

Student Application



Personal Information

NAME: _____ Student ID: _____
Last, First, MI

Permanent Address: _____
Street, Route or P.O. Box
City/Town, State, Zip Code

Room 134
978- 630-9297
mwcc.edu/visions

MWCC Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: [] Male [] Female

Citizenship: [] U.S. Citizen [] Permanent Resident [] Other

Ethnicity: Please select one [] Hispanic or Latino [] Not Hispanic or Latino

Race: Please select all the apply [] American Indian or Alaskan Native [] Asian [] White
[] Black or African-American [] Native Hawaiian or other Pacific Islander

MWCC

Major (Program of Study) at MWCC: _____

Enrollment Status: [] Part Time [] Full Time

Have you completed your FAFSA? [] Yes [] No

Do you intend to earn a degree or certificate at MWCC? [] Yes [] No

Do you intend to transfer to a four-year institution? [] Yes [] No

Prior Education

High School Attended: _____ City/ State: _____ Graduation Year: _____

HiSET/GED: _____ Where: _____ Year Received: _____

Prior TRIO Participation (Talent Search, Upward Bound, EOC): _____

Other College Attended: _____ Year: _____

Do you hold a bachelor's degree? [] Yes [] No Year: _____

Have you arranged for your transcripts to be sent to MWCC? [] Yes [] No

Technology Access

Do you have access to a reliable computer and printer at home? [] Yes [] No

Do you have reliable internet access at home? [] Yes [] No

Eligibility:

Parents' Educational Background

Did either of your natural or adoptive parents complete a 4-year (bachelor's) degree? Yes No

If **Parent 1** earned a four-year degree, did s/he complete it before you turned 18? Yes No

If **Parent 2** earned a four-year degree, did s/he complete it before you turned 18? Yes No

At age 18, were you living with your natural or adoptive parent(s)? Yes No

Please specify which parent:

Parent 1 Parent 2 Parent 1 & 2 Other _____

Disability Disclosure

Do you have a disability? Yes No

Specify Disability (Optional): _____

Have you provided documentation to the Coordinator of Disability Services? Yes No

Academic Need

A. Rate each item on a scale of 0-3 to indicate challenges in each area.

0- No problem 1- Slight Difficulty 2- Moderate Difficulty 3. Extreme Difficulty

_____ Job Responsibilities

_____ Reading

_____ Interpersonal Communication Skills

_____ Writing Skills/ Paper Writing

_____ Time Management

_____ Math

_____ Family Responsibilities

_____ Taking Notes

_____ Stress

_____ Study Skills

_____ Computer Skills (Microsoft Office, internet)

_____ Exams

B. Answer the following questions

Do you often receive encouragement from the important people in your life (family, friends) in pursuing your college degree? Yes No

Are you confident in your current choice in career and/ or academic programs? Yes No Unsure

Academic Need

C. In the space provided, or on a separate page, please answer the following questions fully. Your answers will help us determine how we will be able to support you in your educational journey.

What drives you to pursue an education at MWCC? What are your educational, transfer and career goals?

Write about an obstacle or barrier you have overcome. How were you able to overcome this challenge?

Why are you applying to the Visions Program? What challenges (work, family, academic outlook, etc.) do you face? What are you looking for in your support system that you hope to find in the Visions Program?

Consent for Student Record Review

I certify that I am at least 18 years old and authorize the Visions Program (TRIO/Student Support Services) to access any and all financial and academic information and/or disability documentation in order to determine my eligibility for services, track my academic progress, and for other legitimate purposes related to my participation in the Visions Program. I understand this information will remain confidential. By signing below, I also certify that the information I have provided on this application is true and correct to the best of my knowledge. I may be photographed during Visions events and such photographs may be used by MWCC under the college model release policy. A copy of the MWCC model release policy is available on request.

Date ___/___/___ Student's Signature _____

For students under the age of 18, a parent's signature is required.

Date ___/___/___ Parent's Signature _____

STAFF USE ONLY

Interview Notes:

Assessment Scores

Subject	Scores	Dates	Scores	Dates
ENG OVR				
Essay				
Reading				
PLACEMENT				
Math OVR				
QAS				
AAF				
PLACEMENT				

Date Received _____
 Grant _____
 Cohort _____
 First Generation Yes No
 Low Income Yes No
 Disability _____ Yes No
 Academic Need Code _____
 GPA _____
 Credits Completed _____
 Transfer Credits _____
 Eligibility Verified by _____

Fundamental Courses Yes No

Application Processing:

Status: Accepted Not Accepted Ineligible Date __/__/__

Comments _____

Intake completed by _____ Date __/__/__

Data Entry: BANNER APP __/__/__ Advisor __/__/__ Cohort Year __/__/__
 Eligibility __/__/__ Student Access __/__/__

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.

If you have a disability and may require accommodations in order to participate fully in Program activities, please contact the Director of the Program at (978) 630-9297 to discuss your specific need.

The Student Support Services Visions Program is a TRIO program funded by the U.S. Department of Education.



Income Information

The information you supply on this form is important in determining your eligibility for the program. Please make sure to read below and complete it accurately.

Please indicate your status as **Dependent** or **Independent** using the criteria listed below:

Independent Student: *You must meet at least one of the following conditions*

- You are over 24 years of age.
- You are married, a veteran, or otherwise legally emancipated.
- You have legal dependents, other than a spouse, who you support at least 50% of the time.
- Because of special circumstances, you were not required to submit your parents' income information on the FAFSA for the 2019-2020 academic year.

Dependent Student: *None of the above criteria applies to you*

Independent Student: Use your 2018 federal income tax return	Dependent Student: Use your parents' 2018 federal income tax return
1a. Were you required to <u>file 2018 taxes</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/> ***If you answered no, skip to certification	1a. Was your family required to <u>file 2018 taxes</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/> ***If you answered no, skip to certification
1b. What was your taxable income for 2018 ? (Form 1040, line 10)? _____	1b. What was your family's taxable income for 2018 ? (Form 1040, line 10)? _____
2. How many members of the household were included on the 2018 taxes? _____	2. How many members of the household were included on the 2018 taxes? _____

CERTIFICATION:

I certify that the above information is true and accurate to the best of my knowledge. I understand that this information is confidential and will be used to document my eligibility status for the Visions Program at Mount Wachusett Community College.

Student Name (Print)

Student ID

Student Signature

Date

Parent/Guardian signature is required for dependent student.

Parent/Guardian Signature

Date