



New York Military Academy
78 Academy Avenue
Cornwall on Hudson, NY 12520
(888) ASK-NYMA
(845) 534-3710
FAX (845) 534-7699
admissions@nyma.org

APPLICATION PART I

School Year (Check One)

2016-2017 _____ 2017-2018 _____

Office Use
Date Received: _____
Payment: _____

Thank you for your interest in New York Military Academy. Please complete this application, along with the signed Authorization for Release of Records Form, and return it with the non-refundable \$100 application fee. Make check payable to New York Military Academy. New York Military Academy admits students without regard to race, color, and national or ethnic origin. **7Please print clearly – All applicable questions must be completed for admissions consideration**

Today's Date: _____ / _____ / _____
Month Day Year

Student's Full Name: _____
Last First Middle Initial

Country of Citizenship: _____ Declaration of Ethnicity (optional): _____

Student Resides with: (Please check one) Mother & Father Mother only Father only Guardian _____
Relation to Student

Current grade: _____ Applying for grade: _____ Check one: Boarding Day

Sex: M F Date of birth: _____ / _____ / _____ Social Security or Passport Number: _____
Month Day Year

Address: _____
Street City / Town State Zip Country

Home Phone #: _____ Cell Phone #: _____ Email address: _____

School correspondence should be sent to: Mother & Father Mother only Father only Guardian Consultant

PARENT/GUARDIAN: _____
Last First Middle Initial

Relation to Student: _____

Address: _____
 Address same as above Street City / Town State Zip Country

Place of Employment: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

PARENT/GUARDIAN: _____
Last First Middle Initial

Relation to Student: _____

Address: _____
 Address same as above Street City / Town State Zip Country

Place of Employment: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

US GUARDIAN – PREFERRED FOR ALL INTERNATIONAL STUDENTS:

Last	First	Middle Initial	Relation to Student	
Address: _____				
Street	City / Town	State	Zip Code	

Place of Employment: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

EDUCATIONAL CONSULTANT: (if applicable) _____ Contact: _____

Company name	Agent name			
Address: _____				
Street	City / Town	State	Zip	Country

Business Phone Number: _____ Ext.: _____ Email address: _____

EDUCATION:

Name of last school student attended: _____ Country: _____

Street	City / Town	State	Zip Code
School Address: _____			

School Phone Number: _____ Ext.: _____ School Fax Number: _____

List all other schools attended including elementary and middle school. Please list most recent school first.

Name of school	Grades	From	To	City/State/Country
_____	_____	Year	Year	_____
_____	_____	Year	Year	_____

International Student: Yes No First Language: _____

TOEFL Score: _____ TOEFL JR Score: _____ SLEP: _____ SSAT: _____ Other: _____

Has your child ever been recognized for special achievements? Yes No

If "Yes", list all: _____

Has your child ever been suspended, dismissed or denied readmission to any school? Yes No

If "Yes", please explain: _____

Has your child ever received special education services? Yes No

If "Yes", please explain: _____

*Does your child have an Individualized Education Plan (IEP) or 504 Plan? Yes No
(If Yes, you must provide a copy of the IEP or 504)

***New York Military Academy presently does not offer special education services for students in need of certain accommodations. Therefore we will be selective in admitting students in need of accommodations.**

Does your child have health or physical restrictions that would limit physical activity at NYMA excluding him/her from athletic and/or military participation? Yes No

If "Yes", please describe the nature of the restriction and what the school would need to do to ensure the safety and participation of your child.

What activities does your child participate in outside of school? (Boy/Girl Scouts, community service, church groups, etc.):

If your child plays a sport(s), please list sport(s): _____ Position(s): _____ For how long: _____

What sport(s) is your child interested in? _____

Please explain why you the **(parent/guardian)** wish to enroll your child at New York Military Academy:

If your child plays musical instrument(s), please list instrument(s): _____

Are you planning to apply for financial aid? Yes No

Are you planning to apply for merit-based scholarship? Yes No

How did you initially learn about New York Military Academy? Referral (list name), Online search (list website)?

School website Referral, list name _____

Online search, list websites _____ Others, list sources _____

Has anyone in your immediate family ever attended NYMA? Yes No

If "Yes", please list name (s) and relations:

Name: _____ Class of: _____ Relationship to applicant: _____

Name: _____ Class of: _____ Relationship to applicant: _____

Has a NYMA faculty member referred you? Yes No If "Yes", write name: _____

Parent/Guardian's Signature: _____

Student's Signature: _____ Date: _____

NEW YORK MILITARY ACADEMY
APPLICATION PART II

We are excited about your interest in New York Military Academy. In order for us to best serve your child in the boarding school environment, it is important that we receive medical, psychiatric, or psychological information that is pertinent to your child's ability to learn and function successfully at NYMA. To assist us in meeting your child's needs, please complete this form. Your child's application is complete for review after the questionnaire and corresponding material is received.

Failure to fully disclose past medical, psychiatric, or psychological history, diagnosis, treatment, or counseling may result in your child's dismissal. Any changes in your child's medical history after submitting this form must be updated with the Health Center.

Has your child currently or has your child seen a psychologist or psychiatrist? Yes No

If "Yes", please submit each of the following items:

- A copy a letter from the psychologist or psychiatrist explaining the diagnosis.
- A written description of the history relating to your child's course of treatment and recommendation. (Please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the professionals who are familiar with your child's diagnosis.

Has your child been identified with a learning difference or disabilities that will affect his/her ability to learn and function at NYMA? Yes No

If "Yes", please submit each of the following items:

- A copy of your child's most recent complete psychological-educational evaluation.
- A written description of the history relating to your child's difference or disability (please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the professionals who are familiar with your child's learning needs.

Has your child ever received tutoring or remedial educational instruction to assist learning or academic performance, whether inside or outside the school environments? Yes No

If "Yes", please submit each of the following items:

- A written description of your child's history related to receiving tutoring or remedial instruction
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., teachers, tutors, etc.) who have provided support for your child.

Is your child presently taking any medication(s)? Yes No

If "Yes", please submit each of the following items:

- Name (s) of medication(s)

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

- Name of medications(s) that he/she will be taking while attending NYMA:

- A written description of the reason for your child's treatment (please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the prescribing physician who is familiar with your child's medication needs.

Has your child experienced any problems related to drug or alcohol use? Yes No

If "Yes", please submit each of the following items:

- A written description of his/her history related to drug and alcohol use (please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors, etc.) who have provided support for your child.

Has your child ever received counseling or assistance for emotional or behavioral problems or difficulties that may affect his/her ability to live independently away from home or that reflect a lack of maturity, responsibility, or self-discipline? Yes No

If "Yes", please submit each of the following items:

- A copy of your child's most recent full psychiatric or psychological evaluation.
- A written description of the history relating to your child's emotional or behavioral difficulties (please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the professionals who have provided counseling or support for your child.

Has your child experienced suicidal or self-destructive thoughts or tendencies at any time?

Yes No

If "Yes", please submit each of the following items:

- A copy of his/her most recent full psychological or psychiatric evaluation.
- A written description of your child's history related to suicide and self-destructive thoughts (please use the report form on page 5).
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors, etc.) who have provided counseling or support for your child.

Has your child experienced an eating disorder at any time? Yes No

If "Yes", please submit each of the following items:

- A copy of your child's most recent full psychiatric or psychological evaluation.
- A written description of the history relating to the eating disorder (please use report form).
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors, etc.) who have provided counseling or support for your child.

Does your child have a history of violence, aggressive, or antisocial behavior? Yes No

If "Yes", please submit each of the following items:

- A copy of his/her most recent full psychiatric or psychological evaluation.
- A written description of the history relating to the behavior (please use report form).
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors, etc.) who have provided counseling or support for your child.

Has your child ever been arrested or counseled by juvenile authorities? Yes No

If "Yes", please explain: _____

Report Form: _____

Add more pages if needed

Parent/Guardian's Signature: _____

Student's Signature: _____ Date: _____

Have you included everything needed to complete the application process?

PARENT CHECK LIST: The following is required to complete the application process.

- Submission of completed application with signatures (Part I and Part II)
- \$100.00 non-refundable application fee by check or money order
- Request made to current school to send records/transcripts to New York Military Academy
- Request sent for an evaluation from Principal or Counselor of the current school
- Scheduled for a student admission interview
- Available standardized assessments
- If parents are divorced or separated, please attach a copy of the custody agreement - NYMA requires a copy of the complete court order (including, but not limited to, reference regarding legal custody, healthcare and education.) Please submit the necessary **court documentation** in order to assist in completing the application process and fulfilling NYMA's legal requirement to have these documents on file.

NEW YORK MILITARY ACADEMY
APPLICATION PART III

AUTHORIZATION OF RELEASE OF EDUCATIONAL/CONFIDENTIAL RECORDS

Student's Full Name: _____
Last First Middle Initial

Date of birth: ____/____/____ Current Grade: ____
Month Day Year

Name of last school student attended: _____

Mailing Address: _____
Street City/Town State Zip Code

Phone Number: _____ Ext.: _____ Fax Number: _____

Website: _____

Principal's name: _____ Email address: _____

Guidance Counselor's name: _____ Email address: _____

Math teacher's name: _____ English Teacher's name: _____

TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has applied for admission to New York Military Academy. We would appreciate you promptly sending a **copy** of the items listed below. If the student enrolls at New York Military Academy, a transfer of records will be requested at a later date.

1. **Copy** of the student's complete standardized test profile.
2. **Copy** of all health records, including immunizations, vision and hearing tests.
3. **Copy** of all psychological reports.
4. **Copy** of Individual Education Plan, if any.
5. **Copy** of Special Education Placement forms, if any.
6. A transcript of the student's record to date, including grades for courses in progress, as well as, past three consecutive years.
7. A sealed recommendation from principal or guidance counselor to determine academic potential and compliance with the behavioral expectations of the school.

In accordance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to New York Military Academy copies of all educational records for the above-named individual who is applying to New York Military Academy, including recommendations and other information as may be requested.

Date Name of Parent/Legal Guardian Signature of Parent/Legal Guardian

Please submit this form along with the "NYMA Principal or Counselor's Evaluation" to your child's current school and return one copy (mail or email) to:

New York Military Academy / Admissions Office
78 Academy Avenue, Cornwall-on-Hudson, NY 12520
Phone: (888) ASK-NYMA (888-275-6962) or (845) 534-3710
Fax (845)534-7699
Email: admissions@nyma.org

NEW YORK MILITARY ACADEMY
APPLICATION PART IV
SCHOOL EVALUATION/CONFIDENTIAL REPORT
 (Completed by Principal or Guidance Counselor)

Student's Full Name: _____ Current Grade: _____

To the Principal or Counselor: The student is a candidate for admission to New York Military Academy. Please complete this form and return it to us with a transcript of courses and grades and all standardized test scores. This form is confidential and will not be available to the student or to his/her parents.

ACADEMIC EVALUATION Please check appropriate response(s).

Academic Potential	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Effort	<input type="checkbox"/> does little	<input type="checkbox"/> some effort	<input type="checkbox"/> motivated	<input type="checkbox"/> sets high goals	<input type="checkbox"/> outstanding
Study Habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent	
Intellectual Curiosity	<input type="checkbox"/> limited	<input type="checkbox"/> some effort	<input type="checkbox"/> in one area only	<input type="checkbox"/> strong	<input type="checkbox"/> outstanding
Use of Time	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> usually uses well	<input type="checkbox"/> always effective	
Follows Directions	<input type="checkbox"/> needs explanation	<input type="checkbox"/> needs help	<input type="checkbox"/> quickly and effectively		
Attention Span	<input type="checkbox"/> easily distracted	<input type="checkbox"/> distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptionally good concentration	

PERSONAL EVALUATION

Integrity & Honesty	<input type="checkbox"/> cannot be trusted	<input type="checkbox"/> questionable	<input type="checkbox"/> trustworthy	<input type="checkbox"/> highly developed	<input type="checkbox"/> outstanding
Consideration of Others	<input type="checkbox"/> thoughtless	<input type="checkbox"/> inconsiderate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> unusually supportive	
Peer Relations	<input type="checkbox"/> serious problems	<input type="checkbox"/> loner	<input type="checkbox"/> friendly	<input type="checkbox"/> leader	
Classroom Conduct	<input type="checkbox"/> troublemaker	<input type="checkbox"/> disrupts	<input type="checkbox"/> usually good	<input type="checkbox"/> always good	
Emotional Stability	<input type="checkbox"/> insecure	<input type="checkbox"/> overly tense	<input type="checkbox"/> attention getter	<input type="checkbox"/> stable	
Self-Confidence	<input type="checkbox"/> needs reassurance	<input type="checkbox"/> needs support	<input type="checkbox"/> appears overly confident	<input type="checkbox"/> healthy self-image	
Fulfills Responsibility	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always	

Is the student eligible to re-enter your school next term? Yes No If "No", please comment: _____

Has the student ever been suspended or expelled? Yes No If "Yes", please explain: _____

Has the student been involved in acts of dishonesty? Yes No If "Yes", please explain: _____

Has the student participated in disorderly, disruptive, or unmannerly conduct? Yes No If "Yes", please explain: _____

Has the student exhibited negative behavior to other students? Yes No If "Yes", please explain: _____

I recommend this candidate:

Academics:	<input type="checkbox"/> With Enthusiasm	<input type="checkbox"/> Strongly	<input type="checkbox"/> Fairly	<input type="checkbox"/> No Recommendation
Character:	<input type="checkbox"/> With Enthusiasm	<input type="checkbox"/> Strongly	<input type="checkbox"/> Fairly	<input type="checkbox"/> No Recommendation

Principal or Counselor Name: _____

Email address: _____ Website: _____

School: _____ School Phone: _____

Principal or Counselor's signature: _____ Date: _____

Please Return to: New York Military Academy / Admissions Office, 78 Academy Avenue • Cornwall-on-Hudson, NY 12520
(888) ASK-NYMA • 845-534-7699 Fax • (845) 534-3710 • admissions@nyma.org

PLEASE USE THE BACK OF PAGE FOR ADDITIONAL COMMENTS OR COMPLETING ANSWERS



New York Military Academy
APPLICATION PART V
AFFIDAVIT OF FINANCIAL SUPPORT
(INTERNATIONAL STUDENTS ONLY)

All F-1 students are required to provide documentation of financial support before an I-20 can be issued. This can be done by sponsorship. Sponsors (family member, friend, or private institution) must guarantee full financial responsibility for the support of the student for each year attending NYMA. Therefore, sponsors must sign the statement of Financial Obligation below and **MUST PROVIDE AN OFFICIAL BANK STATEMENT** showing the availability of at least \$55,000.00.

Estimated International Cadet Expenses School-Years 2016 – 2017 & 2017 - 2018*	
Registration Fee.....	\$2,000.00
International Cadet Fee.....	\$2,075.00
Boarding School Fee	\$39,010.00
Uniform.....	\$3,590.00
English as a Second Language Fee.....	\$3,725.00
Parent Auxiliary.....	\$200.00
International Student Incidentals Deposit.....	\$1,500.00
Total.....	\$52,100.00

*Additional fees such as Studio Art, Labs, Haircuts, Commencement, and textbooks, may apply.
Parents are responsible for providing their child's health insurance.

STUDENT INFORMATION

Name of Applicant _____
Last First Middle Initial

Date of Birth ____/____/____
Month Date Year

Address _____ Country _____

Statement of Financial Obligation

Sponsor's name (print) _____ Relationship to student _____

Address _____ Country _____

Phone number _____ Email _____

Sponsor's signature _____ Date _____

By signing above, the sponsor certifies that sufficient financial resources will be available to cover all expenses for the duration of studies at NYMA. If more than one sponsor will provide financial support, each sponsor must sign our Financial Affidavit form, and each sponsor must provide an official bank statement showing the availability of necessary funds.