Mount Wachusett Community College welcomes applications to the Presidential Academy for the Summer 2014 term. This academy offers a college experience to highly qualified high school students seeking an academic challenge.

**THE PRESIDENTIAL ACADEMY**

The 2014 Presidential Academy offers accepted students the ability to take a challenging *Current Topics in Biological Science* course, without paying tuition. Participants are responsible for all other costs associated with their education, including but not limited to textbooks and transportation. Financial aid is not available. Applications received after deadlines will be reviewed on a case by case basis. The Presidential Academy course will run Tuesdays and Thursdays, July 1-31, 2014, at the Gardner Campus.

**REQUIREMENTS - ALL APPLICANTS**

- Must be 16 years of age or older and entering senior year of high school.
- Complete college placement testing and place into ENG101 and MAT096 or higher. (testing appointments will be available once application has been processed)
- Submit official current high school transcript with calculated 3.0 GPA or higher (based on a 4.0 scale)
- Parent/Guardian Approval
- Apply by May 1st

**ENTRANCE CATEGORIES** (Select one)

- Current high school/home school student seeking an additional academic challenge, but does not intend to transfer course credit back to the high school to meet graduation requirements.
- Current high school/home school student who will transfer credits back to the high school to meet graduation requirements.

**ATTENDANCE INFORMATION**

Name: ____________________________________________

Last Name                   First Name                   Middle Initial               Previous Last Name

Mailing Address: ________________________________________________

Street & Apt. #       City                     State       Country       Postal/Zip Code

Permanent Address: ________________________________________________

Street & Apt. #       City                     State       Country       Postal/Zip Code

Email Address: ________________________________________________

Telephone Numbers: Home: ( ) ____________________ Cell: ( ) ____________________

Gender (optional): □ Male       □ Female

Date of Birth: ______/______/______
EMERGENCY INFORMATION

Person to contact in case of emergency:

Name: ____________________________ Relationship to the Applicant: __________________

Address: __________________________________________ Telephone Number: (  ) __________

EDUCATION INFORMATION (to be completed with Guidance Counselor)

I am a current high school / home school student and intend to graduate _________/_______ (month / year).

High School Name: _____________________________________________________________

SASID (REQUIRED): ______________________________________________________________

Student's Current GPA (on a 4.0 scale): ______________ Year in School in Fall 2014: □ Senior

Guidance Counselor Name (Print): ________________________________________________

Title: ____________________________ Phone #: (  ) __________________________

Fax #: ____________________________ Email Address: ________________________________

A student's application must have a Guidance Counselor signature. A signature attests to the accuracy of the information provided.

Guidance Counselor Signature: ____________________________ Date: ________________

SIGNATURES

Parent or Guardian: I hereby give my permission for my child to apply to Mount Wachusett Community College. I also give my child permission to enroll in the program should s/he be accepted. I understand that Mount Wachusett Community College can provide no greater security for high school students than for any other student. I also understand that my student's academic records will be released to his/her high school for inclusion in his/her school records.

Signature of Parent or Guardian: ____________________________ Date: ________________

Student: If accepted to Mount Wachusett Community College, I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I also understand that my academic records will be released to my high school for inclusion in my school records. I certify that all information stated on this application is accurate and complete. Concealment of facts or false statements may result in dismissal.

Signature of Student: ____________________________ Date: ________________

PLEASE REMEMBER TO ATTACH AN OFFICIAL HIGH SCHOOL TRANSCRIPT TO YOUR APPLICATION.

For more information about accommodations for disabilities, please contact the Counselor for Students with Disabilities at 978-630-9120. Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status. In compliance with the Clergy Act (20 U.S.C. 1092(a) and (f)), all prospective students are entitled to review the MWCC Annual Security Report. This report may be accessed online at mwcc.edu or by request through the Office of Admissions.
RELEASE OF INFORMATION

STUDENT RECORD INFORMATION WAIVER

Student Name: ___________________________  ID#: ___________________________

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

I authorize the release of the following student records that are protected under the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, 1974, and all related amendments, for the time period indicated, to the individual(s) listed below:

Item(s) to be released:

___ x 1. Copy of my grade report and/or academic transcript
___ x 2. Copy of my class schedule
___  3. Copy of my student bill/invoice and payment plan information
___  4. Copy of my financial aid award information
___  5. Other, please specify: _____________________________________

Release information to:

Guidance Office

High School Name: ____________________________________________________________

High School Address: __________________________________________________________

Street Address  City  State, Zip

___ I authorize the release of the above information for only the _________________ semester.

___ x  I authorize the release of the above information for every term of enrollment at MWCC for a one-year period effective the date this authorization is signed.

Student Signature: ___________________________

Date: ___________________________

FOR OFFICE USE ONLY: All releases of records authorized by this waiver are tracked in student record on SPACMNT.

Expiration Date: ___________________________

Mount Wachusett Community College
444 Green Street, Gardner, MA 01440-1000