Application for the IUP Crimson Hawk Bridge Program

Department of School Psychology, Special Education, and Sociology

College of Education and Human Services

Application for Crimson Hawk Bridge

Indiana University of Pennsylvania College of Education and Human Services

IUP Crimson Hawk Bridge Program
Attn. Ali Kappel
Indiana University of Pennsylvania
Stouffer Hall 246C
1175 Maple Street
Indiana, PA 15701
akappel@iup.edu
(724) 357-5678

Applications will be accepted by mail ATTN:

Ali Kappel
Indiana University of Pennsylvania
Stouffer Hall 246C
1175 Maple Street
Indiana, PA 15701

OR a scanned copy to email (preferred) please put Attn: Ali Kappel, Application for Crimson Hawk Bridge in the subject Line.
Please email akappel@iup.edu completed packets.
All packets must be submitted by August 13th.

Application Criteria for Admission to the Crimson Hawk Bridge program

Dear Prospective Applicant:

Thank you for your interest in the Indiana University of Pennsylvania's Crimson Hawk Bridge Program. This is a college program for unique learners who have been identified as having an intellectual disability as defined by the American Association on Intellectual Developmental Disabilities (AAIDD). Students in this program are immersed in the university by attending core Crimson Hawk Bridge courses and a selection of IUP undergraduate courses and participating in career readiness experiences. In the Crimson Hawk Bridge program, students are encouraged and supported to engage in university organizations and events as well as pursue community service.

The Crimson Hawk Bridge program is a two-year certificate program offered through the IUP College of Education and Human Services. To be considered for the Crimson Hawk Bridge Program, applicants must be able to demonstrate the following criteria below and require minimal support.

The applicant will:

- Have a documented diagnosis of an intellectual disability as defined by the American Association on Intellectual Developmental Disabilities.(https://www.aaidd.org/intellectual-disability/definition)
- Be at least 18 years old prior to the start of the academic year. The program will accept applicants between the ages of 18-26.
- Have completed a minimum of four years of high school and/or a vocational program **and** would not otherwise be an eligible applicant for a four-year matriculating college program.
- Must be able to present a high school diploma or equivalent.
    - If you have not yet graduated high school and wish to apply with school district funding, please let us know upon turning in your application. You will be responsible for working out payment and fee structure with your high school.
- Demonstrate basic mathematics and reading skills.
- Demonstrate basic writing skills, using a computer or legible handwriting.
- Demonstrate the ability to use technology, such as a smart phone, computer, or tablet.
- Demonstrate basic safety skills in unsupervised settings.
- Demonstrate the ability to adapt to change without becoming overtly stressed or anxious.
- Demonstrate the ability to accept responsibility for their actions and show respect for self and others, by following the IUP Community Standards Policy while attending the Crimson Hawk Bridge program and all campus events and activities. *(*Disruptive or aggressive behaviors could result in a withdrawal from the CHB program).*
- Be able to attend a 50-75-minute course period, appropriately and independently during that time; college coach support may be provided. This will be decided on a case-by-case basis.
- Demonstrate the ability to fully navigate the IUP campus and to independently locate their classes after their student orientation.
- To learn and follow an academic schedule, including being on-time and

prepared for class.

- The applicant must be independent in managing his/her own medications, specialized dietary, and/or medical needs. ***Please note,*** *the Crimson Hawk Bridge program does not manage medications, behavioral issues, and/or concerns with independent living.*

Important program reminders to know:

- The Crimson Hawk Bridge program requires ***three letters of recommendation***. Letters can be obtained from family members, teachers, employers, and/or outside support agencies. At least one letter must be from the potential student's high school educator. We want them to highlight your skills, your strengths, and the level of support you would need to be a successful Crimson Hawk Bridge college student. These should be emailed as part of your final application materials. *You may provide more than three if you wish.*

- As you complete the application, please answer the questions fully, providing details and examples wherever possible. The information you provide will be treated confidentially. You may be called for an interview as part of the selection process.

- To have a campus visit please email akappel@iup.edu; we will provide several visitation dates throughout the year, if one does not meet your schedule, please let us know so we can adjust as needed.

- If you have any questions or assistance in completing this application, please contact Ali Kappel at 724-357-5678 or via email at akappel@iup.edu. Please submit all the required application materials listed on or before the deadline of August 13th.

Application Selection Process

Crimson Hawk Bridge staff will review applications and select students for admission. A limited number of applicants will be admitted each year; therefore, a submitted application or interview does **not** guarantee acceptance to the Crimson Hawk Bridge program. The decision to offer or deny admission to the program will be made by the Crimson Hawk Bridge staff, in the best interest of the applicant and the Crimson Hawk Bridge program.

Please note, any student admitted into the program is admitted on a conditional basis, admission can be revoked if issues arise that are unresolvable.

Because of space limitations not all eligible applicants will receive an interview. All students are welcome to reapply each year.

Step 1: Complete application packet for the year in which you intend to enroll, you may mail or scan and email (preferred) the completed application. You will receive an email from the program staff as a receipt of your application.

We encourage students and their families to visit prior to acceptance as this allows the Crimson Hawk Bridge staff the opportunity to answer any questions and get to know any prospective students; this also allows the families to get to know our campus and staff.

Step 2: After the applications are reviewed students will receive an email notification as to whether they have been invited for a formal interview; students and parents/guardians will then be scheduled for an interview in the following weeks, as soon as possible, and notified of acceptance or denial. Letters will be sent via email. All communications and further steps will be communicated via email.

Step 3: After receiving notification of acceptance into the Crimson Hawk Bridge program, the program coordinator will advise on how to proceed with registration for classes. Students will meet with program staff the week before school starts.

Please note: Orientation to Indiana University of Pennsylvania will take place the week before the semester begins with program staff, typically classes begin on the last Monday in August. *(One week before Labor Day).*

Step 4: Accepted students and their families are required to attend all orientation sessions and meetings regarding the program. All important dates will be communicated via email.

Please note: Due to limited space, we will accept (8-10 applicants) per year, so it is not possible to immediately accept all eligible students. These students will have the opportunity of being placed on a short notice waiting list for admission consideration in the current year if a student withdraws or revokes admission. Students are always welcome to reapply in subsequent years. Our program will also create a waiting list and notify those of availability of space in the program, if possible. If we would like you to reapply, we will notify you.

- ***If you are not accepted into the program, you will also be notified via email.***

Please provide the following supplemental documents for this application; these documents are required and must be attached to the application. Your application will not be considered without the items below, do NOT send your application to the admissions office:

- Most recent IEP and any Post-Secondary Program records
- Most recent academic transcript.
- Psychological-Educational or Neuropsychological Evaluation by a licensed professional within the last 3 years, IEP, 504 plan and/or other pertinent documentation related to disability and health information.
- A writing sample completed by the student (preferred typed but can be handwritten).

- Handwriting must be legible. All writing samples must be emailed to disability-access@iup.edu.

(Please answer: What are your strengths as a student? What goals do you have for life after college?)

- Provide three letters of recommendation from a parent /guardian, family member, teacher, school counselor, etc.; more may be submitted if desired. At least one letter must be from the potential student's high school educator.

Application Materials and Forms, please complete all portions.

Sections of the application required to apply for the Crimson Hawk Bridge Program

These items are included in the packet below and should be completed as part of the process:

- Release and Exchange of Information
- Applicant required information
- Student and Family Information/Emergency Contact Information
- Employment story/Volunteer Information
- Personal Support Inventory
- Medical History/ Medical Insurance
- Education History
- Student Questionnaire
- IUP application *(please send back to our office with materials, do not send to admissions)*

Release and Exchange of Information Form

Please note that all documentation will be shared with IUP Disability Access and Advising to determine and assign accommodations. Indiana University of Pennsylvania treats all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contacts with the Office of Disability Access and Advising as confidential. However, it may be necessary for our staff to exchange some information about you with the Indiana University of Pennsylvania faculty and staff to provide educational opportunities and experiences on and off campus. 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.

I (name)_____, give permission to exchange information about me with the offices/individuals listed below (this is necessary for successful transition into the program, please discuss with the program director if you have concerns):

- University Health Services
- External Medical Providers
- School Personnel (including but not limited to, Housing and Residential Living, Student Conduct, Dean of Students, Counseling Center, University Police, and others)
- Office of Vocational Rehabilitation
- Office of Disability Services
- Admissions Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar's Office
- Community Support/Funding Agencies
- Release of photos for university photos and website
- I agree, as part of this application process, to waive my right to access, duplicate, or withdraw sections of the application to use for any other purpose.

Signature of Student _____date_____

Signature Parent/Guardian_____date_____

Applicant's Required Information:

Last Name:	**First Name:**	**Middle Name:**
Home Phone:	**Student Cell Phone:**	
Address:		
City:	**State:**	**Zip Code:**
Birth Date:	**Social Security Number*:**	
Full Scale IQ Score:	**Disability:**	
Student Email Address:	**Parent/Guardian Email Address:**	

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 available financial aid, academic transcripts, or accountability research.

Does the prospective student receive support from other outside agencies? (Select all that apply.)

- Supplemental Security Income
- Division of Developmental Disabilities
- Medical Assistance
- Social Security Disability
- Office of Vocational Rehabilitation
- Special Education Services (IDEA funding)
- Other:_

Student and Family Information/Emergency Contact Information

Student lives with:

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian(s) ☐ Other

Is the student his/her own guardian?

☐ Yes ☐ No

If not, please list student's guardian(s):_____

Mother/ Guardian Information		
Last Name	**First Name**	**MI**
Home Phone	**Cellphone**	
Address		
City	**State**	**Zip**
Occupation/Employer		**Work Phone**

Father/ Guardian Information		
Last Name	**First Name**	**MI**
Home Phone	**Cellphone**	
Address		
City	**State**	**Zip**
Occupation/Employer		**Work Phone**

Student and Family Information/Emergency Contact Information continued

Siblings	
Name:	Age:

EMERGENCY CONTACT INFORMATION

Name:	**Phone Number:**
Relationship:	

Name:	**Phone Number:**
Relationship:	

Employment History

Paid Work Experience			
Employer/ Contact Info.	**Job Responsibilities**	**Start Date**	**Reason for Leaving**

Volunteer Work Experience			
Employer/ Contact Info.	**Job Responsibilities**	**Start Date**	**Reason for Leaving**

What types of work experiences would you like to pursue or have interests in?

Personal Support Inventory

Completed By:_____

(Please only have a parent, family member, guardian, support person complete the inventory below)

**Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your son/daughter.

Social Skills and Communication	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
• Communicating needs in an appropriate Manner	☐	☐	☐	☐	☐	☐
• Relating to others in a socially appropriate manner	☐	☐	☐	☐	☐	☐
• Handling conflict with another person	☐	☐	☐	☐	☐	☐
• Respecting persons of authority	☐	☐	☐	☐	☐	☐
• Using a smartphone to communicate	☐	☐	☐	☐	☐	☐
• Sending and receiving text messages	☐	☐	☐	☐	☐	☐
• Using Email	☐	☐	☐	☐	☐	☐
• Using Social networking sites: Facebook, Instagram, etc.	☐	☐	☐	☐	☐	☐
• Verbalizing and or writing personal information: Name, address, phone number, SSN, etc.	☐	☐	☐	☐	☐	☐

Comments:

Personal Support Inventory (continued)

Independent Living Skills	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
Negotiating/finding way around campus and community	☐	☐	☐	☐	☐	☐
Ordering and purchasing from a restaurant, café, or store	☐	☐	☐	☐	☐	☐
Caring for personal hygiene and grooming needs	☐	☐	☐	☐	☐	☐
Handling personal affairs: laundry	☐	☐	☐	☐	☐	☐
Cooking	☐	☐	☐	☐	☐	☐
Cleaning	☐	☐	☐	☐	☐	☐
Managing personal belongings	☐	☐	☐	☐	☐	☐
Use of good judgment skills in an emergency	☐	☐	☐	☐	☐	☐
Coping well with stress and anxiety	☐	☐	☐	☐	☐	☐
Adjusting to new situations or environments	☐	☐	☐	☐	☐	☐

Comments:

Personal Support Inventory (continued)

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
Understanding the value of money	☐	☐	☐	☐	☐	☐
Handles money to make purchases	☐	☐	☐	☐	☐	☐
Counting bills, change	☐	☐	☐	☐	☐	☐
Staying within a budget	☐	☐	☐	☐	☐	☐
Using a computer	☐	☐	☐	☐	☐	☐
Navigating the Internet	☐	☐	☐	☐	☐	☐
Following verbal directions	☐	☐	☐	☐	☐	☐
Following written directions	☐	☐	☐	☐	☐	☐
Demonstrating motivation to learn and persist on new tasks	☐	☐	☐	☐	☐	☐
Maintaining and following a daily schedule	☐	☐	☐	☐	☐	☐
Remembering and keeping up with due dates, assignments	☐	☐	☐	☐	☐	☐
Studying given information	☐	☐	☐	☐	☐	☐

Comments:

Medical History / Medical Insurance

Please give a brief description of your medical history:

_____

_____

_____

_____

Please list all medical/ physical conditions along with allergies, which could impair you from participating in class, social and or recreational activities:

_____

_____

_____

_____

Please provide all medications and specific regulations:

_____

_____

_____

_____

Note: All medications must be self-administered; please let us know if there are any concerns about this.

Name of Insurance Company:

Policy Number:

Please provide any additional medical information that is important regarding your participant:

_____

_____

_____

_____

_____

_____

_____

_____

Education History

Name of School/ Institution	City, State	Years Attended	Reason for Leaving

Have you received a high school or other type of Diploma?

Name of certificate/ diploma received?

Please attach a copy to this application.

Date Received:

Student Questionnaire:

Please describe your strengths and weaknesses in academics:

_____

_____

_____

_____

What is your preferred style of learning? (Small classes/groups, extended time)

_____

_____

_____

_____

Did you participate in general education classes in your previous school?

☐ Yes ☐ No

If so, what classes did you take?

_____

_____

_____

_____

Did you need any accommodations within these classes? If yes, please explain.

_____

_____

_____

What skills would you like to learn in the following areas? Interdependent

Living:

_____

_____

Employment:

_____

_____

Social:

What kind of jobs are you interested in after you leave high school or college?

What do you like to do in your free time?

Do you spend time with friends outside of school? ☐ Yes ☐ No If yes, what do you like to do with your friends?

_____

_____

Please use this space to provide us with any additional information about yourself that you wish to share.

Please also use a separate sheet of paper for a writing prompt: (Please answer: What are your strengths as a student? What goals do you have for life after college?)

_____

_____

_____

_____

_____

_____

_____

_____

How did you learn about the Crimson Hawk Bridge Program?

1. **Social Media:**

2. **IUP website:**

3. **Other:**

Indiana University of Pennsylvania

DOMESTIC AND INTERNATIONAL UNDERGRADUATE APPLICATION FOR ADMISSION

First Name _____ Middle Name _____ Suffix _____

Last Name _____

Preferred Name _____

DATE OF BIRTH ____/____/____ **GENDER** ☐ Male ☐ Female ☐ Another not listed

PERMANENT ADDRESS

Number and Street Address _____

P.O. Box/Additional Address Line _____

City _____ State _____ ZIP Code _____

EMAIL ADDRESS (Please do not use school email address.) _____

☐ US Citizen ☐ Permanent Resident ☐ International Student Note: International applicants will receive additional forms to be completed once application is received.

SOCIAL SECURITY NUMBER (optional) ____-____-____

ARE YOU A PENNSYLVANIA RESIDENT?

■ Yes If yes, how long (yrs)? _____

☐ No If no, in what state or country do you reside? _____

ETHNICITY/RACE (OPTIONAL): This information is intended for statistical purposes only and will not be used as a factor in determining your admission to the university. Note: International students do not need to complete this information.

What is your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be.

☐ Alaskan Native ☐ American Indian ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Is Spanish spoken in your home? ☐ Yes ☐ No

ARE YOU A VETERAN? ☐ Yes ☐ No

ARE YOU ACTIVE DUTY MILITARY? ☐ Yes ☐ No

ARE YOU OR HAVE YOU BEEN IN THE NATIONAL GUARD/RESERVES? ☐ Yes ☐ No

ARE YOU A DEPENDENT (SPOUSE OR CHILD) OF A VETERAN OR ACTIVE DUTY MILITARY MEMBER? ☐ Yes, a spouse ☐ Yes, a child ☐ No

NOTE: By providing your cell phone number, you'll automatically receive IUP information through text messages.

Permanent Telephone Number ____-____-____ Cell Phone Number ____-____-____

MAJOR CODE (See degree program choices.) _____ **MAJOR NAME** _____

SECOND CHOICE MAJOR CODE _____ **MAJOR NAME** _____

COOK HONORS COLLEGE

Are you applying to the Cook Honors College? ☐ Yes ☐ No

Indiana University of Pennsylvania

DOMESTIC AND INTERNATIONAL UNDERGRADUATE APPLICATION FOR ADMISSION

HIGH SCHOOL INFORMATION

Full Name of High School
(no abbreviations, please) _____ Graduation Date (month/year) ____ / ____

Counselor Email Address (if available): _____

COLLEGES/UNIVERSITIES ATTENDED

List all colleges/universities or postsecondary institutions you have attended. Add a separate sheet if additional space is necessary. Please include all colleges attended while in high school (i.e., dual enrollment).

College 1 Name _____ From ____ / ____ To ____ / ____

City _____ State ____ ZIP Code _____ - _____

College 2 Name _____ From ____ / ____ To ____ / ____

City _____ State ____ ZIP Code _____ - _____

DEGREE EARNED OR TO BE EARNED (before enrollment at IUP)

Have you graduated or will you graduate from another institution of higher education (college or university) before enrolling at IUP? ☐ Yes ☐ No

Have you ever been dismissed or suspended from an institution of higher education for disciplinary reasons? ☐ Yes ☐ No

If yes, please attach a separate statement describing the circumstances.

PARENT/GUARDIAN 1

First Name _____ Last Name _____

Parent Telephone Number ____ - ____ - ____ Parent Email Address _____

College Graduate? ☐ Yes ☐ No

PARENT/GUARDIAN 2

First Name _____ Last Name _____

Parent Telephone Number ____ - ____ - ____ Parent Email Address _____

College Graduate? ☐ Yes ☐ No

PLEASE INDICATE FAMILY MEMBERS WHO HAVE GRADUATED FROM IUP.

☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Other (Please specify) _____

ARE YOU AN IUP EMPLOYEE OR THE CHILD OF AN IUP EMPLOYEE? ☐ Yes ☐ No

If yes, please indicate the employee's name: Department: _____

ARE YOU AN EMPLOYEE OR THE CHILD/SPOUSE OF A CURRENT EMPLOYEE OF A PASSHE UNIVERSITY OR THE CHANCELLOR'S OFFICE? ☐ Yes ☐ No

HOUSING PLANS

What are your intended living plans for your first year of school? ☐ Live on campus ☐ Live with parents ☐ Live off campus

TO BE READ AND SIGNED BY ALL APPLICANTS

I understand that any misrepresentation of facts on this application will be cause for refusal or cancellation of my application to Indiana University of Pennsylvania.

Applicant Signature _____ Date _____

IUP is an equal opportunity/affirmative action institution committed to excellence through diversity. Please direct inquiries concerning equal opportunity to the Office of Social Equity and Title IX, Delaney Hall, Suite B17, 920 Grant Street, Indiana, PA 15705.