



## **Molloy Opportunity for Successful Transition in collaboration with The Mary Quinn's Mark Foundation**

### ***Admission Criteria***

All applicants to the **MOST Program** **MUST BE OPWDD eligible.**

**All applicants to the MOST Program** must be between 22 - 27 years of age. Applicants must be able to safely navigate the campus, to demonstrate safety skills in unsupervised settings, to independently care for personal hygiene needs, to transition between academic and non-academic settings, and to demonstrate the desire to attend a college-based transition program. All applicants must be self-directed and must be accompanied to class with an individual peer mentor (e.g.- direct support staff).

***For the 2020-2021 academic year, applications will be accepted beginning March 1, 2020 and applications will begin to be reviewed by April 1, 2020.***

All applicants to the **MOST Program** must:

- 1) Complete a **MOST Program** application form no later than **May 1, 2020.**
- 2) Include with the application form the following required documentation:
- 3) Last updated IEP
- 4) Most recent Vineland Adaptive Scales scores and/or DDP2
- 5) Current related service reports (Life Plan, Staff Action Plan)
- 6) Most current medical reports
- 7) A letter of recommendation written by a teacher, related service provider or other person involved with the applicant in his/her current placement.
- 8) Last updated Behavior Intervention Plan (if applicable)
- 9) Signed Consent and Release Forms (2)

The following activities will be part of an applicant's admission process:

- 1) A visit to the Molloy College with a parent or guardian.
- 2) An interview with the coordinators of the **MOST Program.**
- 3) Please answer the following question in 1-2 paragraphs.

**Where do I hope to be upon completion of the MOST Program?**

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in collaboration with  
The Mary Quinn's Mark Foundation**



# Molloy Opportunity for Successful Transition in collaboration with The Mary Quinn's Mark Foundation

## Application Fall 2020 at Molloy College

Complete this form to apply for the Fall 2020 **MOST Program**.

Keep in mind that completing this form does not guarantee acceptance into the **MOST Program**.  
*Following submission and review of this application and requested documentation, selected candidates will be invited to participate in the Interview Process.*

*All final acceptance decisions are the sole responsibilities of the MOST Program coordinators.*

***Important application information for the 2020-2021 academic year***

***Due to limited space, applications submitted for the 2020-2021 academic year will be held on file for the following academic year.***

**Date:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

***IS THIS CANDIDATE OPWDD ELIGIBLE?*** YES or NO

***Does this candidate have a current self-direction plan?*** YES or NO

**Does the student have any behavioral considerations? (Please Circle)**

YES or NO

If YES please list, provide current Behavior Intervention Plan and/or current strategies

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

**Does the student have any allergies? (Please Circle)**

YES or NO

If YES please list

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**Does the student have mobility support needs? (Please Circle)**

YES or NO

If YES please list

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**Is the student currently employed? (Please Circle)**

YES or NO

If YES please list all paid positions

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**Please add any additional information you would like us to know:**

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**Is the student their own guardian? (Please Circle)**

YES or NO

**If No Please list:**

Guardian Name: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Street Address: \_\_\_\_\_

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

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Emergency Contact Information:**

1. Name: \_\_\_\_\_  
Phone Number (s): \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Phone Number (s): \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

*Please submit the following information with the application:*

- 1) Complete a **MOST Program** application form no later than **May 1, 2020**.
- 2) Include with the application form the following required documentation:
- 3) Last updated IEP
- 4) Most recent Vineland Adaptive Scales scores and/or DDP2
- 5) Current related service reports (Life Plan, Staff Action Plan)
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- 8) Last updated Behavior Intervention Plan (if applicable)
- 9) Signed Consent and Release Forms (2)

*Completed applications should be sent to the following:*

Attn. Lou Cino

***Via Email:***

[conted@molloy.edu](mailto:conted@molloy.edu)

***Via Mail:***

Continuing Education and Professional Studies  
1000 Hempstead Avenue, PO Box 5002  
Rockville Centre, New York 11571-5002

***Via Fax:***

516-323-3560

***\*All applications with documentation must be received no later than May 1, 2020***



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002  
www.molloy.edu

### CONSENT AND RELEASE FORM

I hereby authorize MOLLOY COLLEGE (the “College”) and those acting pursuant to its authority, to use my image and/or testimonial for promotional purposes, including but not limited to College publications, advertising and news media, and for no other purpose. Such usage may include:

- (a) Recording my likeness, participation and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting.
- (b) Use of my name and identity in connection with these recordings.
- (c) Reproducing, exhibiting or distributing in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW, podcast) these recordings for promotional and advertising efforts.
- (d) Making and maintaining more than one copy (hard-copy and/or digital copy) of the recording for purposes of security, back-up and preservation.

I release the College and those acting pursuant to its authority from liability in connection with any personal, intellectual or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the College and I waive any rights, claims or interests I may have to control the use of my identity or likeness in such photographs, video, audio, digital, electronic, or other recording medium, and agree that any uses described herein may be made without monetary compensation to me. This Agreement shall be governed by and interpreted in accordance with the laws of New York, and shall expire three (3) years from the date hereof unless a written extension is signed by the undersigned.

By my signature below, I represent that I have read and fully understand the terms of this consent and release form.

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Photos used for: \_\_\_\_\_ Faculty: \_\_\_\_\_



Mary Quinn's Mark Foundation  
57 Magnolia Avenue, Floral Park NY 11001  
Mqmfoundation.org

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I release the Mary Quinn's Mark Foundation and those acting pursuant to its authority from liability in connection with any personal, intellectual or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the Mary Quinn's Mark Foundation and I waive any rights, claims or interests I may have to control the use of my identity or likeness in such photographs, video, audio, digital, electronic, or other recording medium, and agree that any uses described herein may be made without monetary compensation to me.

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