



444 Green Street
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(978) 632-6600
www.mwcc.edu



STUDENT SUPPORT SERVICES
Visions Program
Room 144
(978) 630-9297
<http://visions.mwcc.edu>

STUDENT APPLICATION FORM

Personal Information (Please Print)

Name _____ ID# _____
Last First M.I.

Permanent Address _____
Street, Route, or Post Office Box

_____ (____) _____ - _____
City State Zip Telephone Number

Email Address _____ Cell Phone Number (____) _____ - _____

Date of Birth _____ Sex: Male Female
Month Day Year

Marital Status: Married Single Other

Citizenship: U.S. Citizen Permanent Resident Other

Ethno-Racial Status:

- Asian Black or African-American
- Hispanic or Latino Native Hawaiian or other Pacific Islander
- White American Indian or Alaskan Native
- More than one race

High School Attended _____

City/State _____ Graduation Year _____

GED Yes No Where? _____ Year Received _____

Attending MWCC Part Time Full Time

Other Colleges Attended _____ Year _____

_____ Year _____

Do you have a disability? Yes No

Specific disability (optional) _____

Documentation provided to Counselor for Students with Disabilities? Yes No

Parents' Education

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

If your mother earned a four-year degree, did she complete it before you turned 18? Yes No

If your father earned a four-year degree, did he complete it before you turned 18? Yes No

At age 18, were you living with a parent, parents or legal guardian? Yes No

Please specify which parent or guardian _____

Financial Aid Information

Have you applied for financial aid at MWCC? Yes No

Have you been offered financial aid (loan, Pell grant, etc.) by the MWCC Financial Aid Office? Yes No

Developmental Courses

If you have taken (or are currently taking) any of the following courses, please check all that apply:

Math 100 Reading 099 English 100

Math 120 Reading 100 ESL _____

Academic Plan

1. Academic Life

Directions: Number each item to indicate your strengths and weaknesses in each area.
Use numbers 0, 1, 2, 3 as follows:

0 - no problem 1 - slight difficulty 2 - moderate difficulty 3 - extreme difficulty

_____ Job Responsibilities

_____ Reading

_____ Interpersonal Communication Skills

_____ Writing Skills/Papers

_____ Time Management

_____ Math

_____ Family Responsibilities

_____ Taking Notes

_____ Stress

_____ Study Skills

_____ Computer Skills (word-processing, internet)

_____ Exams

2. Do you have access to a reliable computer and printer at home? _____
3. Do you often receive encouragement from the important people in your life (family, friends) for pursuing your college degree? _____
4. Are there other areas of your life affecting your academic performance?

5. Major/Program at MWCC _____
6. Educational Goal: _____
7. Career/Occupational Goal: _____
8. Do you intend to transfer to a four-year college? Yes No

I certify that I am at least 18 years old and authorize the Visions Program 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 Visions Program. 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 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.

Date ___/___/___

Student's Signature _____

Date ___/___/___

Parent's Signature _____

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

Date ___/___/___

Intake completed by _____

Do not write in this space (staff use only)

Date Received _____	First Generation <input type="checkbox"/> Yes <input type="checkbox"/> No
Semester _____	Low Income <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Credits Completed _____	Disability _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
GPA _____	<small>Staff Initials</small>
Academic Need Code _____	Initial Conference: _____
Assessment scores: Date _____	Eligibility Verified: _____
Arithmetic ____ Algebra ____ College Math ____	Exit date _____
Writing ____ Reading ____ Sentence Skills ____	

Recommended Support Services:	STAFF USE ONLY
<input type="checkbox"/> Career Counseling	
<input type="checkbox"/> Transfer Counseling	
<input type="checkbox"/> Personal Support	
<input type="checkbox"/> Regular check-in	
<input type="checkbox"/> Tutoring (specify) _____	
<input type="checkbox"/> Seminars (specify) _____	
<input type="checkbox"/> Other _____	

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.

If you have a disability and may require accommodations in order to participate fully in Program activities, please contact the Director of the Program at (978) 630-9297 to discuss your specific need.

The Student Support Services/Visions Program is a TRIO program funded by the U.S. Department of Education.



Visions Program

Income Information

The information you supply on this form is important in determining your eligibility for services. Please make sure to complete it accurately.

Important: If you were required to supply your parents' income information on your financial aid application (FAFSA) for the 2008-2009 academic year, this form should be completed based on your parents' 2007 federal income tax return. If you were not required to supply your parents' income information on the FAFSA, this form should be completed based on your 2007 federal income tax return.

1. If you were not required to file 2007 taxes check yes on the question below.
2. Does your and/or your family's taxable income equal or fall below the income levels listed below for your family size? Yes ___ No ___

Family Size	Low-income levels	Instructions
1	\$15,600	1. Identify the tax form used to file 2007 federal income taxes. 2. Find the taxable income line according to the following: Form 1040, use line 43 Form 1040A, use line 27 Form 1040EZ, use line 6 3. If the amount on the taxable income line is equal to or less than the dollar amount for your size family (refer to the chart on the left), please check <u>yes</u> on the question above. 4. If the amount on the taxable income line is greater than the amount listed for your size family (refer to the chart on the left), please check <u>no</u> on the question above.
2	\$21,000	
3	\$26,400	
4	\$31,800	
5	\$37,200	
6	\$42,600	
7	\$48,000	
8	\$53,400	

3. 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 Visions Program at Mount Wachusett Community College.

Student Name (Print)
Student Signature
Date

4. If student is dependent on parent(s) for financial aid purposes, parent must sign below:

Parent/Guardian Signature
Date