

# Health Career Opportunity Program (HCOP) Catalyst College & Immersion

## Admission Application Form

Student Name: \_\_\_\_\_

MWCC Student ID: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

**Priority Application Deadline: April 6, 2020**



**Application for Entrance**  
Summer/Fall 2020

### Overview

The purpose of MWCC's grant-funded Health Career Opportunity Program (HCOP) is to build an allied health pipeline for selected students from Mount Wachusett Community College (MWCC). The pipeline will promote health profession careers other than nursing, including direct/indirect patient care and behavioral health fields, improve student retention, matriculation and graduation rates, and expose students to the primary care setting in our region. This project will prepare students for careers in allied healthcare fields in the rural and medical underserved region of North Central Massachusetts. Incoming enrolled and current MWCC students with an interest in a health profession are offered the opportunity to apply. Preparing students for entry into MWCC's allied health profession and/or transfer degrees, the program will facilitate entry into health career programs by providing college courses, counseling/mentoring, healthcare training workshops, exposure to primary care activities and health research training.

Admission to the program is based on the student's educational and/or economic need, and seats may be limited therefore only fully completed applications will be considered. Progress through completion of the program components may be rewarded with scholarships or stipend monies; to be utilized at MWCC. Please contact the HCOP Director if you have any questions at 978-630-9307.

### PROGRAM INFORMATION

- Applicants must be incoming enrolled or current MWCC students. Program elements include:
  - **Catalyst Immersion (5-day/week, 5 week program held on July 13 - August 14, 2020)** includes exposure to health careers, guest speakers, Heywood Healthcare Camp MED program; health research training and healthcare skills training such as CPR during a 3 credit career exploration course. Participants receive stipend incentives at completion of this element; to be utilized at MWCC. Requires submission of health immunization documents
  - **Catalyst College (year-long program begins in fall term)** includes free college courses, exposure to health careers, guest speakers, health facility tours/observations; health research training and healthcare skills training such as CPR. Participants receive scholarship award at completion of this element; to be utilized at MWCC.
  - **Please indicate which program element(s) you wish to participate in:**
    - Catalyst Immersion followed by Catalyst College
    - Catalyst Immersion only
    - Catalyst College only

**Applicants submit the following to the HCOP staff:**

- Completed Health Career Opportunity Program Catalyst Immersion & College application.

FOR HCOP STAFF USE ONLY	
Term Starting	Cohort code: <input type="checkbox"/> 2019/20 <input type="checkbox"/> 2020/21 <input type="checkbox"/> 2021/22 <input type="checkbox"/> 2022/23
HCOP Academic Counselor Signature:	Date:



Office of Admissions | 444 Green St., Gardner, MA 01440  
P: 978-630-9110 | F: 978-630-9554 | admissions@mwcc.edu

APO08-09 Rev:Feb20  
AA/EEO Institution

# HCOP CATALYST COLLEGE & IMMERSION PROGRAM POLICIES

## SPECIAL PROGRAM REQUIREMENTS (CATALYST IMMERSION PARTICIPANTS ONLY)

A required component of the Immersion experience includes participation in Heywood Healthcare System's Camp MED program. This one week program embedded within Immersion is held at Athol/Heywood Hospitals under the supervision of hospital staff providing students with real-life exposure to a variety of healthcare careers in the hospital setting. Prior to assigning a student to Camp MED, Heywood Healthcare requires students complete their student packet. This packet contains an internship form, authorization for a background check, Heywood Healthcare Policies, and a Policy Acknowledgement form. In addition to that, HCOP must provide documentation confirming the student has submitted evidence of the following up-to-date medical elements to MWCC Health Services office:

- Physical examination conducted within the last year by a licensed health care provider
- Proof of the following current immunizations
  - Annual PPD
  - Measles, Mumps and Rubella (MMR)
  - Hepatitis B
  - Pertussis (Tdap) within 10 years
  - Chicken Pox: 2 vaccines or a positive antibody titer
  - Influenza vaccine (most recent season)

For more information, contact the MWCC Health Services office at 978-630-9136.

## PROGRAM COSTS

Students participating in HCOP will have HCOP-selected college course(s) tuition and fees paid for by the program's grant funding. This includes costs for books, free tutoring in their cohort HCOP classes provided by trained MWCC peer tutors, field trips and some transportation. The program will not cover costs of the required medical elements (Catalyst Immersion participants only).

## PROGRAM ACCEPTANCE

Fully completed applications will be reviewed on an individual basis. Students who meet the educational and/or economic requirements and demonstrate motivation/potential to seek an allied health degree will be considered for acceptance to the program. In the event there are more students than available seats in the program, HCOP staff will select students based on assignment of points related to admission criteria from the HCOP application and interview questionnaire. Due to the selective and competitive nature of the Health Career Opportunity Program, not all applicants who apply to the program will be selected to participate. For that reason, fully completing the HCOP application is imperative.

## ADVISEMENT, REGISTRATION & PARTICIPATION

HCOP students will meet with their HCOP Academic Counselors on a regular basis. The program will consist of a required 4-credit course, HEA 106 Exploring Health Careers: Charting a Plan for Success, as well as other credit-bearing courses offered through MWCC. The Academic Counselors will assist students in developing individualized success plans to address their academic/personal goals and assist them in registering for classes. Any student who does not successfully complete courses enrolled within a given semester may be subject to re-evaluation or dismissal. Each student's enrollment status and course load for future semesters will be evaluated based on his/her most recent semester. Students must comply with all MWCC student policies as outlined in the MWCC Student Catalog including add/drop and withdrawal deadlines and accompanying procedures.

## SCHOLARSHIP/STIPEND AWARD

HCOP participants must complete HEA 106 Exploring Health Careers: Charting a Plan for Success with a minimum of a C(+) (MWCC grading scale) to be eligible to receive scholarship funds. Graduating seniors can earn up to \$1500 scholarship funds which will be awarded upon matriculation to MWCC in a non-nursing health profession major or transfer degree that leads to a health career. Additional scholarship money may be available to students in subsequent semesters at MWCC as long as they continue in a health profession major and hold a minimum of 2.7 cumulative GPA in the previous semester.

Participants in the Catalyst Immersion program will earn a \$40 stipend for daily attendance (9am - 3pm); up to \$1,000 total. What constitutes attendance will be discussed in the Catalyst Immersion orientation. The stipend will be automatically deposited into the student's personal bank account at the end of the five week program.

## WITHDRAWAL

Withdrawal from Courses: In the event a student withdraws from any college courses financially covered by HCOP, the student may be required to refund the program the funding utilized for the course tuition and/or fees. The student must be aware of the implications of any withdrawal, as it may affect progress toward degree and future eligibility for financial aid. Please see the MWCC College Catalog & Student Handbook for details about withdrawal from courses.

Withdrawal from HCOP: Students deciding to withdraw from HCOP or selecting a major that is not included within the North Central Health Career Opportunity Program (NA-HCOP) are required to complete the HCOP Withdrawal document and submit it to HCOP staff. This document is found in the HCOP Handbook. Students who officially withdraw from HCOP will not be eligible for any further financial or academic support from the program.

## PLEASE KEEP THIS INFORMATIONAL PAGE FOR YOUR RECORDS

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# HCOP CATALYST COLLEGE & IMMERSION

Legal Name:

Last (family or sur) Name

First Name

MI

Previous Last Name:

Preferred First Name (only if different from above): \_\_\_\_\_ For info, go to [mwcc.edu/current-students/records](http://mwcc.edu/current-students/records)

Personal Email \_\_\_\_\_ MWCC Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Gender:  Male  Female  \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship (REQUIRED): Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

I am a U.S. Citizen

I am a Permanent Resident. Must provide Alien Registration Number \_\_\_\_\_

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

Current or prior TRIO Participation (Rx, Visions, Gear Up, Talent Search, Upward Bound)?  Yes  No

If yes, please list which program(s): \_\_\_\_\_

Are you enrolled in the IDSH major?  Yes  No If no, please list your declared major: \_\_\_\_\_

Are you currently enrolled in a MWCC selective healthcare program (Dental Hygiene, Paramedic, Physical Therapist Asst or Veterinary Tech)?  Yes  No

Do you intend to transfer to a four year college?  Yes  No

## ECONOMIC ELIGIBILITY INFORMATION (REQUIRED)

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 refer to your most recent U.S. Tax Form 1040

1. Were you and/or your family required to file income taxes in the past 2 years?  Yes  No (If no, continue to education/academic eligibility section)
2. What tax year is this information from : \_\_\_\_\_
2. What was your family's adjusted gross income for the tax year listed in the previous question? (tax form, line 7) \$ \_\_\_\_\_
3. What was the family size listed on that same tax return? (tax form, page 1) \_\_\_\_\_

## EDUCATION ELIGIBILITY INFORMATION (REQUIRED)

High School Graduated from: \_\_\_\_\_

Year Graduated from High School: \_\_\_\_\_

Do either of your natural/adoptive parents or legal guardians have a four-year college degree?  Yes  No

All participants must have an interest in a health career (non-nursing) field. Indicate which health science majors you have interest in at this time (may select more than one).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Biology (transfer degree)                   | <input type="checkbox"/> Human Services (social services such as psychology, social work or sociology) | <input type="checkbox"/> Paramedic                    |
| <input type="checkbox"/> Dental Hygiene/Assisting                    | <input type="checkbox"/> Human Service Technician  | <input type="checkbox"/> Pharmacy (transfer degree)   |
| <input type="checkbox"/> Exercise & Sports Science (transfer degree) | <input type="checkbox"/> Substance Abuse Counseling  | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Interdisciplinary Studies - Allied Health   | <input type="checkbox"/> Medical Assisting   | <input type="checkbox"/> Radiology Technology         |
| <input type="checkbox"/> EMT   | <input type="checkbox"/> Medical Laboratory Technology   | <input type="checkbox"/> Veterinary Technology        |
| <input type="checkbox"/> Phlebotomist                                |  |   |

## **APPLICANT INTERVIEW QUESTIONNAIRE (REQUIRED)**

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Please answer the following questions thoroughly; providing evidence of your motivation and potential to seek an allied health degree

**What do you know about the Health Career Opportunity Program?**

**What makes the Health Career Opportunity Program the right program for you?**

**What will motivate you to complete this program?**

**Talk about your current long-term goals. What is the highest level of education you hope to achieve?**

**Have you experienced obstacles in the way of your educational success? If so, please explain.**

**What kinds of support have you found helpful?**

**Is there anything else about you that we have not already discussed that you would like to share in support of your application?**



**Mount Wachusett**  
*Community College*



## HCOP RELEASE SIGNATURE (REQUIRED)

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I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements that may impact my eligibility may result in my dismissal from the program, as well as requiring me to refund any and all program expenses paid by the grant. My signature confirms that I have read, understand and agree to the following program information and policies:

- ✓ Special Program Requirements (Catalyst Immersion Participants Only)
- ✓ Program Costs
- ✓ Program Acceptance
- ✓ Advisement, Registration & Participation
- ✓ Scholarship/Stipend Award
- ✓ Withdrawal

I am aware that I will be required to complete periodic HCOP surveys during the course of my time in the program as well as after I have completed the program to assist HCOP staff in program planning and outcomes assessment. I give HCOP staff permission to access information relating to my academic progress. In the event I withdraw from any college courses financially covered by HCOP, I will be required to reimburse the Health Career Opportunity Program for said courses.

I further give permission for the Health Career Opportunity Program to use pictures, videotapes or audio recordings for all program related purposes, including for publication in newspapers and other media. If I do not wish for the Health Career Opportunity Program to use pictures, video tapes or audio recordings, 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 Health Career Opportunity Program at MWCC, 444 Green Street, Gardner, MA 01440.

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.

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**Student/Applicant Signature**

**Date**

For questions or concerns, please contact: Lisa Stejskal, Director of the Health Career Opportunity Program at 978-630-9307 or email her at [lstejskal@mwcc.mass.edu](mailto:lstejskal@mwcc.mass.edu)

# STAFF USE ONLY

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Application processing completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**U.S. Citizen or Permanent Resident**       Yes       No       NA/Unknown

**Economic Eligibility:**

Tax Year: \_\_\_\_\_  Yes       No       NA/Unknown

Low/No Tax AGI Income Eligibility  Yes       No       NA/Unknown

Free/Reduced HS Lunch Eligibility  Yes       No       NA/Unknown

**Educational Eligibility:**

HS Name: \_\_\_\_\_  Yes       No       NA/Unknown

Low HS Graduation or College Placement Rate  Yes       No       NA/Unknown

First Generation to College  Yes       No       NA/Unknown

**HCOP Status:**       Eligible       Ineligible

**Cohort Year:**       HCOP 2019/2020       HCOP 2020/2021       HCOP 2021/2022       HCOP 2022/2023

Student notified by MWCC email about status of eligibility to HCOP

Documentation of HCOP status/email to student on MWCC Advisor Link

Comments: