

# Vincennes University

## Summer Bridge Program

### Application

#### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

#### HIGH SCHOOL INFORMATION

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
High School Counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
High School Grades: Mostly A's Mostly B's Mostly C's Mostly D's

#### ADMISSION INFORMATION

When did you apply to Vincennes University? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_  
Have you taken the Placement Test? \_\_\_\_\_  
What will your major be at Vincennes University? \_\_\_\_\_

#### FINANCIAL INFORMATION

Participation in the Summer Bridge Program will be supported by:  
\_\_\_\_ 21<sup>st</sup> Century/Gear Up Scholarship      \_\_\_\_ Financial Aid  
\_\_\_\_ Vocational Rehabilitation              \_\_\_\_ Self-Pay  
\_\_\_\_ Educational Loan                          \_\_\_\_ Other

#### VOCATIONAL REHABILITATION INFORMATION

VR Counselor: \_\_\_\_\_  
VR Office Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

#### DISABILITY or MEDICAL INFORMATION

List disabilities: \_\_\_\_\_  
\_\_\_\_\_  
List chronic or specific medical problems and/or allergies: \_\_\_\_\_  
\_\_\_\_\_  
List medications currently taking: \_\_\_\_\_  
\_\_\_\_\_  
Possible academic accommodations (*include psychological evaluation*): \_\_\_\_\_

#### HOUSING INFORMATION

Special housing needs: \_\_\_\_\_  
Private or Semi-private room: \_\_\_\_\_

#### EMERGENCY INFORMATION

In case of an emergency notify: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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Signature of Student

Date

Signature of Parent

Date

*SB Application Form 9/11/06*

Return to: Hope Clausman, Director, Summer Bridge Program,  
Vincennes University, 1002 N. First Street, Vincennes, IN 47591

*SB Application Form 10/19/06*