



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

Sex/Gender: Male Female Gender Identity _____ Date of Birth: _____

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

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: _____

Email Address: _____

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

How did you hear about Pathways Early College? _____

What High School are you from? _____
Name of School City

Have you attended any other high schools? Yes No If yes, where? _____

Name of most recent Guidance Counselor: _____

Have you taken dual enrollment classes before? Yes No If yes, where? _____

Have you taken A/P classes before? Yes No If yes, where? _____

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

Do you participate in school athletics or extracurriculars? Yes No If yes, what? _____



PATHWAYS EARLY COLLEGE

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

Parent/Guardian #1

Parent/Guardian #2

First Name: _____ First Name: _____
Last Name: _____ Last Name: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Email: _____ Email: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____
Language spoken at home: _____ Language spoken at home: _____
Highest Level of Education achieved: _____ Highest Level of Education achieved: _____

Emergency Contact Last Name: _____ **First Name:** _____ **MI:** _____

Emergency Contact Phone Number: _____ **Relationship to student:** _____

Parent/Guardian Financial Information: Including yourself, how many people reside in your household? _____

Does your family receive any form of government benefits? Yes No

If yes, please indicate on the line below which benefits - SNAP (food stamps), TANF (welfare), SSI Housing Voucher (Section 8), free and reduced lunch, etc.

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.**

Student & Parent 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.

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 both 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 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

Part A - 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?

Part B - Describe your strengths as a student. Where do you see opportunities for growth?

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 School Counselor: 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. Please forward the completed forms to the Pathways Early College Program Advisor.

Student Information:

Name: _____ Date: _____

Student SASID# _____

Intended Graduation Date: _____

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

Which high school MCAS exams has this student taken? Please indicate results.

English _____ Math _____ Biology _____ None

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.

- | | |
|--|--|
| <input type="checkbox"/> An <i>official</i> high school transcript | <input type="checkbox"/> Letter(s) of recommendation |
| <input type="checkbox"/> MCAS/MEPA Scores (High School only) | <input type="checkbox"/> Attendance and Conduct Records |
| <input type="checkbox"/> IEP or 504 Plan if applicable | <input type="checkbox"/> W-APT / ACCESS Testing Scores if applicable |

Counselor Comments: _____

Counselor Name (please print): _____

Counselor Signature: _____

Counselor Email: _____ **Counselor Phone #:** _____