



College Assistance Program Application

To be considered for admission to the College Assistance Program, you must complete and submit the following items:

1. A completed CAP application
2. Diagnosed Learning Disability Checklist (completed by licensed medical professional)
3. Adult Psycho-educational report or Neuro-psychological report (no older than 3 years)
4. Two comprehensive letters of recommendation from (1) school counselor or resource room teacher
(2) high school teacher (sent directly from recommenders)
5. Documentation of an IEP from high school or a 504 plan (if applicable)
6. AD/HD Verification Certificate (if applicable)
7. Official High School Transcript (from ALL schools attended)
8. SAT or ACT scores
9. Official attendance report from ALL high schools attended

Documents should be sent to: College Assistance Program 715 North Avenue New Rochelle, NY 10801

Tel: 914-633-2159

Fax: 914-633-2011

Email: CAPInformation@Iona.edu

PERSONAL INFORMATION:

1. Applicant's Name _____ Date _____
2. Permanent Home Address _____ City, State, Zip Code _____
3. Home Phone (____) _____
4. Applicant's Cell Phone (____) _____ Parent's Cell Phone (____) _____
5. Applicant's Email _____
6. Parents'/Guardians' Email _____
7. How did you hear about the College Assistance Program? _____

EDUCATIONAL BACKGROUND:

8. High School(s) Attended _____
9. Guidance Counselor _____ Phone (____) _____
10. Resource Room Teacher _____ Phone (____) _____
11. Are you currently classified as receiving Special Education services? YES NO
12. Do you have a/an: IEP 504 Neither
13. Do you currently attend a resource room or learning center? YES NO
14. If yes, how many days per week? 1 2 3 4 5 Occasionally

15. Describe the support you receive in your resource room:

16. On average, how many students are in each of your classes? _____

17. Describe the classes that you are in, and your special education services:

18. List all accommodations you currently receive: _____

19. You are applying for: _____ (semester/year)

20. You are applying to CAP Early Action (by December 1st) General (by March 1st)

21. You are applying to Iona Early Action (by December 1st) General (by March 1st)

22. Essay (to be completed by the student)

Tell us why you are interested in CAP, and what kind of support you are looking for in a program. You may attach a separate page if you prefer.

PERMISSION TO REQUEST IONA COLLEGE APPLICATION:

Signing this portion of the form grants us permission to acquire a copy of your application to Iona College

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

DECLARATION OF HONESTY

My signature on this application declares that the information given on this application is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

<p>FOR OFFICE USE ONLY</p> <p>Application Received (Date) _____</p> <p>File completed (Date) _____</p>

Diagnosed Learning Disability Checklist

To be completed by a licensed medical professional

Student Name _____

Address _____

Please indicate all current diagnosed learning disabilities

- ADD ADHD Auditory Processing Disorder Traumatic Brain Injury
- Disorder of Written Expression Reading Disorder (please specify) _____
- Dyscalculia Dysgraphia Language Processing Disorder Non Verbal Learning Disability
- Visual Perceptual/Visual Motor Deficit
- Language Based Disability (please specify) _____
- Autism Spectrum Disorder (please specify) _____
- Other (please specify) _____

Please list ALL previous diagnoses if different from current diagnoses

Certifying Professional

Name (please print) _____

Signature _____

License# _____

Phone Number (____) _____

Email _____

Qualification: Neurologist Psychiatrist Psychologist

Other _____

Date: _____

Return to: College Assistance Program

Iona College 715 North Avenue New Rochelle, NY 10801
Tel: 914-633-2159 Fax: 914-633-2011