

# Pre-Healthcare Academy

## Application & Information Packet

Priority Application Deadline  
**March 15th**



**Mount Wachusett  
Community College**

**Application for Entrance**  
September 2019

Thank you for considering the Pre-Healthcare Academy at Mount Wachusett Community College.

MWCC's Pre-Healthcare Academy provides 2018 and 2019 high school graduates an opportunity to gain access into MWCC's competitive health programs. Academy students who maintain a 3.0 GPA throughout the program may enter MWCC's Dental Hygiene Degree (DHY), Physical Therapist Assistant Degree (PTA), or Nursing Degree (NU) during the fall of their second year.

### Information Sessions

Each healthcare program offers information sessions that include program information, the admissions process, and financial aid information. Attendance at one information session is strongly suggested. Transcript reviews are not conducted at these sessions. Please call 978-630-9110 for more information.

**Please place a ✓ next to items you are submitting to the Office of Admissions.**

- Application to the Pre-Healthcare Academy**
- College Placement Test (CPT)** must be completed by the student. Students must test into ENG101 & MAT126 or higher prior to being accepted into the Pre-Healthcare Academy. Students must place into BIO199 or be willing to take BIO109 or BIO113 in the summer prior to starting the academy. All testing must be completed by **March 15, 2019**.
- Two Recommendation Letters** - One letter by the student's guidance counselor and the other letter by a science or math teacher, employer or other teacher.
- High School Transcript or HiSET (formerly GED) Score Report:** High school students should request an official high school transcript that includes the first marking period of the senior year. Also, a final high school transcript must be submitted at the time of graduation that indicates successful completion of the requirements to graduate from high school. All transcript materials requested by the applicant become the property of Mount Wachusett Community College and cannot be released to the applicant or to other institutions or agencies.
- Essay or Personal Statement** about interest in the Pre-Healthcare Academy and intention in chosen profession.
- SAT I and ACT scores are not required but SAT (Reading, Math or English above 500) or ACT scores above 18 may support your application if submitted.
- Scores from AP exams (if applicable)

**I seek enrollment in the Academy to pursue the selected program:**

- Nursing (RN)       Dental Hygiene       Physical Therapist Assistant

I hereby attest I have submitted all documentation required at time of submission for this selective application

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MWCC Admissions personnel

\_\_\_\_\_  
Date



**Mount Wachusett  
Community College**

# Pre-Healthcare Academy

## THE APPLICATION PROCESS

September 2019

This informational page explains the admissions process, as well as the entrance requirements for the Pre-Healthcare Academy program at Mount Wachusett Community College. Please read this information carefully and keep for your records. Students may be eligible to enter a selective A.S. degree program upon completion of the Academy. Mount Wachusett Community College seeks to enroll students who will succeed academically, thrive socially and contribute meaningfully to the campus community.

**Admission to this program is competitive and seats are limited.** Therefore, everyone who applies may not be admitted to the program.

Your high school academic record is an important factor in our evaluation process for Academy admission. The quality and level of courses, grade point average, and grade trends are all considered. Counselor and teacher recommendations are required as is a personal essay. Your work and/or volunteer experience and extracurricular activities may strengthen your overall credentials for admission.

The grades you earn in core college-preparatory courses are re-calculated into a grade point average (GPA). In re-calculating your GPA, you will receive extra credit for honors or Advanced Placement courses. Non-college preparatory courses are not included; therefore, the GPA calculated by the college will be different than the GPA calculated by your high school.

Your grades will be converted to a 4.0 scale, where "A" = 4.0, "B" = 3.0, "C" = 2.0, and "D" = 1.0. A 3.0 minimum GPA is preferred.

Candidates for admission who have a HiSET (formerly GED) must submit official HiSET score reports with a preferred minimum attainment in the 75th percentile in all subject areas.

High school students should request an official high school transcript that includes at least the first marking period of the senior year. **A final high school transcript must be submitted at the time of graduation that indicates successful completion of the requirements to graduate from high school.** All transcript materials requested by the applicant become the property of Mount Wachusett Community College and cannot be released to the applicant or to other institutions or agencies.

Students wanting to apply to the Associate Degree Nursing Program must take the Test of Essential Academic Skills (TEAS) during the program. The TEAS is a computer based assessment that tests students on their reading, mathematics, science, and English. **The TEAS must be completed by June 15 of your second semester.**

### Information Sessions:

Each healthcare program offers information sessions that include program information, the admissions process, and financial aid information. Attendance at an information session is strongly suggested. Transcript reviews are not conducted at these sessions. Sessions are listed online at [mwcc.edu](http://mwcc.edu). Please call 978-630-9110 for more information or to register to attend.

### Priority Application Deadline for Fall 2019:

Enrollment in the Pre-Healthcare Academy is restricted to fall semester only. Students should submit the required application materials to the Office of Admissions by March 15, 2019. **All testing must be completed by March 15, 2019 to remain eligible for consideration.** Admission decisions will be mailed out to all applicants mid-April.

Students must successfully complete BIO109 or BIO113 or complete competency exam for BIO113 before fall semester if admitted to the program.

### Financial Aid Information:

To apply for financial aid, students must complete the FAFSA, available on the Federal Financial Aid Web site at [www.fafsa.gov](http://www.fafsa.gov). Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses. MWCC strongly encourages you to complete the FAFSA. If you have questions about your financial aid application or college financial planning, please call the college Financial Aid Office (978) 630-9169 or online at [mwcc.edu/financial](http://mwcc.edu/financial)

**PLEASE KEEP THIS INFORMATIONAL PAGE FOR YOUR RECORDS**



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*Community College*



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### EDUCATION INFORMATION

Have you been awarded one of the following:  High School Diploma  HiSET (GED) Certificate  Home School Diploma

Name of High School/Home School/Testing Center: \_\_\_\_\_ Location: \_\_\_\_\_

Date Awarded (month/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ (documents awarded outside of the U.S. must be evaluated to meet U.S. standards) City State

If you do not have one of the above items, select and complete one of the following:

- I am a current high school, home school, HiSET (GED) student at \_\_\_\_\_ with intent to graduate \_\_\_\_/\_\_\_\_  
Name of school City State Month Year
- I am not a high school student or do not have my HiSET (GED) certificate.

Have you completed any college courses?  Yes  No

Have you taken any A/P courses?  Yes  No If yes, please provide the score report.

### RESIDENCY INFORMATION (Required by all applicants)

Please select one of the following:

- I have been a Massachusetts resident for six (6) continuous months and intend to remain here. Date began Massachusetts residency \_\_\_\_\_  
As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents\* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.
- Valid Driver's License  Utility Bills\*  Employment Pay Stub\*  Valid Car Registration  
 Voter Registration\*  State/Federal Tax Returns\*  Mass. High School Diploma  Signed Lease or Rent Receipt\*  
 Military Home of Record\*  Record of Parents' Residency for Unemancipated Person\*  
 Other \_\_\_\_\_
- I am an eligible participant in the New England Board of Higher Education's Regional Student Program.
- I do not reside in Massachusetts, but have a parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)



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### PERSONAL INFORMATION

**Ethnic Background:** Do you identify yourself as:  Hispanic or Latino  Not Hispanic or Latino

**Race:** Select one or more races, as you identify yourself:

- American Indian or Alaskan Native  Asian  Black or African American  White  
 Cape Verdean  Native Hawaii or Pacific Islander

**Marital Status:**  Married  Single  Divorced  Separated  Widowed

**Have you, your spouse, or your parents ever served in the U.S. Military:**  yes  no

**Emergency Contact Person:** Name: \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street & Apt. # City State Postal/Zip Code

### SIGNATURE

I hereby apply to MWCC. 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 understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

I understand and consent to the information provided on this completed form being used to contact me by (check all that apply):  
 automated telephone  text messaging for matters related to my enrollment at Mount Wachusett Community College.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

(Required if applicant is under the age of 18 at time of application)

\_\_\_\_\_  
**Date**



**Mount Wachusett**  
*Community College*



# Pre-Healthcare Academy

## Employment/Volunteer Form

September 2019

Name: \_\_\_\_\_  
Last Name First Name Middle Initial Previous Last Name

MWCC Student ID (if known): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Healthcare Or Related Field Experience:

List employment/volunteer with the most recent positions first. **Include only healthcare or healthcare-related experience.** Attach additional sheets if necessary. (Resumes are acceptable.)

Does not apply

Employer/volunteer organization	Position or Certification	Dates from/to	Supervisor Name & Phone No.

I certify that all information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature (if applicant is under 18) \_\_\_\_\_

Date \_\_\_\_\_







# Pre-Healthcare Academy

## Recommendation Form

September 2019

Complete the top portion of this form, sign it, then send it to the recommender with a stamped envelope addressed to:

Office of Admissions, MWCC, 444 Green Street, Gardner, MA 01440

I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

### Check One of the Following Statements:

- I hereby WAIVE my right of access to this recommendation.
- I DO NOT WAIVE my right of access to this recommendation.

**Applicant Name:** \_\_\_\_\_

Last Name

First Name

Middle Initial

Previous Last Name

**Applicant Signature**

**Date**

To the Recommender: The individual named above has applied for admission to the MWCC Pre-Healthcare Academy. We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of a healthcare team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications. Please complete this evaluation form or write a letter.

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not either waive right of access or sign the statement above and matriculates, the student will be permitted to review this reference upon request.

### Acquaintance with Applicant

How long and in what context have you known this applicant? \_\_\_\_\_

### Comments

Please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and healthcare professional. Use an extra sheet if needed.

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\_\_\_\_\_  
**Recommender Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone**



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I understand that federal legislation provides me with a right of access to this recommendation after I matriculate; while this right may be waived, no school or person can require me to waive this right.

### Check One of the Following Statements:

- I hereby WAIVE my right of access to this recommendation.
- I DO NOT WAIVE my right of access to this recommendation.

### Applicant Name:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Previous Last Name

### Applicant Signature

### Date

To the Recommender: The individual named above has applied for admission to the MWCC Pre-Healthcare Academy. We are seeking information that will aid us in the selection of capable students. It is important that students selected to this program be able to complete their academic and technical work successfully. They should also possess the personal qualifications essential for a member of a healthcare team. The applicant has selected you as an individual who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications. Please complete this evaluation form or write a letter.

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\_\_\_\_\_

Recommender Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Phone



# Pre-Healthcare Academy

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**Application for Entrance:** September 2019

**Application Deadline:** March 15, 2019

## Contact & Campuses

### Office of Admissions

Tel: 978-630-9110

Fax: 978-630-9554

Email: [admissions@mwcc.edu](mailto:admissions@mwcc.edu)

Web: [mwcc.edu/admissions](http://mwcc.edu/admissions)

### Financial Aid Office

Tel: 978-630-9169

Fax: 978-630-9459

Email: [financialaid@mwcc.mass.edu](mailto:financialaid@mwcc.mass.edu)

Web: [mwcc.edu/financial](http://mwcc.edu/financial)

### Student Accounts Office

Tel: 978-630-9386

Fax: 978-630-9459

Email: [bursar@mwcc.mass.edu](mailto:bursar@mwcc.mass.edu)

Web: [mwcc.edu/student-accounts](http://mwcc.edu/student-accounts)

### Gardner

444 Green Street  
Gardner, MA 01440  
978-630-9110

### Devens

One Jackson Place  
27 Jackson Rd.  
Devens, MA 01434  
978-630-9569

### Leominster

100 Erdman Way  
Leominster, MA 01453  
978-630-9810

### Fitchburg (Dental Only)

326 Nichols Road  
Fitchburg, MA 01420  
978-878-8564

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