



UNIVERSITY OF  
**CENTRAL  
MISSOURI**  
LEARNING TO A GREATER DEGREE

## **THRIVE PROGRAM Information**

**The THRIVE Program provides a 2-year residential college experience for young adults with intellectual, cognitive, and developmental disabilities, building skills for transitioning from home to independence. THRIVE is a certificate program (not an accredited college degree program). Graduating students will receive a Certificate of Success along with their personal portfolio. Because the curriculum program will be tailored to the individual skills and needs of these students, some may go on to earn a degree with the proper supports, after completion of the program.**

**Applications accepted by mail or email to [thrive@ucmo.edu](mailto:thrive@ucmo.edu).**

**Please make sure you include students' name in subject heading, preferably in one packet/email.**

**Preference will be given to complete application packets received by Priority Deadline:**

**The last day of December.**

**All applications will be reviewed.**

## Criteria for Admission to the THRIVE Program

Candidates for the THRIVE Program will meet the following criteria:

- be between 18 and 25 years of age at the time of admission
- have been diagnosed with an intellectual\*, cognitive, or developmental disability prior to the age of 18
- have been eligible for a free, appropriate public education
- demonstrate basic literacy skills in reading, writing, and math
- possess a desire and potential to benefit from a post-secondary educational experience, but be unlikely to meet the usual college admission criteria or to be successful in a traditional college degree program
- be motivated to become an independent adult
- possess sufficient emotional maturity and stability to participate in all aspects of a residential college-based program, with supports
- demonstrate the ability to accept and follow reasonable rules and behavior respectfully towards others
- agree to attend and participate in classes and activities related to the THRIVE program
- be able to administer any necessary medications independently\*\*

***\*Individuals with intellectual disabilities display limitations in intellectual and cognitive functioning, as well as adaptive behavior as expressed in conceptual, social, and practical adaptive skills (AAIDD).***

***\*\*The THRIVE Program does not provide assistance with dispensing medications, or perform services typically provided by a nurse or personal care attendant.***

## Review and Selection Process

The THRIVE Team will review all completed applications received by the last day of December. Students identified as eligible will be notified by email, phone call or letter, and invited to participate with their parents/guardians in a campus interview. Additional information may be required at this point for the application, including complete medical and psychiatric history. Following the interviews, a very limited number of students (estimated at 13 - 18 per year) will be admitted to the two-year THRIVE program. The committee will select the cohort based on the criteria listed above, as well as on their professional judgment concerning the best interest of individual students and the group as a whole. Although all individuals are welcome to apply, preference will be given to students from Missouri and Kansas, and to those whose families have an existing relationship with UCM. Candidates found to be eligible who are not selected for this year's cohort are welcome to apply again next year. Students who are not identified as eligible will receive written notification within 30 days of the receipt of the completed application.

The residential component of the THRIVE learning community is presently located on the ground floor of East Ellis. See location at

<https://www.ucmo.edu/campusmap/>

Information concerning university housing is available at:

<https://www.ucmo.edu/future-students/university-housing-and-dining-services/>

**All participants in the THRIVE program are required to live on campus and purchase the Plan 1 All Access meal plan which includes breakfast, lunch, dinner & late night. UCM has dining at 2 locations: Ellis & Todd Halls. (Late night at Fitzgerald is not included.)**

As additional program information becomes available, it will be posted on the THRIVE website: [www.ucmo.edu/thrive](http://www.ucmo.edu/thrive)

If you have additional questions, you may contact THRIVE Program Director, Michael Brunkhorst by phone at 660-543-4260 or by email at [thrive@ucmo.edu](mailto:thrive@ucmo.edu)

**Please do not call or email the THRIVE office during the review process after the last day of December. Our staff will be unable to provide information about the status of your application over the telephone or in an email. Please be patient and wait to be contacted by the THRIVE Team by email or phone or letter.**

## THRIVE Application Checklist

- ☐ \$30 nonrefundable Application Fee payable to University of Central Missouri-THRIVE (check or money order).
- ☐ THRIVE Applicant Information (Please type.)
- ☐ Applicant Questionnaire & Personal Support Inventory to be completed by the candidate (with assistance, as needed).
- ☐ Parent Questionnaire & Personal Support Inventory to be completed by the Family/guardians.
- ☐ Official high school transcript.
- ☐ Official community college transcript if attended.
- ☐ Most recent IEP from high school. (required)
- ☐ Required Evaluations (conducted in the last 3-4 years, usually found in your student's IEP or Diagnostic Summary): (1) Educational / Academic levels of Reading, Math & Written Language Skills (Multi Skill test such as Woodcock Johnson or Wechsler Individual Achievement Test) and (2) Psychological / Cognitive (IQ). (Required)
- ☐ Optional Vocational Evaluations from high school or Vocational Rehabilitation.
- ☐ Records if applicant attended another postsecondary program after high school.
- ☐ Arc Self-determination Scale to be completed by the candidate (with assistance, as needed)
- ☐ Four (4) recommendations from individuals who have known the applicant for one year or longer, prefer one representing **each** of the following:
  1. Educational: Case manager or teacher
  2. Employment or volunteer experience supervisor
  3. Community involvement such as church or scouts, social activities such as bowling league or clubs, or a second employment or volunteer experience.
  4. Personal reference of your choice.

**Please let the four individuals know that they will be invited to fill out a Google form:**

Please mail or email ([thrive@ucmo.edu](mailto:thrive@ucmo.edu)) application materials in **one** envelope to:  
Attn: Michael Brunkhorst, Director THRIVE Program  
University of Central Missouri  
PO Box 800  
Lovinger 1275  
Warrensburg, MO 64093

## THRIVE APPLICANT INFORMATION

We encourage the applicant to complete this form, with support as needed. **It is preferable to type the answers on a computer and then print.** When filling out the document on your computer, you may add as much space as you need for answers. The information you provide will be confidential, and used only for purposes of determining eligibility for the THRIVE Program. It will not be shared with other agencies unless you give us written permission.

Full name:	Date of Birth:
Address:	City, <span style="background-color: yellow;">County</span> , State, Zip:
Home phone:	Student's Cell phone:
Email address:	Social Security Number*:

*\*Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of state and federal financial aid, academic transcripts, or accountability research.*

Please list your four individuals that will fill out the Recommendation Forms in the boxes below.

	Representing	Name	Email Address
1.	Educational: Case manager or teacher -		
2.	Employment or volunteer experience: supervisor		
3.	Community involvement such as church or scouts, social activities such as bowling league or clubs, or a second employment or volunteer experience.		
4.	Personal reference of your choice.		

**FAMILY INFORMATION**

Who do you live with? (Please check all that apply.)

- ☐ Both parents   ☐ Mother   ☐ Father   ☐ Guardian   ☐ Grandparents  
☐ Others:

Mother's/Guardian's name:	Home phone:
Mother's occupation/employer:	Work phone:
Mother's email address:	Cell phone:

Father's/Guardian's name:	Home phone:
Father's occupation/employer:	Work phone:
Father's email address:	Cell phone:

Please list the names and ages of your brothers and sisters:

Name	Age



How do you think you learn best?

What were your favorite subjects at school?

What are your favorite things to do outside of class, or outside of school?

### EMPLOYMENT/VOLUNTEER HISTORY

Name of Business	Paid or Volunteer	Job Responsibilities	Reason for Leaving	When

Are you currently working or volunteering in the community? ☐ Yes ☐ No  
If yes, please describe what you do:

Please include updated resume with this application, if you have one.

## ASPIRATIONS

What type of work would you like to do when you finish the THRIVE Program?

What skills do you think you would need to be successful in that job?

Where do you think you will be living two years after graduation from THRIVE?  
Five years after graduation? Ten years after graduation?

In the following areas, describe what skills you would like to learn:

- Independent living
- Life-long learning (reading, writing, math, art, music)
- Social/recreation/leisure
- Employment

## TRANSPORTATION

Do you have any transportation related limitations or support needs? ☐ Yes ☐ No  
If yes, please describe:

**MEDICAL HISTORY** *(Additional information will be gathered during interview.)*

Please describe your medical history, including any disability diagnoses that you may have:

Please list any significant medical, psychological, or physical conditions that may impact your participation in classroom, social or recreational activities on campus:

Please list any current medications and indicate for what condition the medications are taken:

Who is your medical insurance company?

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, counseling services, speech or behavioral therapy? ☐ Yes ☐ No

If yes, please describe:

Do you receive any other support services or training, such as personal assistance or vocational rehabilitation counseling? ☐ Yes ☐ No

If yes, please describe:

Are you independent in self-care and basic hygiene? ☐ Yes ☐ No

If you require assistance or support for self-care and hygiene, please describe:

Is there any additional medical information that you feel would be important for us to know?