

my APPLICATION

We're glad that you are excited for Internship Year and ready to complete your application. The purpose of the application is not only to determine admission but also to begin the planning for your educational goals. If you have specific questions or feel you may need additional support with the application or a program component, please speak with our admission office directly (admissions@dynamy.org or 508-755-2571). We expect that you will complete the application honestly and that you will provide appropriate detail when answering application questions. We want to get to know you as well as possible!

Internship Year is a thorough and meaningful gap year program. Your success will depend on your commitment to performing reliably, working independently and in groups and communicating clearly with supervisors, peers and Dynamy staff. Therefore, we expect that you are highly motivated for all that Internship Year offers, because we are highly motivated to offer you some amazing opportunities and to support you in making the most of them!

Please complete and send the following application materials to us. You may submit your application electronically by typing your data directly into the spaces provided on the PDF. When your application is complete, you can:

- a) Save your work and email your completed form to admissions@dynamy.org or,
- b) Print out your completed application and mail it to Dynamy Admissions, 27 Sever Street, Worcester, MA 01609.

Handwritten forms will also be accepted at the above address. Please print clearly and use blue or black ink.

Remember to save a copy for your records.

We appreciate your interest in Dynamy Internship Year!

APPLICATION CHECKLIST:

Please use this handy checklist to track the progress of your application and to ensure that you provide the necessary information for a complete application.

- SECTION I: Biographical Information
- SECTION II: Self Assessment
- SECTION III: Activities and Interests
- On-Site Interview

The on-site interview is a critical component of every application. We look forward to meeting you in person and expect that you will visit us in Worcester to meet some of our staff, see our facilities and get a sense of our city.

You must complete Sections I – III and Section IX of the application and send them to us (admissions@dynamy.org or fax to 508-755-4692) ahead of your interview. Please call (508-755-2571) to schedule your visit today if you have not already done so.

Interview Scheduled (date): _____

- SECTION IV: Essay
- SECTION V: Transcripts and Placement Tests
 - Transcript Requested (school/date): _____
- SECTION VI: Educational Testing and IEP/504 (optional)
- SECTION VII: Recommendations
 - Academic recommendation requested (name/date): _____
 - Community recommendation requested (name/date): _____
- SECTION VIII: Parent/Guardian Statement
 - Requested (name/date): _____
- SECTION IX: Personal History
- SECTION X: Certifications and Signatures
 - Parent Signature (if applicable): _____
- Application Fee (\$40 mailed with application)

OPTIONAL

- Educational Testing
- Photo
- Financial Aid Application
- IEP or 504
- Supplemental Media



APPLICATION FOR ADMISSION

INTERNSHIP YEAR

SECTION I: BIOGRAPHICAL INFORMATION

Please return completed form and requested material to:
Dynamy Admissions Dept. • 27 Sever Street • Worcester, MA 01609
Tel: 508.755.2571 • Fax: 508.755.4692 • admissions@dynamy.org

Applicant Information

Name _____ Nickname or Preferred Name _____
 Date of Birth _____ M F Social Security # _____
 Mailing Address _____
 Billing Address, if different _____
 Home Phone _____ Cell Phone _____ E-mail _____
 I am applying for: Full Year Fall Semester Spring Semester

Family Information

Parent/Guardian 1 Name _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Parent/Guardian 2 Name _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Home Address _____ (if different) _____	Home Address _____ (if different) _____
Home Phone _____ Fax _____	Home Phone _____ Fax _____
Cell Phone _____	Cell Phone _____
Business/Profession _____	Business/Profession _____
Title _____	Title _____
Employer _____	Employer _____
Business Address _____	Business Address _____
Business Phone _____	Business Phone _____
E-mail _____	E-mail _____

Parents' Marital Status (relative to each other) _____

With whom do you make your permanent home?

Parent/Guardian 1 Parent/Guardian 2 Both Other _____

Citizenship

US Citizen Dual US Citizen US Permanent Resident Visa
Other Citizen Visa Type _____ Alien Registration Number _____

Education

High School/Address _____ Years Attended _____
 Name of College Counselor _____
 Other High School(s) attended (if applicable) _____ Years Attended _____
 _____ Years Attended _____
 College Name/Address (if applicable) _____ Years Attended _____

How did you hear about Dynamy? Please be specific (ie. name of college counselor or friend, web research, etc.):

SECTION II: SELF ASSESSMENT

We each have our own unique strengths to build upon and challenges to overcome. When answering the following questions please think about your personality **and** your talents.

Short Answers (please present your answers on an additional sheet of paper IF you need more space than is provided here)

Please list your strengths: _____

Please list your challenges: _____

In 100-200 words, please describe your learning style and the types of situations where you learn best:

Please rate yourself against other students your age in the following categories:

	Excellent (top 10%)	Above Average	Average	Below Average	Poor (bottom 10%)
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow Through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valuing Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internship Year Skills Assessment How would you describe your abilities in the following categories?
 (please check one box for each skill and briefly describe your abilities in those categories where you've checked either "strength" or "challenge")

	Strength	Neither Strength nor Challenge	Challenge	Brief Response
Organizing your Belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scheduling Your Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prioritizing Tasks and Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completing Tasks on Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creatively Solving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communicating with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communicating with Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributing Positively to Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reflecting on Past Experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepting Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Providing Feedback to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION III: ACTIVITIES AND INTERESTS

Activities Please list all activities in which you have participated during the past 4-5 years. Include all school, community, summer, volunteer and employment activity. Be sure to list any official positions you've held and awards you've earned. We are particularly interested in how valuable you found each experience, therefore, please rate each activity on a 1-3 scale where 1 = of little value and 3 = highly valuable to you.

Activity	Positions/Awards	Time Period (start date –end date)	Time Commitment (avg. hrs./wk.)	Importance (1 = low – 3 = high)

Interests Please select among the following general categories the types of internships that you may choose during your Internship Year. **Rate each selection on a 1-3 scale by checking one box.** Rate only the categories that you think you may choose during your Internship Year.

	Mild	Above Average	Strong
	1	2	3
<i>Animal Care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Architecture</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Arts & Culture</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Athletics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Auto Mechanics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Business</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Early Childhood Education</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communications/Media</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Craftsmanship/Design</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Culinary/Restaurant Management</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Education</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Engineering</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Environment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Finance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Government/Civic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health Care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Human Services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Information Technology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Law</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV: ESSAY

Essay Tell us why you want to do Internship Year. What do you hope to do with your time here and how do you hope to grow from the experience? (Your essay should be 300 – 500 words.)

Supplemental Media (optional) If you feel that also expressing yourself with another format (i.e. video, digital recording, artwork, etc.) would help us get to know you better, please feel free to submit it in addition to the required written essay.

SECTION V:
TRANSCRIPTS AND PLACEMENT TESTS

Transcripts Please request that your academic transcripts, high school and college (if applicable), be sent to the Dynamy Admissions Department, 27 Sever Street, Worcester, MA 01609.

College Placement Tests If you have taken the SAT I, SAT II, TOEFL and/or ACT, and it WILL NOT appear on your transcript, please report those scores here. Report only your highest score on each test and subtest and list the test date for each of those scores.

Test/Subtest	Score	Test Date

Have you taken any other college placement tests? Explain.

SECTION VI:
EDUCATIONAL TESTING AND IEP/504 (OPTIONAL)

If, in the past two years, you have participated in psychoeducational testing (ie. Wechsler, Woodcock-Johnson, etc.), had an Individual Education Plan or a 504, we encourage you to provide those documents so that we may support you from a more complete understanding of your individual strengths, challenges and abilities.

SECTION VII: RECOMMENDATIONS

Please complete the Applicant portion of these forms and give them to two adults who know you well. You must select one person from each of the two categories listed below.

Category 1

(Academic Setting)

School Guidance Counselor, Teacher (any subject), Tutor, School Administrator (i.e. Principal; Dean of Students; etc.)

Category 2

(Community Setting)

Employer/Supervisor, Coach, Art Instructor, Band/Chorus Director, Camp Administrator, Volunteer Coordinator, Religious Leader (Priest, Pastor, Rabbi, etc.), Troop Leader

If you are not able to identify two people who fit these categories, please contact Dynamy admissions to discuss alternatives.

TO THE APPLICANT: According to the Family Education Rights and Privacy Act of 1974, you will waive the right to review your educational records. Please indicate whether or not you waive the right to access this recommendation.

I waive my right to access

I do not waive my right to access

Applicant Name: _____

Applicant's Signature: _____

Reference Name: _____

Reference Signature: _____

Position/Organization: _____

Reference Address: _____

Telephone: _____

Email: _____

TO THE REFERENCE: Internship Year generally requires students to be dependable and prompt, to work independently and in groups and to communicate clearly with supervisors, peers and Dynamy staff. For more detailed information about Dynamy Internship Year, please review our website (www.InternshipYear.org). We greatly appreciate your willingness to provide a frank and prompt appraisal of the applicant. Please complete and sign (above) this form and return it to Dynamy Admissions Department, 27 Sever Street, Worcester, MA 01609.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please rate the applicant against other students you know in the following categories:

	Excellent (top 10%)	Above Average	Average	Below Average	Poor (bottom 10%)	No Basis for Judgment
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow Through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valuing Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Short Answers:

What are the applicant's strengths? _____

What are the applicant's challenges? _____

What goals would you set for the applicant's Internship Year? _____

How would you describe the applicant's learning style and optimal learning or work environment?

Internship Year Skills Assessment How would you describe the applicant's abilities in the following categories?
 (please check one box for each skill and briefly describe the applicant's abilities in those categories where you've checked either "strength" or "challenge")

	Strength	Neither Strength nor Challenge	Challenge	Brief Response
Organizing Belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Scheduling Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Prioritizing Tasks and Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Completing Tasks on Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Creatively Solving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Communicating with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Communicating with Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Contributing Positively to Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Reflecting on Past Experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Accepting Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Providing Feedback to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Overall Recommendation:

- I recommend the applicant enthusiastically as an excellent candidate for Internship Year.
- I recommend the applicant without reservation as a good candidate for Internship Year.
- I have some reservations but believe that the applicant will ultimately succeed at Dynamy.
- I have some substantial doubts about the applicant's ability to succeed at Dynamy.
- I do not recommend the applicant for Internship Year.

**SECTION VIII:
PARENT/GUARDIAN STATEMENT**

TO THE APPLICANT: According to the Family Education Rights and Privacy Act of 1974, you will waive the right to review your educational records. Please indicate whether or not you waive the right to access this recommendation.

I waive my right to access

I do not waive my right to access

Applicant Name: _____

Applicant's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

TO PARENT(S)/GUARDIAN(S): Internship Year generally requires students to be dependable and prompt, to work independently and in groups and to communicate clearly with supervisors, peers and Dynamy staff. For more detailed information about Dynamy Internship Year, please review our website (www.InternshipYear.org) or call the Director of Admission (508-755-2571).

We greatly appreciate your willingness to provide a frank and prompt appraisal of the applicant. Please complete and sign (above) this form and return it to Dynamy Admissions Department, 27 Sever Street, Worcester, MA 01609.

Short Answers:

What are the applicant's strengths? _____

What are the applicant's challenges? _____

What goals would you set for the applicant's Internship Year? _____

How would you describe the applicant's learning style and optimal learning or work environment?

Internship Year Skills Assessment: How would you describe the applicant's abilities in the following categories?
 (please check one box for each skill and briefly describe the applicant's abilities in those categories where you've checked either "strength" or "challenge")

	Strength	Neither Strength nor Challenge	Challenge	Brief Response
<i>Organizing Belongings</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Scheduling Time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Prioritizing Tasks and Goals</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Completing Tasks on Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Creatively Solving Problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Communicating with Peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Communicating with Older Adults</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Contributing Positively to Groups</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Reflecting on Past Experiences</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Accepting Feedback</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Providing Feedback to Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION IX: PERSONAL HISTORY

As part of our programming we can often provide a number of additional supports for student success. Please help us by answering the following YES or NO questions. If you answer YES to any of these questions, please attach another page and explain the circumstances as well as what you have learned (optional). We reserve the right to request further information and to speak with professionals who you have worked with while addressing any such matter in order to best understand its implications, if any, for your participation in any aspect of the Internship Year program. All information and personal disclosure will be kept strictly confidential.

	YES	NO
<i>In the past three years, have you:</i>		
<i>Been asked to leave school, summer camp or another program?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been treated for any physical or psychological condition that severely limits your participation in any activity?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been arrested for any criminal offense?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Reminder: For any YES answer, please explain the circumstances as well as what you have learned on a separate sheet of paper (optional).

SECTION X: CERTIFICATIONS AND SIGNATURES

Applicant

I certify that all of the statements made in this application are true, correct and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination of my enrollment in Dynamy Internship Year. Furthermore, I take full responsibility for my medical, psychological and physical condition for the duration of my Internship Year. I am unaware of any further medical, psychological or physical conditions that might inhibit my ability to fully participate in the program. Should any problems arise during the course of the program, I will promptly notify an Internship Year staff member.

Applicant's signature: _____

Parent(s)/Guardian

I have reviewed this completed application including the completed Personal Questionnaire above. I certify that all of the statements made in this application are true, correct and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination of the applicant's enrollment in Dynamy Internship Year. I am unaware of any further medical, psychological or physical conditions that might inhibit the applicant's ability to fully participate in the program.

Parent'(s)/ Guardian's signature: _____

SECTION XI: SUPPLEMENTAL INFORMATION (OPTIONAL)

Photo

To assist those Dynamy staff who have better visual memory, please provide a head shot and attach it to this space.

