



APPLICATION FOR ADMISSION

into the Makor College Experience at Yeshiva University

Thank you for your interest in the Makor College Experience, a joint program of Makor Disability Services and Yeshiva University.

We are excited to review your application.

Please remember that admissions to the program are competitive, and not everyone who applies will be accepted into the program.

Do your best to complete the application by yourself; if you need help filling out the application, please make sure the answers are still your own.

In addition to the completed application, we will also need:

- A copy of your high school transcript if you have one
- Your most recent Individualized Education Plan (IEP)
- Your most recent psychological evaluation
- The contact information of 2 (two) individuals who are familiar with your abilities and who can serve as references for you
- An MCE Skills Assessment Form, completed by a parent or guardian

Upon receiving the application, our staff will review your documentation and contact your references. If we feel you are appropriate for the program, we will then call you to schedule an admissions interview. After the interview, you will receive a letter letting you know if we were able to accept you into the program.

Please provide all supporting documentation and submit the application to:

THE MAKOR COLLEGE EXPERIENCE
Admissions Office
1556 38th Street
Brooklyn, New York 11218

Try to be as honest and independent as you can when you complete the application.

We look forward to hearing from you!

SECTION ONE: STUDENT INFORMATION

Anticipated year of enrollment (All students start in the fall) _____
Name _____ Date of birth _____
Address _____
Home phone number _____ Cell phone number _____
Email address _____
Social Security number _____
Medicaid number _____

SECTION TWO: PARENT/GUARDIAN INFORMATION

Name _____
Home phone number _____ Cell phone number _____
Email address _____
Occupation _____

Name _____
Home phone number _____ Cell phone number _____
Email address _____
Occupation _____

SECTION THREE: SCHOOL AND WORK INFORMATION

Name of high school _____ Year of graduation _____
Address of high school _____
What type of services did you receive in high school?
Self-Contained Classes ___ Resource Room ___ Consultant Teacher ___ Counseling ___ Inclusion Classes ___
Speech Therapy ___ Occupational Therapy (OT) ___ Physical Therapy (PT) ___ Other ___
What was your favorite subject? _____
What was your least favorite subject? _____
What areas are you interested in learning more about? _____
What activities were you involved with in and out of school? _____

If you have attended any school or program after high school, please fill out information below.

Name of school/program _____ Dates: From _____ To _____
City _____ State _____
Did you ever have a job? If so, where? _____
What were your responsibilities? _____

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