Application for Admission

PERSONAL INFORMATION **PLEASE PRINT**

Legal Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Legal Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐ ☐☐ ☐☐
(month/day/year)

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Legal First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Maiden Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Sex: Please check (☑) ☐ Male ☐ Female

MAILING ADDRESS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Box, Apt., or Street Name and Number)

Preferred Phone ☐☐☐ ☐☐☐ ☐☐☐☐
(Area Code)

☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐
(City) (State) (Zip Code)

E-MAIL ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PLEASE CHECK WHICH SEMESTER YOU WISH TO ENTER

☐ Fall (Sept.-Dec.) 2022 ☐ Spring (Jan.-May) 20 ☐ Summer (May-Aug.) 20____

- Have you previously: Please check (☑) ☐ Applied ☐ Attended ☐ Neither ☐ Both

  If you have applied or attended, yes, what name did you use during that enrollment? ______________________

  If you have applied or attended, please indicate in which semester and year ______________________

- Please indicate the Study Option you are applying to: ______________________ ☐☐☐☐

  Please write out Study Option above and print the code in boxes at right. See Study Options insert for code.

- Nursing Applicants: Will you be transferring Nursing courses? Please check (☑) ☐ Yes ☐ No
- Will you be attending full-time or part-time? Please check (☑) ☐ Part-time ☐ Full-time
- What is the highest diploma, degree, or certificate you have achieved? Please check (☑) only one of the following:

☐ High School Diploma ☐ HiSET or High School Equivalency ☐ No H.S. Diploma or HiSET ☐ Homeschool Diploma

☐ Certificate or Associate's Degree ☐ Bachelor's Degree ☐ Graduate Degree

- Are you interested in receiving information about disability services? Please check (☑) ☐ Yes ☐ No
- Have you ever served in the U.S. Military? Please check (☑) ☐ Yes ☐ No

FINANCIAL AID

Quinsigamond Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). Financial Aid can be used to pay for tuition, fees, books, transportation and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Financial Aid Office has counselors who can assist you.

Please select the option below that best describes your plans to complete a FAFSA. **This information will have no impact on whether you are admitted to the college.**

☐ I plan to apply for Federal, State and Institutional Financial Aid and am prepared to complete the FAFSA at www.fafsa.gov.

☐ I plan to apply for Federal, State and Institutional Financial aid, but I need help from the Financial Aid Office to complete the FAFSA.

☐ I do not plan to apply for Federal, State or Institutional Financial Aid at this time.

GENERAL INFORMATION

What is your educational goal at Quinsigamond Community College? Please check (☑)

☐ Receive an Associate Degree or Certificate in the program to which you applied.

☐ Take courses to qualify for another QCC Program of Study: indicate desired program ______________________

☐ Take courses for personal or career enrichment.

☐ Transfer courses to another institution, without receiving a degree.

ADDITIONAL INFORMATION

The following information, which is voluntary, will help us to better know our student body and enable us to comply with governmental statistical requests. Responses will not be a factor in admissions decisions made by the college, but will be made a part of the Permanent Student File, which is protected by Federal and State Privacy Legislation.

■ Ethnic and Racial Background

1. Are you Hispanic or Latino? ☐ Yes ☐ No

2. Please select all that apply: ☐ American Indian/Alaskan Native ☐ Native Hawaiian or other Pacific Islander ☐ Asian ☐ Black or African American ☐ White ☐ Other_____

3. Please indicate the primary language spoken in your home:_____

■ Are you: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

ACADEMIC INFORMATION

High School (from which you will have graduated) (Or HiSET)

Name_____City_____State/Country_____

CEEB # (H.S. Code number if known) ☐☐☐☐☐☐ Year of Graduation (actual or anticipated) _____

College

Name_____City_____State/Country_____

Major _____ Year of Graduation (actual or anticipated) _____

College

Name_____City_____State/Country_____

Major _____ Year of Graduation (actual or anticipated) _____

RESIDENCY INFORMATION

■ Are you a United States citizen? ☐ Yes ☐ No If not, please complete the following:

■ Are you a Permanent Resident Alien? ☐ Yes (If yes, list alien registration number: _____) ☐ No

■ If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail:_____

REQUIRED

■ **If you are a US citizen or Permanent Resident, please check one of the following (A, B, C, or D)**

A. ☐ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

MARK A MINIMUM OF 2:

☐ Valid Driver's license ☐ Utility bills* ☐ Employment pay stub* ☐ Signed lease or rent receipt*
☐ Voter registration* ☐ State/Federal tax returns* ☐ Mass. High School Diploma ☐ Military home of record*
☐ Valid Car registration ☐ Record of parents' residency for unemancipated person* ☐ Other _____

B. ☐ I do not live in MA but am eligible to participate in the New England Board of Higher Education's Regional Student Program.

C. ☐ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

D. ☐ I am NOT a Massachusetts resident as defined in A.

CERTIFICATION

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund. By applying to the college, I have agreed to receive phone calls and/or text messages from or on behalf of Quinsigamond Community College regarding their products and services, at the phone number(s) provided on this form, including my wireless number. I understand that these calls may be generated using an automated technology.

Applicant Signature: _____ *Date* _____

Parent/Guardian Signature (Applicant is Under 18 Years Old): _____ *Date* _____