

GATEWAY TO COLLEGE APPLICATION FORM

Please complete this form and bring it with you to the Information Session. Please type or print clearly in blue or black ink.

Any question with an * next to it is optional.

Application Date: _____ I am applying for the ____ Fall 17 semester ____ Spring 18 semester

1. Full Legal Name: _____
(Full Last Name, e.g., Smith, Jr.) (First Name) (Full Middle Name)

2. Social Security Number: ____ - ____ - ____ 2a. SASID#: _____
(see guidance counselor)

3. Date of Birth: ____ - ____ - ____

4. Gender: _____

5. Ethnicity*: ____ Asian/Pacific Islander ____ Black/African-American
____ Hispanic/Latino ____ Native American/Alaskan Native
____ Other: _____ ____ White/Caucasian

6. Birthplace: _____
(City) (State) (Country)

7. Native Language*: _____

7a. Secondary Language*: _____
(if different from Native Language)

7b. Language Spoken at Home*: _____

8. Home Address: _____
(Number) (Street) (Apartment Number)

(City) (State) (Zip Code)

9. Alternate Address: _____
(if different from home) (Number) (Street) (Apartment Number)

(City) (State) (Zip Code)

10. Home Phone: ____ - ____ - ____ 10a. Cell Phone: ____ - ____ - ____

10b. Alternate Phone: ____ - ____ - ____ Who does this number belong to? _____

11. E-mail Address: _____

12. Do you have a GED or HISET credential? Yes No

13. What High School are you from? _____

13a. Have you attended any other high schools? Yes No

13b. If you have attended more than one high school, please list the others you have attended:

14. How did you hear about the Gateway to College Program? _____

15. Have you ever received Special Education Services? Yes No

15a. If you have received Special Education Services, what grade level did you receive them? _____

16. Have you ever had a 504 plan at the high school level? Yes No

16a. If yes, please provide a copy of the 504.

17. Have you ever had an IEP at the high school level? Yes No

17a. If yes, please provide a copy of the IEP.

18. Have you ever been dismissed or suspended? Yes No

18a. If yes, please explain why you were dismissed or suspended, and tell us what kind of support you will need to ensure that this behavior will not happen again.

19. Are you still enrolled in school? Yes No

19a. If you are not still enrolled in school, when was the last year that you were enrolled? _____

20. What was the last grade that you attended? 9th 10th 11th 12th

21. Who is (or was) your most recent high school guidance counselor? _____

22. With whom do you live (please list your family or support network):

23. Who is/are your primary guardian(s):

(Last name)	(First name)	(Middle initial)	(Relationship to you)
(Last name)	(First name)	(Middle initial)	(Relationship to you)

24. In case of emergency, whom should we contact?

(Last name)	(First name)	(Middle initial)	(Relationship to you)
(Address of emergency contact)			(Phone number)

25. Do you have a job? ____ Yes ____ No

25a. If yes, how many hours a week do you work? _____

26. Have you ever taken the MCAS exam? ____ Yes ____ No

26a. If you have taken the MCAS, did you pass? ____ Yes ____ No ____ I tested but don't have results

27. If English is not your first language, have you taken the ELL (MEPA) or ACCESS for ELLs assessment?
____ Yes ____ No

27a. If you answered 'Yes' to question 27, what ELL level did you achieve? _____

Required Signatures:

I certify the information on this application is correct and complete. I understand that if I fail to provide accurate information or the required materials and transcripts, I may be denied acceptance to the Gateway to College Program.

I also understand that I cannot be enrolled in any other high school or alternative high school program while participating in the Gateway to College Program. If selected for the Gateway to College Program, I agree to abide by the Mount Wachusett Community College Code of Student Conduct and by the policies and procedures of the Gateway Program.

I acknowledge that the educational programs at MWCC provide equal opportunity for all students without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, or disability.

Photo/Print Release

Gateway to College frequently uses pictures, videotapes and audio recording of students in the program for publication in articles that may appear in local newspapers or other publications. I, the student or parent/guardian, give permission for Gateway to use pictures, videotapes or audio recordings of the above named student. If I do not wish for Gateway to use pictures, videotapes or audio recordings of the above named student, I will submit written notification to the program and attach it to this application. **This consent will remain in effect until its written revocation is received by an Access & Transition Division staff person or is mailed to the Access & Transition Division office at MWCC, 444 Green Street, Gardner, MA. 01440.**

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if applicant is under the age of 18)

If you have a disability that may require accommodations to participate fully in the program, please contact the Division of Access and Transition at 978-630-9248 to discuss your specific needs. In some cases, a two-week notice may be necessary.

THREE REQUIRED ESSAYS

The essay portion of the Gateway to College Application helps the selection committee to become acquainted with you on a personal level and is one of the important steps for your application. The application is not complete without the three essays, which must be submitted by the first day of your selected Information Session.

DIRECTIONS: On separate sheets of paper, please respond to all three essay questions. Please make certain that your name is clearly printed or typed at the top of each page. Please label each essay number and section.

Essay 1

Section A

Please tell us about your strengths. Which personal strengths help you to survive? Which strengths make you want to keep on trying, even when the going is difficult? Which strengths help you to make friends and help you to establish positive relationships with adults? Which strengths help you to say “No” to your peers when they attempt to distract you from reaching your goals?

Section B

Tell us about ‘key’ personal problems or challenges from the past that have interfered with the completion of your education. (Hint: Examples of challenges might include attitude, behavior, motivation, skills, support, need to feel accepted, cultural barriers, etc.)

Section C

Describe your current commitment and motivation to overcome these challenges at this time in your life. How will the strengths mentioned in Section A help you to overcome challenges and help you to become successful?

Essay 2

Why are you interested in becoming a part of the Gateway to College Program at Mount Wachusett Community College? Do you think that this program is a good ‘fit’ for your personal goals? How will the program help you to reach your goals? Since there are a limited number of slots in this program, tell us why the selection committee should choose you!

Essay 3

As a full-time college student, how will you balance coursework, employment, commitments to family, and your social and personal life? What will motivate you to attend class 100% of the time? What will motivate you to complete all of your homework each night?

I certify by signing below that I wrote my own essays and they reflect my own original thoughts, words, and writing skills.

Applicant’s Signature: _____ **Date:** _____

SCHOOL DISTRICT INFORMATION FORM

Directions to the Student: Fill out the top part of this form, and then bring it to your High School Guidance Counselor or other School Official, such as your Principal, Vice Principal, or Guidance Department Chair. Present this form to the school official in order to receive an official copy of your transcript, MCAS scores, letter of recommendation, and IEP or 504 if applicable.

Student Information:

Name: _____ Date: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Through these signatures we grant permission to release the transcripts, MCAS scores, IEP, 504 Plan and letters of recommendation as applicable, for the applicant named above:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Directions to the School Official: This form is being given to you by a student who is applying for the Gateway to College Program. The Gateway to College Program is a unique, alternative Early College High School initiative whereby a student can earn a high school diploma with the added benefit of receiving college credits toward an Associate degree or certificate at Mount Wachusett Community College. Students who enroll in Gateway will enroll in Ralph C. Mahar Regional High School.

In order to assess whether Mount Wachusett Community College is able to meet the applicant's educational needs, we are requesting the following items:

Please check off all documents which are being forwarded from the sending school district to MWCC:

- _____ **An *official* high school transcript**
- _____ **Letter(s) of recommendation**
- _____ **MCAS/MEPA Scores (high school only)**
- _____ **Attendance and Conduct Records**
- _____ ***IEP or 504 Plan (**if applicable*)**
- _____ **W-APT/ ACCESS Testing Scores if applicable**

Please write student's GPA (on a 4.0 scale) here: _____

(The GPA is needed for Gateway to College National Network data purposes and does not affect a student's application for the program.)

Name of School Official (please print or type): _____

Title of School Official: _____

Signature of School Official: _____

Telephone Number of School Official: ____ - ____ - ____ **Student SASID #:** _____

PARENT/GUARDIAN INFORMATION

STUDENT'S NAME: _____

Mother's First Name: _____ Father's First Name: _____

Mother's Last Name: _____ Father's Last Name: _____

Mother's Mailing Address: _____ Father's Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Mother's Email Address: _____ Father's Email Address: _____

Mother's Work Number: _____ Father's Work Number: _____

Language Spoken at Home: _____ Language Spoken at Home: _____

Emergency Contact: Name _____ **Phone #:** _____

Relationship to Student: _____

Parent/Guardian Educational Background

Did either parent graduate from a four-year college? ____ Yes ____ No

	Name of Four-Year College	Type of Degree Earned
Father		
Mother		

Parent/Guardian Financial Information

Including yourself, how many people reside in your household? _____

Indicate your family's **taxable (not gross, but after taxes) income range** for the last calendar year:

<input type="checkbox"/> \$0 - \$18,090	<input type="checkbox"/> \$43,171 – \$49,440
<input type="checkbox"/> \$18,091 - \$24,360	<input type="checkbox"/> \$49,441 - \$55,710
<input type="checkbox"/> \$24,361 - \$30,630	<input type="checkbox"/> \$55,711 - \$61,980
<input type="checkbox"/> \$30,631 - \$36,900	<input type="checkbox"/> \$61,981 and over
<input type="checkbox"/> \$36,901 - \$43,170	

- Taxable **income** is the dollar amount **after** all adjustments, deductions and exemptions have been applied.
- Examples of these adjustments include head of household deductions, child credits, and educational expense credits.
- **If you were not required to file a return based on the amount of money you earned in 2016, your taxable income would be \$ 0.**