Application Overview:
The Bridges to Education and Careers Program (Bridges) at Purdue University Fort Wayne is a support program for students with intellectual disabilities or autism. It allows students to participate in typical college classes for credit or audit, with accommodations provided through the Services for Students with Disabilities office. Students will also be supported by a peer mentor and progress meetings with program staff.

Although Bridges provides many forms of support to students, Bridges students are expected to have the capacity to be independent and unsupervised both on campus and getting to and from campus. Additionally, students must be capable of doing college level work.

Applicants must:
- Be at least 18 years of age by the first day of class.
- Have a documented intellectual disability or autism spectrum disorder and have had an IEP in high school.
- Be working toward or have obtained a Certificate of Completion or diploma from high school.
- Agree that this will be the last year of student services provided in high school or have completed high school.
- Have the capacity to be independent and unsupervised while on campus.
- Have transportation or the ability to travel independently.
- Have a good attendance and disciplinary record during his/her high school education.
- Visit the Bridges Program and staff on the Purdue Fort Wayne campus prior to program start at least one time via city bus or anticipated mode of transportation if accepted into the program.

For questions or additional information contact the following:
- Suzanna Yuhasz, Bridges-Program Coordinator
  yuhaszs@ipfw.edu
  Phone: 260-481-6592
- Julie Schrader, Bridges-Transition Program Coordinator
  schradej@ipfw.edu
  Phone: 260-481-6658
- Dr. John Niser, Bridges-Culinary Program
  niserj@ipfw.edu
  Phone: 260-481-5496
Application Instructions:
It is recommended that the student, his/her teacher-of-record [TOR], and parents work collaboratively to complete this application form and send it to:

Suzanna Yuhasz
IPFW: Walb Union, Room 111B
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805
or
yuhaszs@ipfw.edu

The following attachments must be included with the application:
- High School Transcript
- Current or most recent IEP or Summary of Performance
- Most recent Psychological Evaluation Report
- Relevant Assessment reports

Please be sure to maintain a copy of the application packet for your records.

The student selection process for Bridges includes the following steps:
(1) The Bridges Admissions Committee reviews the Bridges Student Application and attached documents.
(2) The Bridges Program conducts admissions interview with the student and his/her parent(s)/guardian(s).
APPLICATION

Student Name: _____________________________   Birthdate: _________________ Age: ________
SS#:________________________________   High School: ______________________________________
Student Address: ______________________________________________________________________
Student Phone(s):______________________________________________________________________
Student Email: _________________________________________________________________________
Parent Name(s):_______________________________________________________________________
Parent Phone(s):_______________________________________________________________________
Parent Email: __________________________________________________________________________
Student’s Living Arrangement [i.e., family home, group home]: __________________________

Teacher-of-Record Name: ________________________ Phone: ____________________________

To be filled out by Student:

1. What is your career goal? (Where you like to work or what type of work would you like to do)

2. What is your community living goal? (In the future you might live with family, in a group home, independently, etc.)

3. Why would you like to attend college?

- What classes are you most interested in taking?

- If you would like a degree what type of degree do you want to work toward?
4. What are some of your hobbies or things you like to do for fun?

5. What is your employment history?
   [Answer below or attach a résumé that includes these details]
   - Place of employment:
     - Average hours worked per week:
     - Start date (month and year):
     - End date (month and year):
     - Summary of tasks preformed:
     - Supports needed:

   To be filled out by Parent or Teacher of Record:

6. In high school, did this student participate in general education classes, functional skills, or both?

7. What level of support does this student require when using public transportation? Can the student ride alone?

8. Please describe the level of support this student generally needs for daily living activities?
9. Are there any of the following considerations we need to be aware of for safety and support purposes? Please check those that apply and then describe how it relates to meeting the student’s needs (be specific).

- Safety Needs/Considerations:
- Behavioral Issues:
- Means of Communication:
- Assistive Technology:

10. Does this student have:
[A] Medicaid (for health care)?  □ Yes  □ No
[B] Private Health Insurance?  □ Yes  □ No
[C] A Medicaid Waiver [i.e., DD, Autism, Support Services...etc.]?
   □ Yes Which one?
   □ No

OR

Is this student on a Medicaid waiver wait list (completed an application)?
□ Yes Application date (if known):
□ No

[D] An open case with VR?
□ Yes** VR Counselor is:
□ No
**if yes: Has student chosen his/her adult agency?
□ Yes: Adult agency employment provider is:
□ No
11. Why do you think this student would benefit from Bridges to Education and Careers?

12. When is (or was) this student’s scheduled date of high school completion?
   - Name of School:
   - Graduation Year:
   - Certificate of Completion or diploma:
     - Type of diploma:

13. **Required Attachments (NOTE: can be electronic attachments or hard copy):**
   - ___ High School Transcript
   - ___ Current or most recent IEP
   - ___ Disability Documentation: Most recent Psychological Evaluation Report (if testing is more than 3 years old it is highly recommended to have this testing updated before submitting the student’s application)
   - ___ Other (please list if provided)

**Student References**
Please list 2-3 references outside of the student’s family we can contact for information (please include Teacher of Record as a reference.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Organization</th>
<th>Address</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title/Organization</td>
<td>Address</td>
<td>Phone/Email</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Organization</td>
<td>Address</td>
<td>Phone/Email</td>
</tr>
</tbody>
</table>

**Student Applicant’s Signature:** __________________________________________________________

**Signature of Parent:** ________________________________________________________________