



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](mailto:admissions@nyma.org)

# APPLICATION PART I

## School Year (Check One)

2016-2017 \_\_\_\_\_ 2017-2018 \_\_\_\_\_

<b>Office Use</b>
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: \_\_\_\_\_

_____	_____	_____	_____	_____
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 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.

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

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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:

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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](mailto: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:

<b>Academics:</b>	<input type="checkbox"/> With Enthusiasm	<input type="checkbox"/> Strongly	<input type="checkbox"/> Fairly	<input type="checkbox"/> No Recommendation
<b>Character:</b>	<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](mailto: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
<b>Total.....</b>	<b>\$52,100.00</b>

\*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.*



# New York Military Academy

## Tuition and Fees\*

(2017-2018)

### (1) Day Cadets

(Additional fees may apply, see (3) below)

Registration Fee** .....	\$1,000.00
Day School Fee.....	\$13,210.00
(Includes tuition, lunch, cadet activities, technology usage, uniform alteration and dry cleaning.)	
Parent Auxiliary Fee.....	\$200.00
<b>Total.....</b>	<b>\$14,410.00</b>

### (2) Boarding Cadets

(Additional fees may apply, see (3) below)

Registration Fee** .....	\$2,000.00
Boarding School Fee .....	\$39,010.00
(Includes tuition, room, board, infirmary health care, cadet activities, technology usage, uniform alteration and dry cleaning)	
Parent Auxiliary Fee .....	\$200.00
<b>Total.....</b>	<b>\$41,210.00</b>

### (3) Additional Fees (all cadets, as applicable):

Uniform Fee** .....	\$3,590.00
(First year only, replacement thereafter if needed)	
Studio Art Fee.....	\$45.00
(Per semester, class registrants only)	
Laboratory Fee .....	\$60.00
(Per semester, class registrants only)	
Haircuts .....	\$200.00
(Annual, male cadets only)	
English as a Second Language Fee .....	\$3,725.00
(Annual, for cadets who require ESL instructions)	
International Cadet Fee** .....	\$2,075.00
(Annual)	
Commencement Fee .....	\$310.00
(One time, seniors only)	

\* For cadets who arrive on or after November 1<sup>st</sup>, school fee and some of the other fees will be prorated.

\*\* Registration, Uniform and International Cadet Fees are Non-Refundable.

#### Payment Policies:

NYMA accepts cash, check, or credit card as payment methods. When paying by a check, please make it out to NYMA and write the cadet's name and grade in the memo section.

All fees are due **in full prior to the cadet's arrival** unless the monthly payment plan detailed below is selected. International families must be paid in full by July 31, 2017.

**Payment Plan Option:** A monthly payment plan is available to non-international families. The monthly payment plan requires 9 payments due August 15, 2017 through April 15, 2018. After the first installment is paid to NYMA, the payment plan will be administered by an outside provider, SMART Tuition Inc. There is a \$1,200 fee for boarding cadets or \$500.00 fee for day cadets to utilize the monthly payment plan.

Any dormitory/room damage will be billed directly to the parent or guardian.

#### Textbooks:

NYMA does not provide textbooks or supply list items. The parent/guardian is responsible to order textbooks online upon receipt of the academic schedule.

[WWW.NYMA.ORG](http://WWW.NYMA.ORG)

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