

**For Office Use Only**

* **LI**
* **FG**
* **SWD**
* **Pell**
* **O’Bannon**
* **21st**
* **Work Study**
* **Athlete**
* **Honors**
* **Commuter**

***Student Support Services***

***Individual Development Plan Part I***

(Step 1 of the SSS application process.)

 **Personal Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VU ID: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: ­­­­­­­­­\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residency:** US Citizen YES NO **Sex:** Male Female

**Ethnicity:**  Are you Hispanic or Latino? YES NO

 Select the following that apply to you:

 African American / Black

 American Indian or Alaska Native

 Asian

 Caucasian / White

 Native Hawaiian or Pacific Islander

**Academic Information**

Have you ever been a TRIO Participant? YES NO Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please indicate which program:

 Educational Opportunity Upward Bound Student Support Services Talent Search Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about the Student Support Services Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your degree goal?

 Certificate Associate (two-year degree) Bachelor of Science (four-year degree)

Have you already earned a two or four-year degree? YES NO (If yes, you do not qualify for the program.)

**Eligibility Criteria**

The following information is used to determine eligibility for COPE/Experience VU Student Support Services. Failure to complete the following information may significantly delay review of your application.

**Income/Financial Aid Status**

Do you live with your: Mother Father Both Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? YES NO

**First Generation**

Highest educational or grade level completed by your parent(s) that you live. (Check one for each.):

 **Mother Father**

Did not complete High School

 High School or GED

 Some College

 Two-year College Degree

 Four-year Degree or Higher

**Disability Status**

Do you have a disability? YES NO

Did you have a 504 Plan or IEP in high school? YES NO

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, have you provided documentation to Vincennes University Disability Services Office? YES NO

Do you receive assistance through Vocational Rehabilitation? YES NO

If yes, please provide the following:

 Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Individual Needs Assessment (Check all that apply to you.)** |
| **Academics** Unsure high school prepared me for college Achieved a GED Concerned about my math skills Inexperienced with study strategies that work for me It has been more than 5 years since I have been in school Poor study habits Afraid of failing in college English is a secondary language for me | **Major/Career** Do not know which majors would be a good fit for me Have many interests but cannot seem to pick one major Inexperienced in selecting a major or career Decided about a major but not sure I have the preparation to succeed in it Not sure what type of job I can get with my degree | **Personal** Plan to work over 20 hours a week and go to school full time Significant family responsibilities Entering college as a non-traditional student Undecided about whether college is for me  Difficulty meeting new people  Difficulty meeting deadlines Lack of support from family and friends |

**Please describe your greatest concern(s):**

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**Commitment to Participate**

**If accepted in COPE/Experience VU Student Support Services (SSS), I agree to the following:**

* I will attend the SSS Program’s New Student Orientation course.
* I will be honest and conscientious during my meetings with my SSS Program professional. Additional participation may be required via tutoring, workshops, cultural events, or academic enhancement.
* I will review my mid-term grades each semester and discuss with my Program professional.
* I will contact the COPE SSS main office each semester regarding advising for the next semester.
* I will attend all classes and complete all work in a timely manner. COPE SSS receives notices when our students do not attend classes and have missing assignments.
* I will contact Program professionals when I am unable to attend scheduled appointments/events.
* I give my consent for Vincennes University SSS Program to use my photo/video and provide information on my participation with the SSS Program. This agreement remains in effect during my years as a student at Vincennes University.
* I hereby authorize the SSS Program to access my academic records and to request attendance and performance information from my instructors on my behalf. I hereby authorize my instructors to release such information. I release the Staff of SSS from all legal responsibility or liability that may arise from the actions I have authorized.

***I understand that I may lose my status as a SSS participant if I do not follow the terms of this agreement.***

**Agreement**

I certify that the information I have provided on this application is, to the best of my knowledge, complete, and correct.

Furthermore, I understand that by applying for the TRIO SSS Program, I authorize the Program professional to obtain records or data pertinent to my participation from other sources, and to release information, as required by law or the terms of the SSS grant, to the grant funding agency of the United States government. The SSS Program professionals have my permission to communicate verbally and otherwise with university staff and faculty, family members, community agencies and/or off campus professionals on my behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

COPE and Experience VU Student Support Services are 100% funded through a TRIO grant by the US Department of Education, with an annual budget of $336,632 and $218,623 respectively. Acceptance into the Program is contingent upon meeting eligibility criteria, space availability, and application process.

Updated 6/27/17