

Health Career Opportunity Program (HCOP) Catalyst High School

Admission Application Form

Student Name: _____

MWCC Student ID: _____



Priority Application Deadline: March 29, 2021

(After deadline acceptance on a rolling basis if seats available)

Application for Entrance
Fall 2021

Overview

The purpose of MWCC's grant-funded Health Career Opportunity Program (HCOP) is to build an allied health pipeline for selected students from Athol, Fitchburg and Gardner High Schools. Enrollment in HCOP offers students an introduction to allied/behavioral health career fields, exposure to coursework in health fields, medical terminology, cultural competence and professional behaviors needed for a future healthcare career. It also includes coursework that will introduce effective study habits, research skills, and test taking strategies. Additionally, this unique year-long experience offers the high school student that is eligible for college-level coursework the opportunity to take dual enrollment courses that transfer to most two-year and four-year public and some private institutions while completing their high school graduation requirements. Upon successful completion of the HCOP section of HEA106 Exploring Health Careers: Charting a Plan for Success while in high school and enrollment at MWCC in an HCOP supported major upon high school graduation, students may be awarded up to \$1,500 in scholarship funds.

Admission to the program is based on the student's educational and/or economic need, therefore only fully completed applications will be considered. Students participating in dual enrollment programs are considered MWCC students and as such will be awarded the same academic support privileges as other MWCC students. Please contact the HCOP Director if you have any questions at 978-630-9307.

REQUIREMENTS - ALL APPLICANTS

- Applicants must be 11th/12th graders from:
 - Athol High School
 - Fitchburg High School
 - Gardner High School
- Applicants must attach unofficial high school transcript.

HCOP participants:

- Must complete the HCOP pre-program survey and sign a student syllabus agreement during the program orientation.
- Need to be aware that not all students in the program will be completing dual enrollment courses if they do not meet college placement requirements set by MWCC.

FOR HCOP STAFF USE ONLY

Term Starting		Cohort code: <input type="checkbox"/> 2020/21 <input type="checkbox"/> 2021/22 <input type="checkbox"/> 2022/23 <input type="checkbox"/> 2023/24
Received Application on:		
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

AP004-09 Rev:Oct20
AA/EEO Institution

HCOP CATALYST HIGH SCHOOL DUAL ENROLLMENT PROGRAM INFORMATION AND POLICIES

READINESS FOR DUAL ENROLLMENT COLLEGE LEVEL COURSES

Mount Wachusett Community College requires students to demonstrate college readiness before beginning credit level courses. In the past, students could demonstrate their readiness via an Accuplacer placement test. At this time, and for the foreseeable future, the college is utilizing multiple measures to evaluate each student. These measures include evaluation of the student's high school transcript, including GPA, grades in English and Math, as well as any AP exam results. Additionally, any previously completed college-level English or Math courses are taken into consideration. The minimum criteria for these measures can be provided to the student and/or parents upon their request.

ACCOMMODATIONS

At MWCC, students with a documented disability are entitled to equal access and opportunities for academic success. If a student has an intellectual, emotional or physical condition that significantly impacts his/her learning experience and wishes to request accommodations, the student is responsible for contacting Amy LaBarge, Coordinator of Disability Services, Room 142 at the Gardner Campus 978-630-9330. The Coordinator of Disability Services will discuss reasonable accommodations with the student that may include the use of assistive technology, electronic textbooks, audio recording of lectures, note taking, priority seating, extended time for testing, and/or a low distraction setting for testing. MWCC is committed to complying with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any information disclosed remains confidential.

HCOP & DUAL ENROLLMENT

Based on the results of the multiple measures assessment, students will be placed into the appropriate level of dual enrollment coursework through MWCC. HCOP applicants that do not meet the multiple measures minimum standards set by MWCC will not be eligible for dual enrollment courses, however, may be eligible for other elements of the Health Career Opportunity Program. In addition to the general education dual enrollment courses financially supported by the program, HCOP requires students to take the HCOP section of a 4-credit course, HEA106 Exploring Health Careers: Charting a Plan for Success, in the fall term of their HS senior year which is instructed by HCOP academic counselors.

PROGRAM COSTS

Students participating in HCOP will have tuition and fees of HCOP-sponsored courses paid for with our grant funds. This includes costs for books, field trips and some transportation. Current high school students are ineligible to receive any federal financial aid.

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.

ADVISEMENT, REGISTRATION & PARTICIPATION

HCOP students will meet with their HCOP Academic Counselors on a regular basis. The Academic Counselors will assist students in developing individualized success plans to address their academic/personal goals. Additionally, the Academic Counselor will register the student for their individual dual enrollment 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.

WITHDRAWAL

Withdrawal from Courses: The student must be aware of the implications of any withdrawal, as it may affect progress toward degree. 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. Students who officially withdraw from HCOP will not be eligible for any further financial or academic support from the program.

ACADEMIC CREDIT & TRANSCRIPTS

After successful completion of a semester, students will earn college credits towards an associate degree from MWCC which may be transferable to most two and four-year public as well as some private institutions. In addition, students will receive credit from their high school to meet graduation requirements. HCOP will provide official student academic transcripts to the high school at the conclusion of each term. Unofficial copies of transcripts are available to students through their MWCC iConnect accounts.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,200,000 with zero percentage financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

HCOP CATALYST HIGH SCHOOL DUAL ENROLLMENT APPLICATION

Legal Name:

Last (family or sur) Name

First Name

MI

Preferred First Name (only if different from above): _____ *For info, go to mwcc.edu/current-students/records*

Student School Email: _____ Parent/Guardian Email: _____

Mailing Address: _____
(Street) City Zip

Permanent Address: _____

Phone Numbers: Home: _____ Cell: _____

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 _____

Other

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 (Gear Up, Talent Search, Upward Bound)? Yes No

Are you enrolled in the North Central MA Early College Academy? Yes No

Have you ever attended/applied to Mount Wachusett Community College? Yes No

If applied only, in what year? _____ If attended, last year of attendance: _____

Have you completed courses at a college other than MWCC? Yes No

If yes, please list college you have attended (other than MWCC): _____

Emergency Contact Person: _____ Relationship to the Applicant: _____

Address: _____ Phone: _____

HCOP 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) _____

HCOP EDUCATION ELIGIBILITY INFORMATION (REQUIRED)

High School currently attending: Athol High School Fitchburg High School Gardner High School

Class of: 2021 2022 2023 2024

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 |



Mount Wachusett
Community College

APPLICANT INTERVIEW QUESTIONNAIRE (REQUIRED)

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?

CURRENT EDUCATION INFORMATION (To Be Completed by High School Counselor)

Student's Current GPA (on a 4.0 scale) _____ SASID (State Assigned School ID - **REQUIRED**) _____

Intended Graduation Date: ____/____/____.
Month Year

Does this student **qualify** for free or reduced lunch? Yes No

Has this student ever been suspended? Yes No

Does this student currently receive accommodations through an IEP or 504? Yes No

Guidance Counselor Comments: _____

Guidance Counselor Name (Print): _____

Title: _____ Phone #: _____

Fax #: _____ Email Address: _____

Guidance Counselor Signature - Required

Date

REQUIRED: PLEASE ATTACH AN UNOFFICIAL HIGH SCHOOL TRANSCRIPT TO THIS APPLICATION

STUDENT CODE OF RESPONSIBILITY AND EXPECTATIONS (REQUIRED)

1. I will make every effort to attend school every day.
2. I know I am expected to meet with their Academic Counselor on a regular basis. I know that my Academic Counselor has made a commitment to work with me and assist me in being successful while in school and in my future; therefore, I will work to the best of my ability.
3. I know I am expected to attend any and all workshops, and to fully participate in the program. If I am unable to attend class or a special event, I will let my Academic Counselor know ahead of time. I know that there are very few valid reasons for missing class. Maturity means taking responsibility for my own actions, choices, and behaviors. If I have a question or do not understand my responsibilities in the program, I know I can always speak with my Academic Counselor.
4. I must be on time to every class and for all special events. As in the workplace, I must be prepared and ready to work at the start of class. There are no good reasons for being tardy to class. In addition, I understand that some events are mandatory and I will plan ahead to participate in those events.
5. I know I am expected to demonstrate model behavior in and out of school, including while on any and all educational/cultural field trips. This means respect for myself and for others. I will listen when others are speaking. I will follow through on what I commit to do. I will clearly communicate with my peers and my Academic Counselor.
6. I know I am expected to take advantage of every possible opportunity that is put in front of me in order to make my time in HCOP as memorable as possible. Attitude is everything! While I may have bad days from time to time, I understand that when I enter the classroom, my bad attitude will be left outside. If I do have a problem or concern, I know that I can speak to my Academic Counselor in private.
7. I know I am expected to share academic information with staff in order to assist in planning and tracking. I give HCOP staff permission to access information relating to my academic progress.
8. I know I am expected to have fun and do my best!

I have read the above rules and promise to uphold them and to be a good representative of my school and the Health Career Opportunity Program. I understand that any serious breach of behavior may result in dismissal from the program. If accepted to HCOP and MWCC, I agree to accept the regulations and requirements of the college and will cooperate with students, faculty, and administration in the maintenance of high standards and appropriate conduct. I also understand that my academic records will be released to my high school for inclusion in my school records. I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements may result in dismissal.

STUDENT/APPLICANT SIGNATURE: _____ DATE: _____

For questions or concerns, please contact: Lisa Stejskal, Director of the Health Career Opportunity Program, lstejskal@mwcc.mass.edu or 978-630-9307

PARENT CONSENT AND LIABILITY RELEASE SIGNATURES (REQUIRED)

I, give my son/daughter/ward, permission to participate in the Health Career Opportunity Program and if accepted, enroll in MWCC dual enrollment courses. I understand that Mount Wachusett Community College can provide no greater security for high school students than for any other student. I also understand that my student's academic records will be released to his/her high school for inclusion in his/her school records.

I absolve Mount Wachusett Community College, the Health Career Opportunity Program, their personnel and the Athol, Fitchburg or Gardner School Systems of any liabilities and claims arising from my child's participation and attendance in MWCC Health Career Opportunity Program, including travel to and from such events and activities.

If my child decides to stop participating after the program begins, he or she may do so. In that event, my child will not be eligible to receive any further financial or academic support from the Health Career Opportunity Program.

I give permission for the Health Career Opportunity Program to obtain the academic records/information for the student on this application throughout his/her high school career and for six years following his/her graduation to allow for annual tracking of participant's education as is required by the U.S. Department of Health Resources and Services Administration (HRSA) to evaluate the Health Career Opportunity Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and HRSA personnel.

I consent to and authorized emergency and non-emergency medical care to be provided to my child in the unlikely event of a health problem, emergency or injury occurring during my child's attendance in the Health Career Opportunity Program. I give my consent and authorization to appropriate Health Career Opportunity Program staff to use their judgment in seeking medical care for my son or daughter. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I further give permission for the Health Career Opportunity Program to use pictures, videotapes or audio recordings of the student on this application 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 of the student on this application, 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.

I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements may result in student dismissal. Additionally, if false statements affect a student's HCOP eligibility, I may be responsible for reimbursement of HCOP programming funds related to my student. My signature confirms that I have read, understand and agree to the following program information and policies:

- ✓ College Placement Testing
- ✓ Accommodations
- ✓ HCOP & Dual Enrollment
- ✓ Program Costs
- ✓ Program Acceptance
- ✓ Advisement, Registration & Participation
- ✓ Scholarship Award
- ✓ Withdrawal
- ✓ Academic Credit & Transcripts

Parent or Guardian Signature
(Required if applicant is under the age of 18 at time of application)

Date

Student Signature

Date

Parent/Guardian Cell Phone: _____

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