

**Application Process for the Raven Scholars Program**

Thank you for your interest in the Raven Scholars program. The Raven Scholars program offers support for University of Idaho students who are on the autism spectrum and who desire support that is beyond equal access and accommodations provided by the Center for Disability Access and Resources (CDAR.) Raven Scholars is currently donor funded and services will be offered as long as resources are available. There is no cost currently associated with the program, but donations and/or volunteer efforts are appreciated.

**Application Process:**

1. Apply and be accepted to the University of Idaho and/or be currently enrolled.
2. Complete and submit the Raven Scholars program Application, and attend an Intake Assessment with coordinator.
3. Eligible applicants will be selected on a first-come, first-served basis within the capacity of the program to provide services. When enrollment is full, students will be waitlisted.
4. Waitlisted applicants will be notified and given placeholder status for two weeks from an opening. If an applicant fails to make an appointment in the two week grace period they will lose their place and must re-apply or contact the program coordinator if they still want to be considered for future openings.
5. For submission of applications and additional information, please contact:

Leslie Gwartney, Raven Scholars Program Coordinator

University of Idaho

875 Perimeter Drive MS 4257

Moscow, Idaho 83844-4257

(208) 885-9107

leslieag@uidaho.edu

**Application for the Raven Scholars Program**

**University of Idaho**

**Contact Information:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending University of Idaho: Fall/Spring Year: \_\_\_\_\_\_\_\_

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vandal Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@vandals.uidaho.edu

Other e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: ( \_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Okay? Yes No

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent mailing address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_

Local/campus address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt: \_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_

**Academic Information:**

Intended or declared major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Interest(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in school:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Freshman |  | Senior |
|  | Sophomore |  | Graduate or Law |
|  | Junior |  | Non-degree Seeking |

High school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous college(s) attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you met with your Academic Advisor as of the date of this application?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Unsure:  |  | Other: |
|  |  |

Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Diagnosis or diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Age at diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If you received accommodations from a 504, IEP or other academic/social support in the past, what are the services that you received? Which were most helpful?

Have you had an appointment with an accommodations specialist through the Center for Disability Access and Resources (CDAR)? To learn more call CDAR: (208) 885-6307

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
|  | Other:  |  | Unsure:  |

If so, which accommodations are you receiving, or do you plan on requesting?

Are there any other issues/conditions we should be aware of: Allergies, Medical Conditions, Sensory Sensitivities, Physical Limitations, etc.?

What kind of support do you feel Raven Scholars will best help you to meet your goals at the University of Idaho? (Mark all that apply, use additional space if needed)

|  |  |  |
| --- | --- | --- |
| **ACADEMIC** | **SOCIAL** | **OTHER** |
|  | Daily /Weekly Planning  |  | Peer-mentors (one-on-one) |  | Coping Skills (general) |
|  | Organization/General |  | Self-Care |  | Self-Advocacy Skills |
|  | Study Skills/Note-taking |  | Social & Life Skills Classes |  | Sensory Needs |
|  | Time Management |  | Social Skills Coaching (one-on-one)  |  | Transition Skills (general) |
|  | Peer-mentor (one-on-one) |  | Organized Social Events |  | Service Coordination |
|  | Other: |  | Other: |  | Other: |
|  | Other:  |  | Other: |  | Other: |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Raven Scholars Policy and Participation Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that participation in the Raven Scholars program is voluntary and that I may withdraw from the program at any time. I will contact the Coordinator if I wish to be removed from the roster. However, I agree that by participating in the program (for any length of time) my student demographics, such as enrollment, GPA, major and graduation status will be monitored and anonymously reported as a former participant.

I also understand that the Raven Scholars Coordinator will enforce a 3 strikes policy for no-show appointments, and while extenuating circumstances will be reviewed on a case-by-case basis, I am at risk of being dismissed from the Raven Scholars program if I repeatedly miss appointments.

Upon program dismissal from the Raven Scholars program a Vandal CARE Report will be submitted to the Dean of Students Office to help me identify alternative supports. If I choose to reapply to the Raven Scholars program after a dismissal, my application will not be given any preferential consideration, and will defer to the first-come, first-serve policy if other applicants are waitlisted.

**I agree that, as a participant in the Raven Scholars program, I will do the following:**

1. **I agree to attend meetings as agreed upon in the Action Plan and will be on time, and/or I will enroll in the INTR-101 course Focus on Success instructed by the program staff.**
2. **I agree to answer all communications (emails, phone calls, and/or texts) from program staff within 1 business day.**
3. **If I must miss a meeting or will be late, I will communicate with the Coordinator as soon as possible, and prior to the scheduled time if I am able.**
4. **I will attend at least one Raven Scholar event, student workshop, and/or volunteer for one community service project per year.**
5. **I will treat all Program Staff, Peer-mentors, and/or fellow Raven Scholars with respect. Further, I agree to bring any problems with other program participants to the Coordinator’s attention immediately.**

I understand that if I do not follow this agreement, I may be dismissed from the Raven Scholars program at the Coordinator’s sole discretion.

I also acknowledge my understanding that the Raven Scholars program has been funded by donations and that services will be offered only as long as there are resources available to fund the program.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Raven Scholars Program** **Release of Information**

As a participant in the Raven Scholars program, I give permission for the Raven Scholars Staff to gather and disseminate information, as appropriate, regarding my participation in this program. I give permission for Staff to respond to inquiries and initiate conversation as necessary regarding my diagnosis and support needs in order to develop, implement and assess support strategies. I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is voluntary, and understand that it can be revoked by me at any time either by signing the revocation below, or submitting a request in writing.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the University of Idaho Raven Scholars program Staff to disclose, exchange, and/or discuss information pertaining to my diagnosis and need for services with the following persons:

\_\_\_\_\_\_\_\_\_\_\_ (initial) Raven Scholars Staff, Peer-mentors, and University Faculty and Staff (as needed.)

Other Contact Name Relationship Phone/Email

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you should choose to **remove consent to all contacts listed above** at any time, you may sign below.

**Revocation of Release of Information:**

I wish to revoke all consent for release of information previously given to the Raven Scholars program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_