



## 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 Care and Services Network 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) or Life Plan (LP) if you have one
- 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  
1400 Coney Island Avenue  
Brooklyn, NY 11230

Or email the forms to [sglicksman@makords.org](mailto:sglicksman@makords.org).

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 \_\_\_\_\_  
Street City State Zip

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email address \_\_\_\_\_

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? \_\_\_\_\_

Name of school/program \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Did you ever have a job? If so, where? \_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

