



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

Application Fall 2025 at Molloy University

Complete this form to apply for the Fall 2025 **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 2025-2026 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

Who is your Fiscal Intermediary? _____

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

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

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

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: _____

Applications must be accompanied with ALL required documentation or it will NOT be reviewed.

Please submit the following information with the application:

- 1) Complete a **MOST Program** application form no later than **May 1, 2025**.
- 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)

Completed applications should be sent to the following:

Attn. Lou Cino

Via Email:

conted@molloy.edu

Via Mail:

Continuing Education and Professional Development
30 Hempstead Avenue, Suite 254
Rockville Centre, New York 11571-5002

Via Fax:

516-323-3560

****All applications with documentation must be received no later than May 1, 2025.***



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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