

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

## Admission Application Form

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

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

**Priority Application Deadline: May 15, 2022**

(Application acceptance on a rolling basis after deadline if seats available)



**Application for Entrance**  
Summer/Fall 2022

### 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 scholarship opportunities, counseling/mentoring, healthcare training workshops, exposure to primary care activities and health research training.

Please note: The current five-year MWCC HCOP grant is scheduled to conclude August 31, 2023. While MWCC plans to apply for renewal of the grant, funding beyond August 31, 2023 is not guaranteed.

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.

- **Catalyst Immersion (June 20 -July 29, 2022)** requires participation in HEA106, a free, 4-credit career exploration course taught by HCOP academic counselors which provides exposure to health careers, guest speakers, and healthcare skills training such as CPR. Additionally, students are required to participate in a free, non-credit course related to health research training. Opportunities for simulated job shadowing will be available in lieu of in-person, job shadowing experiences. Participants may receive a scholarship award for successful completion of these elements to be utilized at MWCC. Immersion participants can continue to be served with HCOP support during the entire academic year through our Catalyst College.
- **Catalyst College (year-long program begins in fall term)** requires participation in HEA106, a free 4-credit career exploration course taught by HCOP academic counselors which provides exposure to health careers, guest speakers, and healthcare skills training such as CPR. Participants may receive a scholarship award for successful completion of this element to be utilized at MWCC. In future semesters, students will have the opportunity to participate in other structured program elements such as simulated job shadowing, cultural competency engagement and health research training, making the student eligible for subsequent scholarship awards.
- **Please indicate which program element(s) you wish to participate in:**
  - Catalyst Immersion followed by Catalyst College
  - Catalyst Immersion only
  - Catalyst College only

#### FOR HCOP STAFF USE ONLY

Term Starting		Cohort code: <input type="checkbox"/> 2022/23
Received Application Date:		
HCOP Academic Counselor Signature:		Date:



**Mount Wachusett**  
*Community College*

Office of Admissions | 444 Green St., Gardner, MA 01440  
P: 978-630-9447 | F: 978-630-9554 | admissions@mwcc.edu

AP008-09 Rev:Feb22  
AA/EEO Institution

# HCOP CATALYST COLLEGE & IMMERSION PROGRAM POLICIES

## SPECIAL PROGRAM REQUIREMENTS (CATALYST IMMERSION PARTICIPANTS ONLY)

*\*Due to the Covid-19 pandemic, Heywood Healthcare System has suspended indefinitely their Camp MED program. When it resumes, we will re-institute this valuable component to the Immersion experience. In lieu of that, a "simulated job shadowing experience" has been developed. This will not require the health information listed below. Please contact the HCOP Director if you have questions.*

A required component of the Immersion experience includes participation in Heywood Healthcare System's Camp MED program, an in-person job shadowing experience. 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 Acknowledgment 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)
  - Covid-19 vaccine series

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

## PROGRAM COSTS

There is no cost to students to participate in our program. HCOP funds are utilized to minimize student's financial barriers to academic success. This includes providing HCOP participants with loans of required textbooks, exclusive tutors in addition to the MWCC ASC tutors, field trips, reimbursement for mileage for required clinical experiences, and other educational tools required by course instructors. The program will not cover costs of the required medical/immunization elements related to in-person job shadowing listed under the "Special Program Requirements (Catalyst Immersion participants only)."

## PROGRAM ACCEPTANCE

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. 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. After the deadline expires, completed applications will be reviewed. 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. If seats remain available after the review of initial applications, any applications received will be reviewed on a rolling basis. Once all seats have been filled, qualified applicants will be placed on a waitlist if they choose in the event a seat becomes available.

## ADVISEMENT, REGISTRATION & PARTICIPATION

HCOP students will meet with their HCOP Academic Counselors on a regular basis. The program requires students complete the HCOP taught section of HEA 106 Exploring Health Careers: Charting a Plan for Success in their first term as program participants. The Academic Counselors will assist students in developing individualized success plans to address their academic/personal goals and assist them in registering for classes. 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 AWARD

Catalyst College participants that remain enrolled in an HCOP supported major will be eligible to receive an initial scholarship award upon the completion of HEA 106 with a minimum of a C (+). This scholarship will be issued to the student in their subsequent enrolled semester after the term's first add/drop period expires. Additional scholarship money may be available to students in subsequent semesters at MWCC if they meet all of these conditions:

1. Remain enrolled in an HCOP supported major in MWCC classes
2. Hold a minimum of 2.7 cumulative GPA in the previous semester
3. Remain registered in MWCC classes for the given term after the first add/drop period expires
4. Successful completion of at least one HCOP structured element (i.e. Cultural Awareness Engagement, Simulated Job Shadowing, Health Research Training) in the prior semester

## WITHDRAWAL

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

# 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: \_\_\_\_\_  
Street City State

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
2. What tax year is this information from : \_\_\_\_\_
3. What was your family's adjusted gross income for the tax year listed in the previous question? \$ \_\_\_\_\_
4. What was the family size listed on that same tax return? \_\_\_\_\_

## 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 Hygienist/Assistant                  | <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 Assistant   | <input type="checkbox"/> Radiology Technologist       |
| <input type="checkbox"/> EMT   | <input type="checkbox"/> Medical Laboratory Technologist   | <input type="checkbox"/> Respiratory Care             |
| <input type="checkbox"/> Phlebotomist                                |  | <input type="checkbox"/> Veterinary Technologist      |

## **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?**

## 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)