



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



Room 144
(978) 630-9297
TRiO
STUDENT SUPPORT SERVICES
<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

Education

High School Attended _____

City/State _____ Graduation Year _____

Prior TRiO Participation (Gear Up, Talent Search, Upward Bound) Yes No

GED Yes No Where? _____ Year Received _____

Attending MWCC Part Time Full Time

Other Colleges Attended _____ Year _____

_____ Year _____

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

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

Income Information

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.

IMPORTANT!!

Dependent Students: If you were required to supply your parents' income information on your FAFSA for the 2009-2010 academic year, this form should be completed based on your parents' 2008 federal income tax return.

Independent Students: If you were not required to supply your parents' income information on the FAFSA for the 2009-2010 academic year, you should complete this form based on your 2008 federal income tax return.

1. Were you and/or your family required to file 2008 taxes? Yes ___ No ___
(If your answer is no, continue to question 3.)

2. Does your and/or your family's taxable income equal or fall below Yes ___ No ___
the income levels listed below for your family size?

Federal TRiO Programs 2009 Annual Low Income Levels

Family Size	Low-income levels	Instructions
1	\$16,245	1. Identify the tax form used to file 2008 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 yes on question 2 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 no on question 2 above.
2	\$21,855	
3	\$27,465	
4	\$33,075	
5	\$38,685	
6	\$44,295	
7	\$49,905	
8	\$55,515	

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. Parent/Guardian signature is required below for dependent student.

 Parent/Guardian Signature Date

Academic Need

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 (Microsoft Office, 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.

STAFF USE ONLY

Date Received	_____	First Generation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cohort Year	_____	Low Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Credits Completed	_____	Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
GPA	_____		Staff Initials _____
Developmental Courses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Need Code	_____
<u>Assessment Scores</u>	Date _____	Eligibility Verified by	_____
Arithmetic ___	Algebra ___	Initial Conference	_____
College Math ___	Reading ___	Exit date	_____
Sentence Skills ___	Writing ___		

STAFF USE ONLY

Application Processing:

Status: Accepted Not Accepted Ineligible Date __/__/__

Intake completed by _____ Date __/__/__

Comments _____

Data Entry: BANNER __/__/__ Student Access __/__/__ Blackboard __/__/__

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.

