



TigerLIFE

Advocacy • Employability • Independence

Tiger “Learning Independence, Fostering Employment and Education” (LIFE)

Application Packet

(revised 01/01/2024)

Class size is limited, so for priority consideration, please submit completed application by May 1 for Fall term and October 1 for Spring term in order to be considered for acceptance in the upcoming respective classes.

Mail completed Applications to:

University of Memphis Institute on Disability
C/o Dr. Chrisann Schiro-Geist
100 Ball Hall
University of Memphis
Memphis, TN 38152

Application Selection Process

An Applicate must first schedule an appointment with The State of Tennessee Department of Human Services Vocational Rehabilitation Counselor. The Vocational Counselor must refer you to be considered a candidate for the TigerLIFE Program. Contact <https://www.tn.gov/humanservices/ds/vocational-rehabilitation/vr-applying-for-services.html>

An Application Screening Committee will review applications and select students for admission. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email or a letter letting you know of your acceptance.

Note: Due to space limitations, not all applicants who complete the application and meet the criteria for admission can be accommodated in TigerLIFE. However, these students are welcome to reapply.

For the purposes of this process application, the potential student applying for the TigerLIFE program will be referred to as the applicant. The decision to offer or deny admission to the program will be made by the Admissions Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the ages of 18-29 at the start of the program.
- The applicant must have a significant cognitive and /or developmental disability that interferes with his/her academic performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the TigerLIFE coursework and campus environment.
- The applicant should be able to sit through 90 minute courses and function independently for 6-hour blocks of time
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- The applicant must demonstrate the desire to attend TigerLIFE and adhere to the TigerLIFE policies regarding attendance and participation in the coursework and typical University of Memphis classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the TigerLIFE program's content and setting.
- The applicant must be able to function within groups of peers.
- The applicant must NOT demonstrate any physical aggression or violence towards staff or students. Physical violence of any kind is grounds for immediate termination from the program.
- The applicant must be able to walk approximately 3 to 5 miles each school day.
- Students must provide any mobility assistance required, including if needed a personal care assistant.

Please understand that our mission is independent living and workforce training. This is not always an easy undertaking.

Both parents and students need to agree to participate at a level commensurate with our standards. TigerLIFE is not an appropriate learning environment for all people with special needs.

Please complete ALL sections of this application. If sections are incomplete, blank or not signed, it may delay processing and ultimately acceptance into the program.

It is acceptable for the applicant to receive assistance, if needed, in completing the application. You may attach additional information and pages for writing space if needed. Some information will be shared with the federal government as a part of UMID's requirement to continue to receive federal funding. Information not directly related to the applicant's receiving funding will be de-identified (i.e. no name, address, SS#, etc. will be shared) for the purposes of reporting aggregate program information. No information will be shared with additional outside agencies unless the applicant provides written consent.

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

Please email UMID@memphis.edu or call (901) 678-4303 if you have other questions.

Please send all admissions materials to:

**University of Memphis Institute on Disability
C/o Dr. Chrisann Schiro-Geist
100 Ball Hall
University of Memphis
Memphis, TN 38152**

STUDENT INFORMATION

1. Last Name _____ First Name _____ MI _____
2. Home Phone _____ Cell Phone _____
3. Address _____
City _____ State _____ Zip Code _____
4. Birth date _____ Email address _____
5. Gender ____ M ____ F ____ Other
6. Ethnicity ____ Latino ____ Non-Latino
7. Race ____ Asian ____ American Indian or Alaska Native ____ Black or African-American
____ Native Hawaii or Pacific Islander ____ White ____ Unknown

FAMILY INFORMATION

The applicant lives with: ____ Both parents ____ Mother ____ Father ____ Guardian(s)
____ Group home (If applicant lives in a group home, please provide the group home name, contact person and contact phone number) _____
____ Other (please specify): _____

Mother/Guardian:

3. Last Name _____ First Name _____ MI _____
4. Home Phone _____ Cell Phone _____
5. Address _____
City _____ State _____ Zip Code _____
6. Occupation/Employer _____ Work Phone _____
7. Email address _____

Father/Guardian:

9. Last Name _____ First Name _____ MI _____
10. Home Phone _____ Cell Phone _____
11. Address _____
City _____ State _____ Zip Code _____
12. Occupation/Employer _____ Work Phone _____
13. Email address _____

EDUCATION HISTORY

1. High Schools Attended Include ALL high schools including those you attended after graduation (for example, you attended Avon Lenox after graduating from Whitehaven High School)

(Name, City, State) Years attended Reason for Leaving

2. Did you receive a high school special education diploma or equivalent? (Circle one) No Yes

3. From (school and address) _____ Date _____

4. Have you ever applied to the University of Memphis? No Yes

EMPLOYMENT HISTORY

Note: prior work experience is not a requirement for admission into this program

1.

Name of Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

2. Is the applicant currently participating in a work experience, paid or unpaid?

If yes, at which of the above jobs? _____

3. Was the applicant ever employed for pay at or above minimum wage prior to entry into the TPSID program? (Y or N)

4. What work experiences does the applicant have an interest in or enjoy? _____

MEDICAL HISTORY

1. Please list any significant medical or physical conditions that may affect the applicant's participation in classroom, social, or recreational activities on campus, including severe allergies:

2. Please list any current medications and indicate the condition(s) for which the medication(s) are taken:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. TigerLIFE does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

3. Does the applicant currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:

4. Is the applicant independent in self-care such as toileting, and basic hygiene? (Circle one) Yes No

5. List any limitations:

MEDICAL INSURANCE

1. Name _____

2. Policy Provider and Number _____

3. Use this page to provide any other medical information that you feel would be important regarding the applicant's participation in this program.

EMERGENCY CONTACT INFORMATION (Not a Parent or Guardian): **IN CASE OF AN EMERGENCY, PLEASE CONTACT...**

16. _____ at _____ OR
(name) (phone)
_____ at _____
(name) (phone)

CONSERVATORSHIP

Does the applicant have a conservatorship?

_____Yes _____No

If so, please describe the conservatorship, including the conservatorship classification and what rights are removed and retained by the applicant, (this section MUST be filled out if the applicant has a conservator). Please include information regarding who is designated as the conservator of the applicant, including contact information. (If you have a conservatorship, a copy of the conservatorship document must be submitted.)

Does the applicant have an alternative to conservatorship, including but not limited to representative payee, durable power of attorney, informed consent, etc.?

_____Yes _____No

If so, please describe.

TigerLIFE
Postsecondary Program
Release and Exchange of Information Form

The University of Memphis treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. The more sources you permit us to contact, the more accurately and efficiently we are able to process this application.

Applicant Name _____ SS# _____

Please **CHECK ALL BLANK LINES BELOW** in order to provide us with permission to contact the listed outside sources, and then sign where indicated.

I give permission to exchange information about me with the offices/individuals checked below:

- _____ School District(s) _____ (The applicant's high school district(s))
_____ School Personnel _____ (The applicant's past high school(s))
_____ Parents/Guardians
_____ Department of Vocational Rehabilitation Office
_____ Department of Disability and Special Needs Office
_____ Admissions Office
_____ Course Instructors
_____ Financial Aid Office
_____ Bursar's Office
_____ Registrar's Office
_____ Tutor/Mentor

Applicant Signature _____ Date _____

Parent/Guardian _____ Date _____

Withholding Statement

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the University or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or an alien lawfully present in the United States. By submitting this application, I am attesting that I am either a U.S. citizen or an alien lawfully present in the United States or that I am not requesting any state benefits, including in-state tuition. I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my admission may be rescinded or I may be disciplined by the University of Memphis. I grant my high school(s) and college(s) permission to release my transcript(s) to the University of Memphis.

_____ Yes _____ No

I certify that none of the information provided on this application is false or has been withheld. I also acknowledge understanding that giving false information or withholding information may make me ineligible for admission to the University of Memphis.

_____ Yes _____ No

I understand that the TigerLIFE Admissions Coordinator will use my information on this application to complete the required University of Memphis online application.

_____ Yes _____ No

I have read all the information on this page:

Parent Signature: _____

Applicant Signature: _____

Terms of Application Consideration

Please note the following when filling out your application

- The application will be rejected for nondisclosure or falsification of any relevant information submitted.
- Information collected in this application is maintained in a secure location and is destroyed within 6- months if the student is not accepted for admission.
- If a student is accepted into the program, the information will be maintained in a secure location in accordance with the Family Education Rights and Privacy Act (FERPA). Only de-identified (no personal information) will be reported to sources outside the university (such as the federal government for grant money reporting) unless otherwise permitted by the applicant.
- If the applicant has a history of physical aggression or violence, a psychological evaluation must accompany your application and a decision for admission will be made on a case-by-case basis.
- If the applicant requires the assistance of a personal care giver for basic needs, like using the restroom or pushing a wheelchair, an assistant must accompany them to school every day. **TigerLIFE cannot provide this service.**
- Students participate in various activities throughout the semester. TigerLIFE staff reserve the right to evaluate students on their ability to travel independently, and based on that evaluation, allow or restrict travel options to these events based on the personal ability levels of the students involved.
- TigerLIFE students must adhere to the University of Memphis Code of Student Rights and Responsibilities. Failure to adhere to the guidelines set forth in this document will result in disciplinary action, including suspension and/or termination from the TigerLIFE program and expulsion from the University of Memphis.
- TigerLIFE takes no actions or responsibilities whatsoever for actions or activities that take place online and on social media, with the exception of threats of physical injury. Any threats of harm will be turned over to the University police force for investigation.
- TigerLIFE students must adhere to the University of Memphis academic integrity policy, as outlined in the Code of Student Rights and Responsibilities.

Continue on the next page.

TigerLIFE reserves the right to amend this agreement during the semester as needed, with

advance notice given to parents/guardians and students.

By signing this page, I certify that I have read, understand, and agree to the Terms of Application Consideration

By signing this page, I certify that I have read and understand that withholding information requested on this application or giving false information may make me ineligible for admission to the university or subject to dismissal.

By signing this page, I certify that the statements I have made on this application are correct and complete.

Applicant Signature

_____Date_____

Parent/Guardian Signature

_____Date_____

Disclosure to Parents of Dependent Students

To: Registrar, University of Memphis

From: _____
Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the University of Memphis is permitted to disclose information from your education records to your parents, if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- _____ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- _____ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that the University of Memphis may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the University of Memphis as appropriate. This authorization will remain in effect for the 2023-2024 school year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. Parent Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

2. Parent Name(s) (if living at different address _____

Address _____

City, State, Zip _____

Telephone _____

*Students cannot be denied any educational services from the University of Memphis if they refuse to provide consent.

University of Memphis Institute on Disability
Confirmation Signatures

Student Name: _____

Release of Information:

I hereby give permission to the UMID/TigerLIFE program staff to communicate my student information including grades, behavior, and educational records to the following parties:

- Parents and/or guardians
- UMID/TigerLIFE Administrators
- UMID/TigerLIFE Instructional Staff
- UMID/TigerLIFE Support Staff
- University of Memphis School Officials & Staff
- University of Memphis Instructional Staff
- University of Memphis Support Staff
- Vocational Rehabilitation Staff
- On-the-Job Training Staff

This information may be shared by phone, mail, email, fax, or in person.

Student Initials: _____ (Release of Information)

Photo Release:

I grant to UMID/TigerLIFE, its representatives and employees, the right to take photographs of me and my property in connection with UMID/TigerLIFE. I agree that UMID/TigerLIFE may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Student Initials: _____ (Photo Release)

These releases and consents will be valid for information gathered, photos taken, and assessments conducted during the duration of the student's enrollment in the UMID/TigerLIFE program.

UMID/TigerLIFE First Semester Trial Basis:

I understand the UMID/TigerLIFE instructors and staff will use the first semester to assess progress. I have reviewed and received a copy of the behaviors that are expected and the behaviors that could cause termination from the program.

Student Initials: _____ (First Semester Trial Basis)

University of Memphis Student Rights & Responsibilities:

I acknowledge notice of the University of Memphis Code of Student Rights & Responsibilities and agree to follow the stated policies.

Student Initials: _____ (U of M Code of Student Rights & Responsibilities)

TigerLIFE Student Program Behavioral Guidelines:

I acknowledge notice of the University of Memphis TigerLIFE Student Program Behavioral Guidelines and agree to follow the stated policies.

Student Initials: _____ (TigerLIFE Student Program Behavioral Guidelines)

FERPA

I have received the University of Memphis' yearly notification of The Family Educational Rights and Privacy Act (FERPA). I understand that each student is responsible for knowing their FERPA rights.

I hereby give permission to the UMID/TigerLIFE program staff and University of Memphis administrators to access and communicate my student records, including financial information, in accordance with Family Education Rights and Privacy Act (FERPA) (University of Memphis Policy UMI248).

Student Initials: _____ (FERPA)

Use of University of Memphis Recreational Center

If I choose to use the University Recreational Center, I understand and agree to allowing the Recreational Center staff to discuss my records as a UMID/TigerLIFE student with UMID staff and administration.

Student Initials: _____ (Recreational Center)

These acknowledgements will remain in effect for the duration of the student's enrollment in the UMID/TigerLIFE Programs.

_____	_____	_____
Student Name (Print)	Student Name (Signature)	Date

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Name (Signature)	Date



TigerLIFE

U. S. SOCIAL SECURITY NUMBER

Please provide your social security number.

For Office Use Only

Receipt Number:

FULL LEGAL NAME (Please Print)

LAST FIRST MIDDLE/MAIDEN SUFFIX

PERMANENT HOME ADDRESS (Please Print)

STREET ADDRESS

CITY STATE ZIP COUNTRY

(AREA CODE) PHONE NUMBER

TN-COUNTY

BIRTHDATE

(month / day / year)

GENDER

(Check One)

☒ Male

☐ Female

ETHNICITY / RACE

Do you consider yourself to be Hispanic/Latino/Spanish origin? Yes No

Please select **one or more** of the following racial categories to describe yourself:

☐ White

☐ Black or African American

☐ Asian

☐ American Indian

☐ Alaskan Native

☐ Native Hawaiian or Other

☒

CITIZENSHIP (Check One)

Are you a **CITIZEN** of the **United States**? ☐ Yes ☐ No (If no, what is your country of CITIZENSHIP and your VISA type?)

COUNTRY OF CITIZENSHIP

VISA TYPE

EMERGENCY CONTACT INFORMATION (Please Print)

NAME

STREET ADDRESS

CITY STATE ZIP COUNTRY

RELATIONSHIP OPTIONAL (Check One)

☐ Parent

☐ Guardian

☐ Spouse

☐ Other

(AREA CODE) PHONE NUMBER

For what term and year are you applying? (Check One) ☐ Fall ☐ Spring ☐ Summer Year

NAME OF HIGH SCHOOL

LOCATION (City / State)

What were your dates of attendance? Begin Month / Year / End (Graduation) Month / Year /

Please print your name as it appears on your high school transcript:

Was your diploma awarded on the basis of HIGH SCHOOL graduation or the GED test? ☐ High School ☐ GED

If applicable, what date was the GED taken? Month / Year /

Which ENTRANCE EXAM(S) have you taken? (Check One) ☐ ACT ☐ SAT ☐ BOTH ☐ NONE Month / Year

Have you always lived in Tennessee?

☐ Yes ☐ No

If no, when did you move to Tennessee? Month/Year _____ / _____

Are you employed? (Check One) ☐ Full-Time ☐ Part-Time ☐ Not Employed

If employed, please provide:

EMPLOYER NAME

DATES OF EMPLOYMENT

All male citizens of the United States of America between the ages of eighteen (18) and twenty-six (26) must be registered with the Selective Service prior to registering for classes at the University of Memphis. This requirement does not apply to veterans and others exempt by federal law. Have you registered for

Selective Service? ☐ Yes ☐ No ☐ Exempt

Pursuant to the requirements of the College and University Security Information Act, Tenn. Code Ann. Section 49-7-2200, an annual report of security information and statistics is available upon request. Contact the Associate Dean of Students, Office of Student Judicial and Ethical Programs, 105 University Center, the University of Memphis, Memphis, Tennessee 38152-3460, (901) 678-2298 to obtain any or all of the information. All other Student Right to Know information is available online at www.enrollment.memphis.edu/registrar under the student menu.

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the university or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a United States citizen or alien lawfully present in the United States. By submitting this application, I am attesting that I am either a United States citizen or alien lawfully present in the United States or I am not requesting any state benefits including in-state tuition. I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement my admission may be rescinded or I may be disciplined by the college.

X
SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

STATEMENT OF PROCEDURE

All credentials become the property of the University and cannot be forwarded or returned.

NOTE: Credentials will be maintained in active files for a 12-month period. After this period credentials will be relegated to inactive status and must be submitted again before an admissions decision can be made.

Admission Action:

Approved:

Date:

Not Approved:

Date:

The University of Memphis is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award bachelor's, first professional, master's, educational preparation and doctor's degrees.

The University of Memphis is one of 45 institutions in the Tennessee Board of Regents system, the sixth largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 two-year colleges and 26 Tennessee Technology centers. The TBR system enrolls more than 80 percent of all Tennessee students attending public institutions of higher education.

The University of Memphis offers equal education opportunity to all persons without regard to age, race, religion, sex, creed, color, national origin or disability. The University does not discriminate on these bases in recruitment and admission of students or in the operation of any of its programs and activities, as specified by federal laws and regulations. The designated coordinators for University compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 are the Vice President for Student Affairs and the Equal Employment Compliance Officer. Information in this document will be provided in alternate format upon request. The University of Memphis is an Equal Opportunity/Affirmative Action university. It is committed to education of a non-racially identifiable student body.