

Supported Education Program Application

Supported Education is a free program, designed to prepare participants for the rigors of college. Classes focus on areas such as academic skills, study strategies, critical thinking, and computer basics. Participants explore career paths and receive guidance submitting financial aid and college applications.

Eligibility:

1. Have been diagnosed with a mental illness
2. Have a high school diploma or a general equivalency diploma (GED)
3. Are a Wayne County resident
4. Are 18 or older
5. Are active with a Wayne County mental health program

Submit application via fax or mail.

FAX to:

Supported Education Program
313-389-2956
Attn: Katina Haynes

Mail to:

Supported Education Program
Attn: Katina Haynes
26184 W. Outer Dr.,
Lincoln Park MI 48146

Applicant must complete this application themselves.

GENERAL INFORMATION

First Name _____ Last Name _____ Male Female

Street Address _____ City _____ State _____ Zip _____

(____) _____ - _____ - _____ / ____ / ____ / ____ / ____ - ____ - ____ - ____
Phone Birthdate (MM/DD/YYYY) Social Security Number

Are you currently employed? Yes No If yes, how many hours per week? _____

Do you have a guardian? Yes No

Race (optional): African American Caucasian Hispanic/Latino Arab American Asian Other _____

MENTAL HEALTH

Are you currently receiving mental health services? Yes No

Agency you visit most frequently: _____ (____) _____ - _____
Agency Name Phone

Agency contact: _____
Name Title

Please check all the mental health programs you participate in:

- Club House AFC Outpatient ACT Supported Employment
 Other _____



EDUCATION HISTORY

Do you have a high school diploma? Yes No

If no, do you have a General Equivalency Diploma (GED)? Yes No

If no, are you working to obtain a General Equivalency Diploma (GED)? Yes No

Have you previously attended college? Yes No

If yes, what was the last year you completed? Freshman/1yr Sophomore//2yrs Junior/3yrs Senior/4yrs

Did you obtain a degree or certificate from college? Yes No If yes, list degree _____

Do you have unpaid student loans in default? Yes No If yes, please explain _____

Who referred you to our Supported Education Program?

Organization _____

Have you previously applied/participated in our Supported Education Program? Yes No I am a graduate

Emergency Contact:

Last Name _____

(_____) _____ - _____

Phone

Street Address

City

State

Zip

Briefly explain why you want to participate in our Supported Education Program.

Applicant Name

_____/_____/_____

Date



**For more information
about our Supported
Education Program contact
Katina Haynes.**

Email: khaynes@comcareserv.org

Phone: 313-389-7500

Web: www.comcareserv.org

We will contact you as soon as possible regarding your application.