



Pathways Early College

APPLICATION FORM

Please complete this form and return them to the Pathways office/advisor. Please type or print clearly in blue or black ink.
Note, questions with an * are optional.

Application Date: _____

PERSONAL INFORMATION

Legal Name: _____
Last (family or sur) Name First Name MI

Preferred First Name (only if different from above): _____

SASID#: _____
(Ask Guidance Counselor)

Mailing Address: _____
Street & Apt. # or P.O. Box City State Postal/Zip Code

Alternate Address: _____
(if different from home) Street & Apt. # or P.O. Box City State Postal/Zip Code

Phone Numbers: Home: _____ Cell: _____
Alternate: _____ Alternate Number Owner: _____

Email Address: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Ethnicity: Asian/Pacific Islander Black/African-American Hispanic/Latino Native American/Alaskan Native
 White/Caucasian Other _____

Native Language: _____ Second Language: _____ Language Spoken at Home: _____

Are you enrolled in any English as a Second Language (ESL) or English Language Learner (ELL) classes? Yes No

Primary Guardian(s):

Last Name: _____ First Name: _____ MI: _____ Relationship to you: _____

Last Name: _____ First Name: _____ MI: _____ Relationship to you: _____

In case of emergency, whom should be contact?

Last Name: _____ First Name: _____ MI: _____ Relationship to you: _____

Address of Emergency Contact: _____
Street & Apt. # or P.O. Box City State Postal/Zip Code

Emergency Contact Phone Number: _____

How did you hear about Pathways Early College? _____



PATHWAYS EARLY COLLEGE

EDUCATION INFORMATION

What High School are you from?

Have you attended any other high schools? Yes No

Name of School _____ City _____

Please list other High Schools if applicable: _____

Name of most recent Guidance Counselor: _____

Have you received any Special Education Services Yes No

During what grade level(s)? _____

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

If yes, please provide a copy of the 504.

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

If yes, please provide a copy of the IEP.

Have you ever been dismissed or suspended? Yes No

If yes, please explain why and tell us what kind of support you will need to ensure that this behavior will not happen again.

Do you have a job? Yes No If yes, how many hours a week do you work? _____

Which high school MCAS exams have you taken? Please indicate results.

English

Pass: Yes No Not sure

Math

Pass: Yes No Not sure

Biology

Pass: Yes No Not sure

None

If English is not your first language, have you taken the ELL (MEPA) or ACCESS for ELLs assessment? Yes No Level achieved? _____

Required Signatures: I certify 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 to the Pathways Early College Experience. I also understand that I must be enrolled the Gardner Public Schools while participating in the Pathways Early College Experience. 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 Experience. 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 Experience frequently uses pictures, videotapes and audit recording of students in the program for publication in articles that may appear in local newspapers or other publications. I, the student or parent/guardian, give 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 it to this application. **This consent will remain in effect until its written revocation is received by an Access & Transition Division staff person or is mailed to the Access & Transition Division office at MWCC, 444 Green Street, Gardner, MA 01440.**

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If applicant is under the age of 18)

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 to discuss your specific needs. In some cases, a two-week notice may be necessary.



PATHWAYS EARLY COLLEGE

ESSAY REQUIREMENT

The essay portion of the Pathways Early College Experience Application helps the selection committee to become acquainted with you on a personal level and is one of the important steps for your application. The application is not complete without the two essays.

Directions: On separate sheets of paper, please respond to all two essay questions. Please make certain that your name is clearly printed or typed at the top of each page. Please label each essay number and section.

Essay 1

Why are you interested in becoming a part of the Pathways Early College Experience 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?

I certify by signing below that I wrote my own essays and they reflect my own original thoughts, words, and writing skills.

Applicant's Signature: _____ **Date:** _____



PATHWAYS EARLY COLLEGE

SCHOOL DISTRICT INFORMATION FORM

Directions to the Student: 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 Chair. Present this form to the school official in order to receive an official copy of your transcript, MCAS scores, letter of recommendation, 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 transcriptions, MCAS scores, IEP, 504 Plan and letters of recommendation as applicable, for the applicant named above:

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Directions to the School Official: This form is being given to you by a student who is applying for the Pathways Early College Program. The Pathways Program is an opportunity for students to earn a high school diploma with the added benefit of an Associate degree.

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
- MCAS/MEPA Scores (High School only)
- IEP or 504 Plan if applicable

- Letter(s) of recommendation
- Attendance and Conduct Records
- W-APT / ACCESS Testing Scores if applicable

Student SASID# _____

Student's GPA (on a 4.0 scale): _____

(The GPA is needed for Gateway to College National Network data purposes and does not affect a student's application for the program.)

Name of School Official (please print or type): _____

Title of School Official: _____

Signature of School Official: _____

Telephone Number of School Official: _____



PATHWAYS EARLY COLLEGE

PARENT/GUARDIAN INFORMATION

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

Student's Name: _____
Last (family or sur) Name First Name MI

Mother's

First Name: _____

Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Work Number: _____

Language spoken at home: _____

Father's

First Name: _____

Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Work Number: _____

Language spoken at home: _____

Emergency Contact

Last Name: _____ **First Name:** _____ **MI:** _____ **Relationship to you:** _____

Emergency Contact Phone Number: _____

Parent/Guardian(s) Educational Background

Father: _____ **College/Uni. Name:** _____ **Degree Earned:** _____

Mother: _____ **College/Uni. Name:** _____ **Degree Earned:** _____

Parent/Guardian Financial Information

Including yourself, how many people reside in your household? _____ Did your family file a Federal Income Tax Return last year? _____

Please indicate your family's **taxable (not gross, but after taxes)** income range for the last calendar year (Form 1040 line 10) \$ _____

- 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 2019, your taxable income would be \$0.**

Does your family receive any form of government benefits? _____

If yes, please indicate which benefits - SNAP (food stamps), TANF (welfare), SSI Housing Voucher (Section 8) _____

PATHWAYS EARLY COLLEGE

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 Gardner Public 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 advisor 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 advisor 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 advisor 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 advisor 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 Gardner Public School District, I understand that I am subject to dismissal from the program.

I have read, understand and agree to this contract.

Students Printed Name: _____

Applicant's Signature: _____ **Date:** _____