

North Central MA Talent Search

Serving the Athol, Clinton, Orange, Sizer, and Winchendon School Districts



Mount Wachusett
Community College

ACCESS & TRANSITION

The primary goal of the North Central MA Talent Search (NCMTS) grant is to assist participants to successfully complete middle and high school and enroll in postsecondary education. NCMTS offers services to 500 individuals in grades six through twelve, of whom at least two-thirds must be income eligible and potential first generation college students.

Both individual advising and group activities provide participants of Talent Search with academic, career, and personal development. Workshop topics include enhancing study strategy techniques, selecting college-preparatory high school courses, completing career assessments, building self-esteem, preparing for the PSAT/SAT, transitioning to college, college admissions procedures, and completing financial aid forms. Early College Planning workshops are held for middle school families. Leadership conferences enhance student's preparation for postsecondary education. Students also participate in various community service activities.

Specifically designed for disadvantaged students, NCMTS is one of the nationwide TRIO programs created through federal legislation over 50 years ago. TRIO participants represent a variety of ethnic and cultural backgrounds. Mount Wachusett Community College has administered the NCMTS program since Fall of 1992. NCMTS is 100% funded by the U.S. Department of Education. The total funding for this grant is \$240,000 annually.

The staff of NCMTS provides services to eligible participants. If you have a disability and may require accommodations in order to participate fully in program activities, please contact Angele Goss, NCMTS Director to discuss your specific needs at 978-630-9448.

Division of Access & Transition
444 Green Street, Gardner, MA 01440

TRIO

TALENT SEARCH

Each of our participating school districts has an NCMTS advisor assigned to their students. The information below will help you to reach out to your advisor, should you have any questions about our program.

NCMTS Advisor _____

Email _____

School _____

Location in School _____

Days Available _____

Times Available _____

To participate in the NCMTS program at your school, please fill out the attached application and return it to your NCMTS advisor. *Please note that your application will not be reviewed until the entire application is complete.*

August 2017
AA/EEO Institution

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Gender Male Female Other Date of Birth ____/____/____ Age _____

School _____ Current Grade _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Are you a U.S. Citizen? Yes No Social Security Number _____ - _____ - _____Are you a permanent resident? Yes No If yes, do you have a permanent resident number? Yes No

Permanent Resident Number (please attach documents) _____

Is English your primary language? Yes No What language is spoken at home _____Are you enrolled in any English as a Second Language (ESL) or English Language Learner (ELL) classes? Yes NoDo you consider yourself to be Hispanic and / or Latino? Yes NoPlease check any which describe you African American Asian American Caucasian Native American / Native Alaskan Native Hawaiian / Pacific IslanderDo you have a disability? Yes No If yes, please explain _____Have you ever been enrolled in any of the following programs Gear-Up Upward Bound UBMS Talent Search

Student SASID (to be filled in by NCMTS advisor) # 10 _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

CUSTODIAL PARENTS / GUARDIAN INFORMATION

Name(s) _____

Address _____ City _____ Zip Code _____

Home or Cell Phone _____ Email _____

With whom do you (the student) live Both Parents One Parent Parent & Step-Parent Foster/Adoptive Parent (attach court documents) Legal Guardian (attach court documents) Other, please specify _____Parent/Guardian Marital Status Single Married Divorced Separated Widowed

STUDENT INFORMATION

Name _____ Social Security Number _____ - _____ - _____

BIOLOGICAL OR ADOPTIVE PARENT INFORMATION

Please do not complete this information for court-appointed guardians or foster parents.

Name _____ Name _____

This parent / guardian has completed the following:

- No Formal Education High School GED
 2-year College Degree 4-year College Degree

Relationship to Student _____

Do you live with the student Yes No

This parent / guardian has completed the following:

- No Formal Education High School GED
 2-year College Degree 4-year College Degree

Relationship to Student _____

Do you live with the student Yes No

CONFIDENTIAL FAMILY INCOME AND INFORMATION

We are required by the U.S. Department of Education to obtain family income and other eligibility information from all participants served by the NCMTS Program. Please complete the following and return this and all requested documents to the NCMTS Program office. All information will be held in strict confidence. *Your application will not be reviewed without the following information.*

1. Did the family file a Federal Income Tax Return last year Yes No

2. Please indicate your family's **taxable income**. To determine your taxable income (which may be less than your gross income), refer to the taxable income line (line numbers are provided below) on the tax form that you used last year:

- Form 1040EZ (line 6) \$ _____ Form 1040-A (line 27) \$ _____
 Form 1040 (line 43) \$ _____ Did not file a Tax Return last year

3. How many people (including both adults and dependants) were on your tax return last year _____

4. Does your family receive any form of government benefits Yes No

If yes, please indicate which benefits SNAP (Food Stamps) TANF (Welfare) SSI Housing Voucher (Section 8)

I verify that by signing this document and submitting the requested documentation that the information which I have provided is accurate to the best of my knowledge. I understand that this information will be held in complete confidence by the NCMTS Program at Mount Wachusett Community College.

Parent / Guardian Name _____

Parent / Guardian Signature _____ Date _____

PARENT CONSENT AND LIABILITY RELEASE

I, _____ give my son/daughter/ward, _____ permission to participate in the Mount Wachusett Community College (MWCC) North Central MA Talent Search (NCMTS) Program. I also absolve MWCC, the NCMTS Program, their personnel and the Athol, Clinton, Orange, Sizer, and Winchendon School Systems of any liabilities and claims arising from my child's participation, and attendance in MWCC NCMTS program, including travel to and from such events and activities.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the unlikely event of a health problem, emergency or injury occurring during my child's attendance in the NCMTS program. I give my consent and authorization to appropriate NCMTS members to use their judgment in seeking medical care for my son or daughter. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I give permission for the NCMTS program to obtain the academic records/information for the above named student throughout his/her high school career and for six years following his/her graduation to allow for annual tracking of NCMTS participant's education as is required by Federal Department of Education regulations to evaluate the NCMTS Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and Department of Education personnel.

I further give permission for the NCMTS program to use pictures, videotapes or audio recordings of the above named student for all program related purposes, including for publication in newspapers and other media. If I do not wish for the NCMTS program to use pictures, videotapes or audio recordings of the above named student I will submit written notification to the program and attach to this application. This consent will remain in effect until its written revocation is received by the NCMTS program at MWCC, 444 Green Street, Gardner, MA 01440.

Parent / Guardian Signature _____ Date _____

STUDENT CODE OF RESPONSIBILITY AND EXPECTATIONS

1. Students are expected to attend school every day.
2. Students are expected to meet with their TRIO advisor.
3. Students are expected to attend any and all workshops, and to fully participate in the program.
4. Students are expected to demonstrate model behavior in and out of school, including while on any and all field trips.
5. Students are expected to take advantage of every opportunity offered in order to make their time with us as beneficial as possible.
6. Students are expected to share academic information with NCMTS staff in order to assist in planning and tracking. Student must also give staff permission to access information relating to their academic progress.
7. Students are expected to have fun and do their best!

I have read the above rules and promise to uphold them and to be a good representative of my school and the NCMTS program. I understand that any serious breach of behavior may result in dismissal from the program.

Student Signature _____ Date _____

** Your application will not be reviewed until both of the required sections above have been completed.*

STUDENT NEEDS ASSESSMENT

Name _____ School _____ Current Grade _____

Address _____ City _____ Zip Code _____

Phone _____ Email Address _____

The following survey contains a number of statements regarding various aspects of student needs. We ask that each student give their honest opinion about how the NCMTS program can help to meet their particular needs. All answers will be kept confidential. Please circle that which best describes you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I need to get better grades in school.	1	2	3	4	5
2. I need to learn how to take better notes.	1	2	3	4	5
3. I need to learn test taking strategies and techniques.	1	2	3	4	5
4. I need to develop strong study skills and habits.	1	2	3	4	5
5. I need to learn how to read a text book more effectively.	1	2	3	4	5
6. I need to develop or improve my time management skills and habits.	1	2	3	4	5
7. I need to know how to prepare for a career that interests me.	1	2	3	4	5
8. I need to learn how to get involved in clubs and organizations.	1	2	3	4	5
9. I need help visiting college campuses.	1	2	3	4	5
10. I need to experience more cultural activities.	1	2	3	4	5
11. I need to learn which high school courses are necessary for college.	1	2	3	4	5
12. I need information on college prep courses and dual enrollment.	1	2	3	4	5
13. I need to learn about college programs and degrees.	1	2	3	4	5
14. I need to learn more about ACT / SAT testing.	1	2	3	4	5
15. I need help applying to college & understanding the process.	1	2	3	4	5
16. I need to learn more about filling out financial aid applications.	1	2	3	4	5
17. I need to learn about how to search for scholarships.	1	2	3	4	5

Student Signature _____ Date _____

Staff Signature _____ Date _____