



Student Application

A digital version of this application can be completed online at <https://mwcc.edu/trioss>

Please answer all questions unless indicated as optional.

To complete the application, please select **one** of these options:

A. Use Adobe Acrobat Reader to edit the document (**We recommend that you select this option if you have access to a computer**)

- Open this file with “Adobe Acrobat Reader” to view the document. You can download the free application at <https://get.adobe.com/reader/>
- This will allow you to click and fill in the different sections of the application.
- Save a copy of this document to your computer.
- Email the copy to visions@mwcc.mass.edu or rx@mwcc.mass.edu

B. Print the application, use a blue or black pen to answer the questions, and mail it or drop off to:

Rx & Visions Programs
 Mount Wachusett Community College
 444 Green St.
 Gardner, MA 01440

C. Request a copy to be mailed to you.

Email your name, ID and mailing address to visions@mwcc.mass.edu or rx@mwcc.mass.edu

You'll receive a printed copy of the application and a self-addressed stamped envelope.

Mailing requests will be processed once a week so there may be a lag in your receipt of the application materials

Thank you for your interest in the Rx and Visions Programs. **We seek to provide equal educational opportunities for our students. We do not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, gender identity, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.**

We are funded by TRIO Student Support Services grants by the U.S. Department of Education* to academically support first generation college students, students with documented disabilities and students from limited income backgrounds. The questions and responses in this application reflect the reporting requirements of the grants.

We are happy to use your pronouns in our interactions—please advise us. Also, if you have a disability and require accommodations to participate in activities, please contact the Director at (978) 630-9368 to discuss your specific needs.

If you have any questions or need additional assistance, please reach out to us at 978-630-9297.

* Per federal regulations we are unable to accept students who have already completed a bachelor's degree. However, we are happy to connect you with other Mt. Wachusett Community College resources for support.



Student Application

Personal Information

NAME: _____ Student ID: _____
Last, First, MI

Permanent Address: _____
Street, Route or P.O. Box City/Town, State, Zip Code

MWCC Email Address: _____ Cell Phone: _____
 Home Phone: _____

Date of Birth: _____

Sex: Male Female

Citizenship: U.S. Citizen Permanent Resident Other

Ethnicity: *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 White
 Black or African-American Native Hawaiian or other Pacific Islander

MWCC

Major (Program of Study) at MWCC: _____

Are you confident in your current choice in career and/ or academic programs? Yes No Unsure

Have you completed your FAFSA? Yes No Unsure

Do you intend to earn a degree or certificate at MWCC? Yes No Unsure

Do you intend to transfer to a four-year institution? Yes No Unsure

Prior Education

Received High School diploma or HiSET/GED Yes No Where? _____

City/State _____ Graduation or HiSet/GED Year: _____

Prior TRIO Participation (Rx/Visions, Gear Up, Talent Search, Upward Bound) Yes No

Other College(s) Attended _____ Year(s) _____

_____ Year(s) _____

Transfer Credits: Have you arranged for transcripts to be sent to MWCC? Yes No

Do you hold a bachelor's degree? Yes No Year _____

Technology Access

Do you have access to a reliable computer at home? Yes No

Do you have access to a printer at home? Yes No

Do you have reliable internet access at home? Yes No

Eligibility: Parents' Educational Background

Did either of your natural or adoptive parents complete a 4-year (bachelor's) degree? Yes No

If **Parent 1** earned a four-year degree, did s/he complete it before you turned 18? Yes No

If **Parent 2** earned a four-year degree, did s/he complete it before you turned 18? Yes No

At age 18, were you living with your natural or adoptive parent(s)? Yes No

Please specify which parent:

Parent 1 Parent 2 Parent 1 & 2 Other _____

Eligibility: Disability

Do you have a disability? Yes No Unsure

Specify Disability (Optional): _____

Have you provided documentation to the Coordinator of Disability Services? Yes No In progress

For more information about Disability Support Services, please call 978-630-9330.

Eligibility: Academic Need

Check to rate each item on a scale of 0-3 to indicate difficulties in each area.

0- No difficulty	1- Slight Difficulty	2- Some Difficulty	3- Most Difficulty
Job Responsibilities	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Reading	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Interpersonal Communication Skills	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Writing Skills/ Paper Writing	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Time Management	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Math	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Family Responsibilities	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Taking Notes	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Stress	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Study Skills	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Computer Skills (office, internet)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Exams	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Do you often receive encouragement from the important people in your life (family, friends) in seeking your college degree?

Yes No

In the space provided, or on a separate page, please answer the following questions fully. Your answers will help us determine how we will be able to support you in your educational journey.

What motivates you to obtain an education at MWCC? What are your educational, transfer and career goals?

Write about a challenge (work, family, academic outlook, etc.) that you have faced or are currently facing. How have you or will you overcome this challenge?

Why are you applying to the Rx/Visions Program? What are you looking for in your support system that you hope to find in the Rx/Visions Program?

Student Consent:

I certify that I am at least 18 years old and authorize the Rx and Visions Programs (TRIO Student Support Services) to access any and all financial and academic information and/or disability documentation in order to determine my eligibility for services, track my academic progress, and for other legitimate purposes related to my participation in the Rx and Visions Programs. I understand this information will remain confidential. By signing below, I also certify that the information I have provided on this application is true and correct to the best of my knowledge. I may be photographed during Rx and Visions events and such photographs may be used by MWCC under the college model release policy. A copy of the MWCC model release policy is available on request. The Rx and Visions Programs may contact me via voice or text at the phone numbers provided.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

For students under the age of 18, a parent's signature is required.



Eligibility: Income Information

The information you supply on this form is important in determining your eligibility for the program. Indicate your status as **Dependent** or **Independent** using the criteria listed below:

CHOOSE ONLY ONE

<u>Independent Student</u>	<u>Dependent Student</u>
<p><u>You must meet at least one of the following conditions</u></p> <p><input type="checkbox"/> You are over 24 years of age.</p> <p><input type="checkbox"/> You are married, a veteran, or otherwise legally emancipated.</p> <p><input type="checkbox"/> You have legal dependents, other than a spouse, who you support at least 50% of the time.</p> <p><input type="checkbox"/> Because of special circumstances, you were not required to submit your parents' income information on the FAFSA for the 2025-2026 academic year.</p>	<p><u>None of the criteria for independent students applies to you</u></p>
<p style="text-align: center;"></p> <p><u>Use YOUR 2023 federal income tax return</u></p> <p>1a. Were you required to <u>file taxes for this year</u>? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>***If you answered no, skip to certification</p> <p>1b. What was your taxable income (Form 1040, line 15)? _____</p> <p>2. What was the household size as reported on the taxes? _____ Current household size? _____</p>	<p style="text-align: center;"></p> <p><u>Use your PARENTS' 2023 federal income tax return</u></p> <p>1a. Was your family required to <u>file taxes</u>? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>***If you answered no, skip to certification</p> <p>1b. What was your family's taxable income (Form 1040, line 15)? _____</p> <p>2. What was the household size as reported on the taxes? _____ Current household size? _____</p>

Has your income decreased since 2023? Yes No Unsure

CERTIFICATION:

I certify that the above information is true and accurate to the best of my knowledge. I understand that this information is confidential and will be used to document my eligibility status for the Rx/Visions Program at Mount Wachusett Community College.

Student Signature _____ Date _____

Student Name _____ Student ID _____

Parent/Guardian signature is REQUIRED for dependent student.

Parent's Signature _____ Date _____

STAFF USE ONLY

Interview Notes:

Referral:

Services:

Other Notes:

Enrolled in TRIO classes Yes No
 Fundamental Courses Yes No
 English Placement ENG _____
 Math Placement MAT _____
 Current Credits _____
 GPA _____
 Credits Completed _____
 Transfer Credits _____
 Eligibility Verified by _____

Date Received _____
 Grant _____
 Cohort _____
 Academic Need Code _____
 First Generation Yes No
 Low Income Yes No
 Disability _____ Yes No
 Citizenship/PR Yes No
 Bachelor's Yes No

Application Processing:

Status: Accepted Not Accepted Ineligible Date _____

Director's Comments _____

Acceptance Data Entry: BANNER SGASADD APP __/__/__ Student Access APP __/__/__

Intake completed by _____ Date _____

Intake Data Entry: BANNER SGASADD Cohort __/__/__ SEADETL __/__/__ SGAADVR __/__/__
 Student Access Update __/__/__