waive ___do not waive___my right to see letters of recommendation submitted on my behalf.

Signature of Student _____ Date _____

Name (print/type) _____ Title _____

How long have you known the applicant? _____ Relationship _____

Email _____ Phone(s) _____

Signature _____ Date _____

Functional Impact Assessment

For each major life activity listed on the chart below, please mark the box that describes how much your disability impacts your ability to perform the activity. Think especially about your academic (school) work.

? = Don't Know: you do not know if your disability impacts this activity.

0 = None: you have no difficulty with this activity.

1 = Mild: you have some difficulty with this activity but generally you can cope with this limitation on your own.

2 = Substantial: you have significant difficulty with this activity and need assistance or accommodations.

Major Life Activity	?	0	1	2
Learning				
• Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calculating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major Life Activity	?	0	1	2
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking/Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Standing/Sitting/Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service History: Please list any services or academic accommodations you have received in the past.

Instructional/During Class

- Note Taker
- Table and/or Chair
- Sign language Interpreter
- Assistive Technology

Testing

- Computer Input
- Scribe/Voice Recognition
- Reader/Audio Format
- Alternate Site
- Enlarged Text
- Extended Time

Other (please explain): _____

Accommodation Request: Please check any academic accommodations you are requesting at Hinds CC.

Instructional/During Class

- Note Taker
- Table and/or Chair
- Sign language Interpreter
- Assistive Technology

Testing

- Computer Input
- Scribe/Voice Recognition
- Reader/Audio Format
- Alternate Site
- Enlarged Text
- Extended Time

Documentation Conversion

- Alternate Text Formats
- Enlarged Text

Other (please explain): _____

Additional Information

Please identify any other conditions or situations affecting school that you would like us to know:
