



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM



LANDER COLLEGE OF ARTS & SCIENCES A DIVISION OF TOURO COLLEGE IN FLATBUSH

Where Knowledge and Values Meet

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HONORS PROGRAM APPLICATION

Please consider this application for (check the appropriate box(es):

- The Flatbush Honors Program
- The Medical Honors Pathway, in conjunction with New York Medical College, Valhalla, NY

Fall 2017 Deadline: March 1, 2017

Applicants: Complete the following application form and submit along with:

- a) Two letters of recommendation. **Medical Honors Pathway Applicants** need to submit an additional letter of recommendation from a medical professional. See page 3 for details.
- b) Two essays not to exceed 500 words (approximately 5,300 characters). **Medical Honors Pathway Applicants** need to submit an additional essay on why he or she is interested in a career in medicine and enrollment in the Medical Honors Pathway. See page 4 for details.

Please note, the recommendation letters and samples of your written work are in addition to those required for general college admission. Once a completed application is received, you will be contacted for a personal interview.

1. Name (please use legal name):

Last	First	Middle	Preferred/ Hebrew
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2. Email address: _____@_____

3. Social Security # (optional): ____ - ____ - ____ 4. Touro ID # (If known): T00

5. Telephone Number(s): Home: _____

US Cell: _____

Israel Cell: _____

6. High School: _____

7. Seminary/ Yeshiva (if currently attending): _____

8. Please indicate if you took or are planning to take the following standardized tests. Fill in your scores where available. (Please be sure to have official copies of your scores sent to Touro College)

A. SAT Exam:

Date:	_____	Date:	_____
Critical Reading:	_____	Critical Reading:	_____
Math:	_____	Math:	_____
Writing:	_____	Writing:	_____

B. ACT Exam

Date:	_____	Date:	_____
Composite Score:	_____	Composite Score:	_____
English:	_____	English:	_____
Math:	_____	Math:	_____
Science:	_____	Science:	_____
Writing:	_____	Writing:	_____

C. Advanced Placement Exams

Date: _____ Subject: _____ Score: _____

Date: _____ Subject: _____ Score: _____

Date: _____ Subject: _____ Score: _____

Date: _____ Subject: _____ Score: _____

D. SAT II Exams

Date: _____ Subject: _____ Score: _____

Date: _____ Subject: _____ Score: _____

9. Please provide the names and contact information for two referees who can speak to your suitability for the Honors Program. Each recommender must submit the Recommendation Form (below) along with the recommendation letter. **Medical Honors Pathway Applicants:** An additional letter of recommendation must be from a medical professional.

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____

10. What Awards and/or Honors have you received? (Please include dates or years, if known)

WRITING SAMPLES

Each applicant is expected to submit 2 original 500 word essays from among the following topics. Any sources you quote must be cited. Please note, if Hebrew phrases or expressions are used, provide a translation in parentheses.

1. Discuss the book that has had the greatest impact on your life or way of thinking. How has this book influenced you?
2. Who is the person that you would most want to model your career after? Why is this person your professional role model?
3. We often approve of, or even demand, civil disobedience (Gandhi, The Nuremberg trials, Martin Luther King, Jr.). Is the need, or even the right, to civil disobedience always so clear? What if it were an issue in Israel? For instance, what if Jewish soldiers were asked to expel “settlers” from the West Bank, as was the case in Gaza?
4. A famous person once remarked there is no freedom in freedom-there is only freedom in discipline. What do you think he meant? Do you agree or disagree? Why?
5. You have the opportunity to interview any person from *Tanach*, fiction or history. Who would you choose and what would you talk about?

Medical Honors Pathway –Addendum

The Medical Honors Pathway is an eight-year program (seven-years if one year was spent in seminary/ yeshiva prior to undergraduate enrollment) that includes up to four years of undergraduate study at one of the Lander College campuses in New York and four years of medical school at New York Medical College, in Valhalla, NY, contingent upon the completion of specific academic benchmarks. Please see the Medical Honors Pathway brochure for further details.

Questions regarding the Medical Honors Pathway portion of the Honors application process should be directed to:

Dr. Robert Bressler

Lander College of Arts & Sciences
1602 Avenue J
Brooklyn, NY 11230
robert.bressler@touro.edu
(718) 252-7800 x 59281

Medical Honors Pathway –Addendum Continued

A. What experience have you obtained so far with regard to the health sciences?

B. Applicants to the Medical Honors Pathway must provide documentation about his or her clinical or research experience. If additional space is needed, feel free to add additional pages.

1-Experience Name	Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, Etc.)	Start And End Dates (Month/Year)	Average Hours Per Week During That Period	Contact Name And Title	Organization Name
Experience Description:					

2-Experience Name	Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, Etc.)	Start And End Dates (Month/Year)	Average Hours Per Week During That Period	Contact Name And Title	Organization Name

Experience Description:

3-Experience Name	Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, Etc.)	Start And End Dates (Month/Year)	Average Hours Per Week During That Period	Contact Name And Title	Organization Name

Experience Description:



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APPLICANT'S LETTER OF REFERENCE

Student Section (Please type or print)

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden / Other Name: _____ Touro ID Number (if known): T00 _____

- I hereby waive my right of access to this recommendation.
 I do not waive my right of access to this recommendation.

Signature: _____ Date: _____

Respondent's Section (Please print or type)

Last Name: _____ First Name: _____ Title: _____

Signature: _____ Date: _____

Organization: _____ City, State, Zip: _____

To the Evaluator: The person named above has applied for admission to an Honors Program at a Lander College Campus in New York, and has asked you to evaluate his/her ability to perform exceptional undergraduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential. Please return the completed form in a sealed and signed envelope.

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

2. Rate the applicant in each area listed below in comparison with high school seniors.

	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to judge
Intellectual Ability						
Oral Expression						
Written Expression						
Motivation/Initiative						
Cooperation						
Emotional Maturity						
Dependability						
Creativity						
Open Mindedness						
Flexibility						

3. (For teachers of applicant only) I would rank this applicant in:

the top _____ % of the approximately _____ high school or _____ undergraduate students that I have taught in the past _____ years.

4. Estimate of potential (please circle the appropriate answer):

as an undergraduate student:	Outstanding	Good	Above Average	Average	Below Average
as a professional:	Outstanding	Good	Above Average	Average	Below Average

5. Recommendation concerning admission (check one):

- I recommend the applicant with confidence.
- I recommend the applicant with reservation. (Please explain in item #6)
- I do not recommend the applicant. (Please explain in item #6)

6. Please provide an additional assessment of the applicant's potential for success as an undergraduate student. Include any particular strengths and weaknesses. We appreciate your candid appraisal. You may use your own letterhead or this sheet.

Thank you!