



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

In the US:
75-31 150th Street
Flushing, NY 11367
Phone: (718) 820-4919
FAX: 718-820-4838
Email: aryeh.manheim@touro.edu
Web: lcm.touro.edu



LANDER COLLEGE FOR MEN A DIVISION OF TOURO COLLEGE

Where Knowledge and Values Meet

In Israel:
11 Rechov Beit Hadfus
Givat Shaul, Jerusalem
Phone: (052) 346-6595
FAX: (02) 651-0097
Email: lavey.freedman@touro.edu

HONORS PROGRAM APPLICATION

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

- The Lander College for Men Honors Program
- The Medical Honors Pathway, in conjunction with New York Medical College, Valhalla, NY

Fall 2021 Deadline: March 1, 2021

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

- a) Two letters of recommendation. Each recommender must submit the Recommendation Form (below) along with the recommendation letter. **Medical Honors Pathway Applicants:** an additional letter of recommendation must be submitted from a medical professional.
- b) Two essays not exceeding 500 words (approximately 5,300 characters). See page 4 for details. **Medical Honors Pathway Applicants:** An additional essay will need to be submitted on: Why you are interested in a career in medicine and enrollment in the Medical Honors Pathway.

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

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. Post-High School 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:	_____
Reading:	_____	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 (three for **Medical Honors Pathway Applicants**) 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:** one of the three letters of recommendation must be from a medical professional.

1. Name: _____

Email: _____

2. Name: _____

Email: _____

For **Medical Honors Pathway Applicants:**

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 500-750 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. Briefly review the book that has most shaped your understanding of the kind of work you would like to do.
2. Describe a character in fiction or a historical figure that has had an influence on you, and explain that influence.
3. Has modern technology made it easier or harder to be an observant Jew?
4. How do your religious values affect your study of the past? Give examples.

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. Ann Shinnar
Lander College for Men
75-31 150th Street
Flushing, NY 11367
Ann.Shinnar@touro.edu
(718) 820- 4867

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:					



**NEW YORK
MEDICAL COLLEGE**
A MEMBER OF THE TOURO COLLEGE
AND UNIVERSITY SYSTEM



LANDER COLLEGE FOR MEN
A DIVISION OF TOURO COLLEGE
Where Knowledge and Values Meet

APPLICANT'S LETTER OF REFERENCE

Student Section (Please type or print)

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

Hebrew/ 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!