



PASS

Program for Academic and Social Success

PASS APPLICATION

Applicant Information:

Name: _____ Date of Application: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

High School: _____ Phone #: _____

High School Address: _____

High School Contact: _____

ACT scores _____ SAT scores _____ GPA _____

Parent/Guardian Information:

Name: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

Completed form and/or questions may be submitted by mail, email or fax to:

McCann Learning Center
Attn: Katelynn Hackathorn
(PASS Coordinator)
Bethany College
31 E Campus Dr
Bethany, WV 26032

Phone: 304-829-7149
Fax: 304-829-7142
Email: khackathorn@bethanywv.edu

Applicant History:

Documented Diagnosis: _____

Date of Initial Diagnosis: _____

IEP in high school? ____ yes ____ no 504 Plan in high school? ____ yes ____ no

Current Psycho-Educational Evaluation? (3 years or less) ____ yes ____ no

Accommodations applicant finds helpful: _____

Accommodations applicant did not find helpful: _____

Application Checklist:

_____ Current Psycho-Educational Evaluation

_____ IEP or 504 Plan

_____ Physician's documentation for medical conditions or ADD/ADHD

_____ Scheduled on-campus interview with PASS

Date of Interview: _____



Bethany