



ACCESS AND TRANSITION

PATHWAYS EARLY COLLEGE INNOVATION SCHOOL APPLICATION FORM

Please complete these forms and return them to PECIS. Please type, or print clearly in blue or black ink. Note: Questions with * are optional.

Application Date: _____

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: _____ Male _____ Female

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. At Home Language*: _____

8. Home Address:

(Number) (Street) (Apartment Number, if any)

(City) (State) (Zip Code)

9. Alternate Address (if different from home):

(Number) (Street) (Apartment Number, if any)

(City) (State) (Zip Code)

10. Home Phone: _____ - _____ - _____ **10a. Cell Phone:** _____ - _____ - _____

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

11. E-mail Address: _____

12. What High School are you from? _____

12a. Have you attended any other high schools? ____ Yes ____ No

12b. If you have attended more than one high school, please list them below:

13. How did you hear about Pathways Early College Innovation School?

14. Have you ever received Special Education Services? ____ Yes ____ No

14a. If you have received Special Education Services, at what grade level did you receive them? _____

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

15a. If yes, please provide a copy of the 504.

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

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

17. Have you ever been dismissed or suspended? ____ Yes ____ No

17a. 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.

18. Who is your high school guidance counselor? _____

19. With whom do you live?

_____ Mother and Father

_____ Mother

_____ Father

_____ Mother and Stepfather

_____ Father and Stepmother

_____ Alone

_____ Aunt or Uncle

_____ Grandparent(s)

_____ Foster Home

_____ Friend

_____ Guardian

_____ Homeless

_____ Residential

_____ Sibling

_____ Other (please explain):

20. 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)

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

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

(Address of emergency contact)	(Phone number)
--------------------------------	----------------

22. Do you have a job? _____ Yes _____ No

22a. If yes, how many hours a week do you work? _____

23. Have you passed the MCAS? _____ Yes _____ No _____ I tested but am waiting for results.

24. Required Signatures:

I certify that 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 into the Pathways Early College Innovation School.

I also understand that I must enroll in the Ralph C. Mahar Regional School District while participating in the Pathways Early College Innovation School. If selected for the program, I agree to abide by the Mount Wachusett Community College Code of Student Conduct and by the policies and procedures of the Pathways Early College Innovation School.

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

Pathways Early College Innovation School 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 the parent or guardian gives permission for Pathways to use pictures, videotapes or audio recordings of the above named student. If I do not wish for Pathways 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 an Access & Transition staff person or is mailed to the Access & Transition office at MWCC, 444 Green Street, Gardner, MA. 01440.**

Applicant Signature:

_____ Date: _____

Parent Signature: (If applicant is under the age of 18)

_____ Date: _____

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.

PARENT/GUARDIAN INFORMATION

(This information is collected for statistical purposes for future programs. Information provided shall remain confidential.)

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: _____

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.**



ACCESS AND TRANSITION

Required Essays

The essay portion of the Pathways Early College Innovation School Application helps the selection committee to become acquainted with you on a personal level, and is one of the important steps in determining which students will be accepted into the program. The application is not complete without these essays.

DIRECTIONS: Please submit typed responses to the following essay questions. Make certain your name is at the top of each page.

Essay 1

Why are you interested in becoming a part of the Pathways Early College Innovation School 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 2

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, even during the summer months? What will motivate you to complete all of your homework each night?

This signature indicates that both essays are a reflection of my original thoughts and writing skills.

Applicant's Signature:

Date: _____

Student Behavioral Contract

If you sign this contract you are agreeing to adhere to the following rules and regulations. If you are found in violation of any of the following, you are subject to the disciplinary discretion of MWCC, the Pathways program, and the Ralph C. Mahar Regional School District.

1. I will make the commitment to put school first during every semester that I am enrolled.
2. I will represent the Pathways program with pride by behaving in a mature and respectful manner in all classes and in my interaction with fellow students and instructors.
3. I will speak kindly and respectfully to and about fellow Pathways students both on and off campus.
4. I will communicate with the director of the program if I have any academic concerns or struggles that may impact my ability to sustain my GPA.
5. I will not participate in illegal activities such as drug use and underage drinking or any other illicit behavior that could jeopardize my well-being or the reputation of the program which I am agreeing to represent.
6. In order to maintain my scholarship I understand that I must maintain a "C" or better in all classes and have a cumulative GPA of 2.5.
7. I will adhere to MWCC's Academic Honesty Policies and turn in my own original work in each class.
8. I will attend all my classes and arrive on time. If for some reason I will be absent I will communicate with the instructor either through phone or email and also notify the director of the program.
9. I understand that missing classes does not alleviate me from my academic responsibilities and I am responsible for submitting my assignments in a timely manner.
10. I will remain in all my classes and if I need to withdraw I will meet with the director of the program to discuss my situation prior to doing anything. If I withdraw from any class after the second class meeting I will pay for the dropped class in full.
11. I will go to the director of Pathways to register for all classes.
12. I understand that I must pay for my own textbooks and supplies.
13. I will attend all Pathways cohort meetings and communicate with the director regularly.
14. If at any time I do not fulfill the requirements of MWCC, Pathways, or Ralph C. Mahar School District, I understand that I am subject to dismissal from the program.

I have read, understand and agree to this contract.

Date: _____

Print student name

Signature

SCHOOL DISTRICT INFORMATION FORM

To the Student:

Directions for this Form: 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. Present this form to the school official in order to receive a copy of your transcript, MCAS scores 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: _____

To the School Official:

This form is being given to you by a student who is applying for the Pathways Early College Innovation School at Mount Wachusett Community College. The Pathways Early College Innovation School is an opportunity for students to earn a high school diploma with the added benefit of an Associate degree or certificate.

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
- _____ Letters of recommendation
- _____ MCAS Test Scores
- _____ *The student's IEP if applicable
- _____ *The student's 504 Plan if applicable
- _____ W-APT/ ACCESS Testing Scores if applicable

Name of School Official (Please print or type) _____

Title of School Official: _____

Signature of School Official _____

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