

A Structured Transition-Year Program for College-Bound High School Graduates with Learning Disabilities or on the Autism Spectrum

APPLICATION

| I am applying fo | or the following term | 1: | | |
|--------------------|------------------------|-----------------------------|-----------------------|----------------------|
| Spring, 202 | 0 | _ Fall, 2020 | Spring, 2021 | |
| | | rs on your passport or othe | r official documents: | |
| Legal Name: | Last | First | Middle | Suffix (Jr, Sr, etc) |
| Preferred Name | e: | | | |
| Previous Last N | ame(s), if any: | | | |
| Sex: Ma | ile Female | Self-identity: _ | | |
| Date of Birth (m | nm/dd/yyyy): | | | |
| | | | | |
| U.S. Citizen? | | U.S. Permanent Reside | ent Visa? | |
| | | Citizen of | | |
| | | Alien Registration Nun | nber | |
| | | Other Citizenship | | |
| | | | | |
| If not English, la | anguage spoken in yo | our home: | | |
| If not English, li | st your first language | e: | | |

CONTACT INFORMATION Student Email address: Street address City, State, Zip Code MAILING ADDRESS, if different from above: Street address City, State, Zip Code Home Phone: (____) ___--_ Cell Phone: (____) ___---May we text you about select events/opportunities? ____ Yes ____ No **FAMILY INFORMATION** Parent/Guardian #1 Title Last First Middle Suffix (Jr, Sr, etc) Relationship to Student: CONTACT INFORMATION: ____ Same as student address; OR: Street address City, State, Zip Code Cell Phone: (____) ___--___ Home Phone: (____) ___--___ **Email Address:** Profession: Position: Employer: College Attended (if any): Degree Earned: ______ Year: ______ Graduate School Attended (if any): Highest Degree Earned: ______ Year: ______ Parent/Guardian #2 First Middle Suffix (Jr, Sr, etc) Title Last

Relationship to Student:

| CONTACT INFORMATIO | DN: | | | |
|-------------------------------------|------------------------|----------------------------------|-----------------|-------------|
| Same as student a | address; OR: | | | |
| Street address | | | | |
| City, State, Zip Code | | | | |
| Home Phone: () | | Cell Phone: () _ | | |
| Email Address: | | | | |
| Profession: | | | | |
| Position: | | | | |
| Employer: | | | | |
| College Attended (if an | y): | | | |
| Degree Earned: | | | Year: | |
| Graduate School Atten | ded (if any): | | | |
| Highest Degree Earned | : | | Year: | |
| WITH WHOM DO YOU F | | Parent/Guardian #2 | Other (explain) | |
| Siblings: List names and ages of | your siblings, college | e (if any), degree(s), and dates | s of attendance | |
| Name | Age | Institution | Degree(s) | Dates |
| HIGH SCHOOL ACAD School Name: | | ON | | |
| | | Correspondence/Online | | Homeschool |
| School Address: | | | | |
| Street address | | | | |
| City, State, Zip Code | | | | |
| Start Date (mm/yyyy): | | Date of gradua | tion (mm/yyyy): | |
| College Counselor: | Name | | | |
| | Phone | | | |
| | Fmail | | | |

| Are you currently enrolled in school? Yes No |
|--|
| Did you receive a GED? Yes No |
| If yes, please list date: and send official scores from testing agency. |
| Other Schools List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school. School Name CEEB Code Dates Attended Location |
| Colleges/Universities ("dual enrollment") Please list any colleges or universities you attended while still in high school. Official transcripts are required. School Name CEEB Code Dates Attended Location |
| Academic Distinctions Please list any academic or educational awards and honors you have received in high school. If additional space is needed, please attach your response to the end of the application. |
| EXTRACURRICULAR AND VOLUNTEER INFORMATION Activities Please list any significant extracurricular or community activities/hobbies (including summer) in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. If additional space in needed, please attach your response to the end of the application. (Note: "C" means College.) |
| Activity: |
| Grade Level:9101112C Specific Accomplishments: |
| # of weeks per year: # of hours per week: Would you like to continue this activity after high school graduation and/or in college?YesNoUnsur |

| Activity: |
|--|
| Grade Level:9101112C |
| Specific Accomplishments: |
| # of weeks per year: # of hours per week: |
| Would you like to continue this activity after high school graduation and/or in college?YesNoUnsu |
| Activity: |
| Grade Level:9101112C Specific Accomplishments: |
| # of weeks per year: # of hours per week: Would you like to continue this activity after high school graduation and/or in college?YesNoUnsu |
| Activity: |
| Grade Level:9101112C Specific Accomplishments: |
| # of weeks per year: # of hours per week: |
| Would you like to continue this activity after high school graduation and/or in college?YesNoUnsu |
| Activity: |
| Grade Level:9101112C Specific Accomplishments: |
| # of weeks per year: # of hours per week: |
| Would you like to continue this activity after high school graduation and/or in college?YesNoUnsu |
| Employment List any work experience (include summer jobs) during the past three years. |
| <u>Job</u> |
| Description |

| Dates of Employment (approximate) | Hours per Week |
|---|--|
| <u>Job</u> | |
| Description | |
| Employer | |
| Dates of Employment (approximate) | Hours per Week |
| <u>Job</u> | |
| Description | |
| Employer | |
| Dates of Employment (approximate) | Hours per Week |
| In addition to your personal statement, you may also provide us with Tells My College Journey more about yourself Demonstrates a particular talent you possess Highlights an activity in which you participated Some ideas include linking to an online video you created, a portfolio | |
| http:// | |
| http:// Please briefly describe the contents of the link you provided | |
| http://Please briefly describe the contents of the link you provided | any as apply, and feel free to add details.) |
| http:// Please briefly describe the contents of the link you provided What sorts of activities do you enjoy when not in school? (Check as mo | any as apply, and feel free to add details.) |
| http:// Please briefly describe the contents of the link you provided What sorts of activities do you enjoy when not in school? (Check as mo | any as apply, and feel free to add details.) |
| Political Activity | any as apply, and feel free to add details.) |
| http:// Please briefly describe the contents of the link you provided What sorts of activities do you enjoy when not in school? (Check as mod Team Sports (what sports do you play?) Political Activity Specific Volunteer or Community Service Work | any as apply, and feel free to add details.) |
| http:// Please briefly describe the contents of the link you provided What sorts of activities do you enjoy when not in school? (Check as mod Team Sports (what sports do you play?) Political Activity Specific Volunteer or Community Service Work Student Leadership/Government | any as apply, and feel free to add details.) |
| Please briefly describe the contents of the link you provided What sorts of activities do you enjoy when not in school? (Check as modes) Team Sports (what sports do you play?) Political Activity Specific Volunteer or Community Service Work Student Leadership/Government Outdoor Activities such as hiking, mountain biking, or rock-colors. | any as apply, and feel free to add details.) |

ADDITIONAL INFORMATION If you have not been enrolled in high school or college for the past six months, please indicate how you have spent your time (i.e., travel, work, military service, etc). Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any school or academic program since 9th grade? Yes No Other than traffic offenses, have you ever been convicted or adjudicated delinquent for any misdemeanor, felony, or other crime? Yes No If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application. REFERRAL SOURCE How did you first hear about My Bridge Year? ____ Brochure ___Social Media _ Educational Professional ____Family Member ____Friend or Colleague ____Health Professional ____Internet Search ____Other: _____ **AUTHORIZATION** By applying to the My Bridge Year program, and signing this application for admission, I indicate my understanding that the academic programs provided by Landmark College are rigorous and intensive, that they are a required part of My Bridge Year, and that My College Journey and Landmark College each provide extensive support services. I understand that classes, including workshops and office hours, meet for up to six hours per week, and to succeed in the program, I must be prepared to attend class meetings and do up to three hours of coursework per night. I understand that students not prepared to work in an academic environment, or who may have issues secondary to academic performance that require their focus, may have difficulty achieving the learning outcomes of the program. Note: My College Journey will make admissions decisions based on the information provided by the applicant and any other information that My College Journey requests during the admissions process. My College Journey reserves the right to withdraw an offer of admission if any information provided in the application is inaccurate or untruthful, or if new information is learned and My College Journey decides, at its sole discretion, to withdraw the offer of admission. **READ CAREFULLY AND SIGN** I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal or any offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions. I authorize My College Journey to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I am mailing this application with the \$30 non-refundable application fee (payable to My College Journey) to: My College Journey, LLC Attn: My Bridge Year Admissions 860 Green Valley Road, #200 Greensboro, NC 27408

My Bridge Year is an inclusive educational environment where students are respected and encouraged for who they are, regardless of race, sex, sexual orientation, gender identity, or any other characteristic.

Applicant's Signature:



Date:



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PERSONAL STATEMENT

| Studen | nt's Legal Name: | | | | |
|-------------------|--|---|-------------------------|---|--|
| | · · | Last | First | Middle | Suffix (Jar, Sir, etc) |
| motiva to know | ntion to participa w you as a perso | ite fully in the progr on and student apar | ram, and your intention | n to work hard. Your pers , test scores, and other o | ors, including your abilities, you sonal statement will let us get bjective data. It will also |
| Please | answer the follo | owing, and attach th | nis completed form to | your application. | |
| 1. | (If you would li | ke to type your resp | | | eals to you? ou prefer to submit a videotaped |
| | | | | | |
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| (If you v | ONE topic from the options listed below. Please indicate your topic by checking the appropriate square. would like to type your response, please print and attach to this form. If you prefer to submit a videotape e (maximum 8 minutes), please list the URL in the space below.) |
|----------------|---|
| | What are your strengths as a learner? |
| | What challenges do you face as a learner? |
| | What skills and strategies are you hoping to develop in My Bridge Year? |
| | What academic and/or career goals do you aspire to achieve? |
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| Mail completed | form to: My College Journey, LLC Attn: My Bridge Year Admissions 860 Green Valley Road, #200 Greensboro, NC 27408 |
| Or email to: | Judy@MyCollegeJourney.com |

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PARENT STATEMENT

| Studer | it's Legal Name: | | | | |
|----------|------------------|-------------------|-----------------------------|---------------------|--|
| | | Last | First | Middle | Suffix (Jr, Sr, etc) |
| (Feel fi | ree to type your | responses, and/or | to add additional page | es if needed.) | |
| 1. | What are your | hopes for your ch | nild as he/she participat | es in this program? | |
| | | | | | |
| | | | | | |
| - | | | | | |
| 2. | the student's l | - | specially helpful. In as | | elp us to respond successfully to omfortable sharing, what else |
| | | | | | |
| | | | | | |
| This fo | rm may be inclu | ded with the stud | ent application, or sen | t directly to: | |
| | | My College Jour | ney, LLC Year Admissions | | |
| | | 806 Green Valle | | | |

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Greensboro, NC 27408

Judy@MyCollegeJourney.com

Or by email to:





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INSTRUCTOR RECOMMENDATION

APPLICANT: Please complete the "student information" questions below, then give this form to an instructor of your choosing who knows you well. Recommendations should be submitted directly to My College Journey.

For ease of submission, please provide your teacher with a stamped envelope addressed to:

My College Journey

Attn: My Bridge Year Admissions 806 Green Valley Road, #200 Greensboro, NC 27408

STUDENT INFORMATION:

| First | Middle | Suffix (Jr, Sr, etc) |
|-------|--------|----------------------|
| | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |

INSTRUCTOR INFORMATION

The above-named student has applied to My Bridge Year, a structured transition year program for college-bound high school graduates with learning disabilities or on the autism spectrum. Along with college planning and career exploration, the program includes two college courses offered through Landmark College, which is the nation's premier accredited college designed exclusively for students of average to superior intellectual potential who have a language-based learning disability (such as dyslexia), ADHD, or ASD.

| Position: Instructor's Phone: () Instructor's Email: |
|---|
| La structurat of a Faraille |
| Instructor's Email: |
| |
| School Name: |
| Street address |
| City, State, Zip Code |
| BACKGROUND INFORMATION How long have you know this applicant, and in what capacity? |
| Briefly describe your overall impression of this applicant. |
| List the course(s) you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc) and the year in which you taught the applicant (i.e., sophomore, junior, senior). |
| APPLICANT RATINGS Please rate this student compared to other college-bound students in her or his class. |
| ☐ I prefer not to participate in the applicant ratings section. |

ACADEMIC:

| | No Ability | Below | Average | Above | Excellent | Outstanding |
|--------------|------------|---------|---------|---------|-----------|-------------|
| | to Judge | Average | | Average | | |
| Academic | | | | | | |
| Success | | | | | | |
| Intellectual | | | | | | |
| Ability | | | | | | |
| Written | | | | | | |
| Expression | | | | | | |
| Creative | | | | | | |
| Qualities | | | | | | |
| Academic | | | | | | |
| Involvement | | | | | | |

CHARACTER/PERSONALITY TRAITS:

| | No Ability | Below | Average | Above | Excellent | Outstanding |
|-----------------|------------|---------|---------|---------|-----------|-------------|
| | to Judge | Average | | Average | | |
| Respect for | | | | | | |
| Others | | | | | | |
| Initiative | | | | | | |
| Personal | | | | | | |
| Leadership/ | | | | | | |
| Influence | | | | | | |
| Emotional | | | | | | |
| Maturity | | | | | | |
| Self-Confidence | | | | | | |
| Self-Discipline | | | | | | |
| Character and | | | | | | |
| Integrity | | | | | | |
| Potential for | | | | | | |
| Growth | | | | | | |

EVALUATION

Please provide a written evaluation of this applicant. Include your thoughts about his/her motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, sense of humor, and any other observations relevant to this applicant's performance in looking forward toward a college setting. We are particularly interested in information that will help to differentiate this applicant from others. In addition, because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful.

| leipiui | | |
|---|-------------------|-------|
| Overall, I recommend this student for admission | | |
| | Not at all | |
| | With reservations | |
| | Fairly strongly | |
| | Strongly | |
| | Enthusiastically | |
| | | |
| Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form. | | |
| Signature of Instructor: | | Date: |
| | | |

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