

AUGIE ACCESS

POST-SECONDARY EDUCATION PILOT PROGRAM FOR YOUNG ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

This Application for Admission will become part of your permanent record at Augustana University. Please type or print neatly in ink. The Admission Committee will notify you of its decision as soon as your admission file is complete. A completed admission file includes:

- Completed Application
- High School Transcript
- IEP/ISP
- Copy of VR Eligibility Determination Letter
- Two Letters of Recommendation
- Current Evaluation Documenting Disability
- Transcripts of All Previous College Work, if Applicable
- Access to Opportunity Admission Project

AUGIE ACCESS APPLICANT

I intend to enroll Full-time for the term beginning in the: Fall, 20 _____

Name (First, Middle, Last) _____

Preferred Name _____ Maiden Name _____

Mailing Address _____
Number & Street Apartment #

City/Town State/Province ZIP/Postal Code

Preferred Phone (_____) _____ Home Student Cell Parent Cell

Other Phone (_____) _____ Home Student Cell Parent Cell

Email _____ Preferred method of contact (check all that apply) Phone Text Email

Social Security Number _____ - _____ - _____ Female Male Date of Birth ____/____/____

FUTURE PLANS

What is your probable major or areas of interest?

_____ I am still deciding on a major.

What is your employment/vocational goal? _____

Will you live in campus housing at home?

Please list the other colleges or programs you are considering.

VOCATIONAL REHABILITATION STATUS

Have you applied and been made eligible for Vocational Rehabilitation Services? Yes No

If not, please contact your local Vocational Rehabilitation office at <http://dhs.sd.gov/drs/>

DEMOGRAPHICS

Citizenship Status U.S. Citizen

S.D. Resident

Years lived in U.S. _____

Primary language spoken at home _____

Optional The items with a shaded background are optional. No information you provide will be used in a discriminatory manner.

Marital Status _____

Religious Preference Lutheran Catholic Methodist Baptist Reformed Presbyterian Other _____

U.S. Armed Services veteran: Yes No Are you eligible for Armed Services benefits? Yes No

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the prior question, please indicate how you identify yourself. (Check all that apply.)

American Indian/Alaskan Native (including all Original Peoples of the Americas)

Are you enrolled? Yes No If yes, please enter Tribal Enrollment Number _____

Asian (including Indian subcontinent and Philippines)

Native Hawaiian or other Pacific Islander (Original Peoples)

Black or African American (including African and Caribbean)

White (including Middle Eastern)

FAMILY

Parents' Marital Status (relative to each other): Never Married Married Widowed Separated Divorced

With whom do you make your permanent home? Mother Father Legal Guardian Ward of the Court/State Other

Mother's Name _____

Father's Name _____

Email _____

Email _____

Phone: Cell (_____) _____

Phone: Cell (_____) _____

Home (_____) _____

Home (_____) _____

Home Address **if different** from yours:

Home Address **if different** from yours:

Occupation _____

Occupation _____

Employer _____

Employer _____

College(s) Attended (if any) _____

Graduation Year(s) (if applicable) _____

College(s) Attended (if any) _____

Graduation Year(s) (if applicable) _____

Legal Guardian (if other than parent) _____

Relationship to you _____

First & Last Name(s) of Brothers and/or Sisters:

Name

School or College(s)

Graduation Year(s)

List any relatives or friends who are attending or have attended Augustana and their relationship to you.

EDUCATION

High School _____ Attended from _____ to _____

Address (Street, City, State, Zip Code) _____

Have you received a signed diploma? Yes No

Transfer Applicants: List all post-secondary institutions (college, university, vocational, proprietary or trade) attended, with the most recent listed first.

Be sure to have all official college transcripts sent directly to the Office of Admission. If necessary, attach an additional sheet which includes your name.

Name of Institution	City	State	Dates of Attendance	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you eligible to return to the post-secondary institution most recently attended? Yes No

EXTRA CURRICULAR ACTIVITIES & WORK EXPERIENCE

Please list the activities in which you have participated, held office or received honors. (If necessary, attach additional pages with your name and address included.)

Do you have plans to participate at Augustana?

PERFORMING & VISUAL ARTS (Years) Positions Held, Honors Received, or Letters Earned	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have plans to participate at Augustana?

ATHLETICS Positions Held, Honors Received, or Letters Earned	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have plans to participate at Augustana?

ORGANIZATIONS & CLUBS Positions Held, Honors Received, or Letters Earned	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have plans to participate at Augustana?

COMMUNITY, CHURCH & SERVICE (Years) Positions Held, Honors Received, or Letters Earned	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE	Summer	School Year
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

YOU AND AUGUSTANA

Have you visited the Augustana campus? Yes No If yes, when? _____

Please list influences that led you to apply to Augustana. If individuals, please list their names.

Who was/is your favorite teacher in high school? _____

Hometown Newspaper _____ Newspaper City _____

NEXT STEPS TO COMPLETE YOUR ADMISSION FILE

Please indicate the teachers or counselors or community members who will submit your letters of recommendation.

Name _____ Email _____

Name _____ Email _____

I hereby affirm that the information contained on or with my application is correct, complete, and honestly presented.

Signature _____ Date _____

PLEASE SEND THE COMPLETED FORM AND MATERIALS TO:

**AUGIE ACCESS
AUGUSTANA UNIVERSITY
2001 S. SUMMIT
SIOUX FALLS, SD 57197**

Notice of Nondiscrimination: Augustana University is committed to providing equal access to and participation in employment opportunities and in programs and services, without regard to race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age or disability. The University complies with Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, the Rehabilitation Act, and other applicable laws providing for nondiscrimination against all individuals. The University will provide reasonable accommodations for known disabilities to the extent required by law.

Inquiries or concerns should be directed to: Beth Torkelson, Title IX Coordinator & Assistant Dean of Students, Dean of Students Office — Edith Mortenson Center #116, 605.274.4124, beth.torkelson@augie.edu, www.augie.edu/titleix

605.274.4926 AUGIE ACCESS
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