

# On Your Marq Student Application

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## Start of Block: Default Question Block

Q22 Student: Please fill out these forms to the best of your ability, answering every question. Please answer honestly, providing details/explanations where needed. These questions are meant to give us a better picture of who you are and if On Your Marq is a good fit for you! We know that you have just completed the long and strenuous college application process and have no doubt answered these questions on other forms, but please provide us with as much detail as you can. If you have any questions or need clarification, please email the On Your Marq team at [oym@marquette.edu](mailto:oym@marquette.edu).

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### Q1 Applicant Information

- Name (1) \_\_\_\_\_
  - Preferred Name (2) \_\_\_\_\_
  - Pronouns (3) \_\_\_\_\_
  - Date of Birth (4) \_\_\_\_\_
  - Address (5) \_\_\_\_\_
  - Phone (6) \_\_\_\_\_
  - Email (7) \_\_\_\_\_
  - MUID/ID Number (8) \_\_\_\_\_
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Q5 Parent/Guardian #1 Information

- Name (1) \_\_\_\_\_
  - Mailing Address (2) \_\_\_\_\_
  - Phone (3) \_\_\_\_\_
  - Alternate Phone (4) \_\_\_\_\_
  - Email (5) \_\_\_\_\_
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Q6 Parent/Guardian #2 Information

- Name (1) \_\_\_\_\_
- Mailing Address (2) \_\_\_\_\_
- Phone (3) \_\_\_\_\_
- Alternate Phone (4) \_\_\_\_\_
- Email (5) \_\_\_\_\_

End of Block: Default Question Block

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Start of Block: Block 1

Q21 Family

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Q8 Please list your immediate family members who live in your home below. Include their name, relationship to you and age.

1 (1) \_\_\_\_\_

2 (2) \_\_\_\_\_

3 (3) \_\_\_\_\_

4 (4) \_\_\_\_\_

5 (5) \_\_\_\_\_

6 (6) \_\_\_\_\_

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Q9 Which family member(s) will be involved in communicating about your participation in OYM?

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End of Block: Block 1

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Start of Block: Block 2

Q20 Education

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Q10 Name of Your High School

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Q11 Type of School

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Q12 Did you receive any classroom supports in high school? If yes, what was helpful and what was not? Why?

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Q13 What are your favorite and least favorite things about school?

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Q14 Describe how you like to study. What has worked best and what has not worked for you in the past?

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Q15 Do you feel comfortable reaching out for academic help if needed? If yes, how would you normally do so? And to whom would you reach out? If no, what makes it uncomfortable or difficult to do so?

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Q16 Have you decided on a major and/or minor? If yes, what are you considering? If no, what are your favorite subjects? Any career ideas?

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End of Block: Block 2

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Start of Block: Block 3

Q19  
General Questions

Please answer the following questions to the best of your ability. We recognize that you may not know how to answer or predict the answer to all of these questions, but we ask that you give us your best guess or note that you do not know.

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Q17 Do you feel comfortable reaching out for help with social issues? To whom would you reach out?

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Q18 What kinds of social supports do you think you'll need in college?

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Q23 Tell us about your current friends. What do you like to do with them? How often do you hangout together?

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Q24 Do you feel comfortable reaching out for help in taking care of yourself, if needed; for example, doing laundry, taking care of hygiene, eating regularly, getting up on time, keeping your room clean? To whom would you reach out?

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Q25 What kinds of supports do you think you'll need to manage the above in college?

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Q26 What are some areas of difficulty for you?

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Q27 What are some of your favorite things to do and/or interests outside of school?

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Q28 What clubs, teams, and/or activities are you currently a part of outside of regular academic classes?

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Q29 What kinds of activities or clubs do you want to be a part of in college?

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Q30 What are you most excited for in college?

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Q31 What are you most worried about in college?

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Q32 Are you comfortable talking about and/or disclosing your diagnosis? Do you want your peers and/or professors to know about your diagnosis?

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Q33 Have you participated in intervention/therapy/social skills classes, etc. in the community that you found helpful? If yes, please list them and describe.

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Q34 Will any of the above therapies/interventions continue if you are enrolled in OYM? Please list the ones that might continue.

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Q35 What do you hope to get out of participating in OYM?

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Q36 Why did you choose to come to Marquette?

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Q37 What would you like the OYM staff to know about you?

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Q34 Where did you hear about On Your Marq?

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Q35 Would you have considered Marquette without On Your Marq?

- Yes (1)
- No (2)
- Maybe (3)

End of Block: Block 3

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Start of Block: Block 4

Q36 Disability Documentation

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Q37 If you have your disability documentation available, you can upload it here. If you don't have it right now, you can email it to [oym@marquette.edu](mailto:oym@marquette.edu)

End of Block: Block 4

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