

## HOW TO APPLY FOR THE GATEWAY TO COLLEGE PROGRAM

### Step 1: Attend an Information Session

Information sessions provide an opportunity for students and parents/supporters to find out more about the Gateway to College program, expectations, and benefits, and also presents an opportunity to ask questions as they relate to the program and its admissions process.

### Step 2: Placement Testing (By appointment only, GtC staff will give you the date and time)

The College Placement Test provides students the opportunity to show that they have the reading, writing, and math skills necessary to achieve success in a college environment. Students **must** arrive on time and will need picture identification and their social security number to complete the testing. Acceptable identification may include a driver's license, school ID, etc.

### Step 3: Complete and return the Application only if asked to do so

Please wait to receive a call from the Gateway staff. If you score at an eighth grade level or higher, you will be asked to submit a completed application to the Gateway office (Bldg 16, Room 285) with all required documentation. Please note that some of the required information requires completion and signature by a parent or legal guardian (if the student is under 18) and authorized high school representatives.

- Complete all applicable sections and SIGN the application
- Complete all THREE essays
- Provide an official high school transcript from all high schools attended
- Complete the Consent to Release Information Form
- Submit a completed School District Information Form
- Provide proof of MA medical insurance coverage
- Submit a completed Recommendation Form



### Step 4: Student's name will be submitted to Springfield Public Schools for approval

### Step 5: Student will be scheduled for a Personal Interview

After completing the college placement test, and receiving approval from Springfield Public Schools, students who meet eligibility requirements will be scheduled for a personal interview. Staff members will use the interview as an opportunity to get to know the student better, and learn about his/her strengths, weaknesses, and concerns. Students will also be able to ask questions during the interview.

### Step 6: Selection Committee Review

The Selection Committee will review all applications. **Acceptance to the program is not guaranteed.** Space is limited.

**The Selection Committee will evaluate applicants and materials based on the following criteria:**

Applicants must meet **ALL** eligibility requirements.

- Applicants must achieve at least the minimum standard score on testing.
- Applications, including essays, must be complete and submitted by the deadline date.
- Applicants must take part in a personal interview.
- Applicants must express a commitment to receive a high school diploma and to complete the Gateway to College Program.
- Applicants must display positive attitude, appropriate behavior, and a willingness to participate.

**\*\*All applicants will be notified by letter of the Selection Committee's decision. Students who are accepted into the program will be asked to confirm or decline their acceptance via mail.\*\***

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<http://www.stcc.edu/gatewaytocollege/>

## GATEWAY TO COLLEGE APPLICATION

Please read this application carefully when completing the requested information. Print or type clearly in blue or black ink.

Student's Full Legal Name \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Student's Personal Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alien Registration Number: \_\_\_\_\_ Date Issued \_\_\_\_\_ Date expires \_\_\_\_\_

Birthplace \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
(City) (State) (Country)

Ethnicity: **Please check one:** Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

If Not Hispanic/Latino **please also check one or more of the following:** White \_\_\_\_\_ African-American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_

Do you have children Yes \_\_\_\_\_ No \_\_\_\_\_ If YES how many? \_\_\_\_\_ What are the ages? \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_ Native Language \_\_\_\_\_

### Medical Insurance: PLEASE COMPLETELY ANSWER ALL QUESTIONS

Do you have Massachusetts medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES who is your provider? \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ ID Number \_\_\_\_\_

### Contact Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

Name of Parent/Guardian with whom you live \_\_\_\_\_

If guardian, what is this person's relationship to you? \_\_\_\_\_

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Name of Emergency Contact other than parent/legal guardian \_\_\_\_\_

Address of Emergency Contact other than parent/legal guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Academic Information**

What is the last grade you completed? \_\_\_\_\_

Have you dropped out of school or are you thinking about dropping out? Yes \_\_\_\_\_ No \_\_\_\_\_ If “yes” please explain your reasons for dropping out and why you are interested in returning to school through the Gateway Program. If “no” explain why you would rather attend the Gateway to College program than your current school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended high school in the last 60 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently attending school? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*If yes, provide the name of your school, current grade and guidance counselor’s name.**

\_\_\_\_\_

School/Current Grade

\_\_\_\_\_

Guidance Counselor Name

**Referral Information**

I learned about this program from and/or was referred by: (Please check all that apply)

- Family/Friend
- School Counselor or Administrator (name of school: \_\_\_\_\_)
- Agency (specify: \_\_\_\_\_ Case Manager: \_\_\_\_\_)
- Current or Former Gateway to College Student (name of student: \_\_\_\_\_)
- Internet
- Radio
- Other (specify: \_\_\_\_\_)

**Required Signatures**

I certify that the information on my application is accurate and complete. I understand that if I fail to provide accurate information and required materials such as transcripts, I may be denied acceptance. I also understand that acceptance to the Gateway to College Program is not guaranteed.

I also understand that I cannot be enrolled in any other high school, alternative high school program, home school, or other college while participating in the Gateway to College Program. If I’m accepted to the program, I agree to abide by the Springfield Community College’s Policies, including but not limited to the Student Code of Conduct, Affirmative Action Plan, and all Gateway to College policies and procedures.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (If applicant is under the age of 18) \_\_\_\_\_ Date \_\_\_\_\_

## **Three Required Essays**

The essay portion of the Gateway to College Application helps the selection committee to become acquainted with you on a personal level, and is one of the most important steps in determining which students will be accepted to the Gateway to College Program. The application is not complete without the three essays.

**DIRECTIONS:** On separate sheets of paper, please respond to all essay questions. **Essays should be typed and at least 300 words each.** Each essay can be more than 300 words, but please don't submit essays that are less than that. Please make sure to write your name on each page.

### **Essay 1 (at least 300 words)**

Why are you interested in becoming a part of the Gateway to College Program at Springfield Technical Community College? How will the program help you to reach your goals? Why should the selection committee choose you?

### **Essay 2 (at least 300 words)**

Perseverance is the quality that allows someone to continue trying to do something even though it is difficult, or simply, not giving up. Please tell us what perseverance means to you? Tell us about a time in your life when you demonstrated perseverance? What did you learn from this experience?

### **Essay 3 (at least 300 words)**

Tell us about personal problems or challenges from the past that have interfered with your education and what steps you have taken to overcome them. (Examples of problems or challenges might include attitude, behavior, motivation, skills, support, need to feel accepted, cultural barriers, etc.)

***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:** \_\_\_\_\_

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## CONSENT FOR STCC TO RELEASE INFORMATION

Springfield Technical Community College shall follow all applicable state and federal laws, rules, and regulations that apply to the confidentiality of student records. All information contained in student records shall be maintained in compliance with the Family Educational Rights and Privacy Act (FERPA).

I hereby authorize my school district to release information to **STCC** and for **STCC** to release information to my school district. I authorize **STCC** to release information to the Gateway to College National Network for the purpose of studying program and instruction improvement.

I, \_\_\_\_\_  
 (Last Name of Student)                      (First Name)                      (Middle Initial)                      (Date of Birth)                      (SSN)

hereby authorize STCC to release the information listed below, from my STCC student record, for the duration of my enrollment in the Gateway to College Program to:

1. \_\_\_\_\_  
 (Name of Person or Agency)                      (Relationship to Student)                      (Phone Number)
2. \_\_\_\_\_  
 (Name of Person or Agency)                      (Relationship to Student)                      (Phone Number)
3. \_\_\_\_\_  
 (Name of Person or Agency)                      (Relationship to Student)                      (Phone Number)

Below, find examples of the type of information that will be released through authorization of the applicant:

- |   |   |
|---|---|
| *Name, Address, Phone                               | *Transcript of Grades/Courses/Schedule  |
| *Date of Birth                                      | *Verification of Attendance             |
| *Name of Most Recent High School and Dates Attended | *Test Scores and Record of Progress     |
| *Disciplinary Record                                | *Date of Graduation and Name of Program |
| *Health Record                                      | *Counseling                             |

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Student/Legal Guardian Notification & Acknowledgement

Springfield Technical Community College (STCC) strives to provide quality instruction and support for all students attending post-secondary classes on the campus. Students who are conditionally admitted are granted the same rights and have the same responsibilities as any other college student. Therefore, it is required that each student and, if applicable, her/his guardian review the information listed below and sign the acknowledgement indicating that they understand and accept responsibility for the decision to enroll.

1. I understand that Springfield Technical Community College is a public community college campus that is accessible to the Springfield community.
2. I understand that if I choose to enroll in Gateway to College and then subsequently withdraw, I may not be able to re-enroll at my sending SPS high school.
2. I understand that there could be classroom discussion or materials that the student/parent may not consider age appropriate for a minor student. If the student or parent is not comfortable with an assignment or classroom discussion, the faculty member is not required to substitute an alternate activity or grading exercise.
3. I understand that the grade received by the student is part of the student's permanent post-secondary academic record and may affect the student's eligibility for college scholarships or freshman/first-time status at other institutions of higher education.
4. I understand that, while the student will have equal access to any academic support services offered to the student body, no extraordinary academic measures will be granted the student due to minority (age).
5. I understand that the student's academic record (grades, attendance, and progress in class) cannot be accessed by the parent or guardian without a written release signed by the student.
6. I understand that the faculty member will provide information and updates on a student's academic progress directly to the student.
7. I understand that the student is expected to comply with all of the policies of STCC and the Gateway to College Program, including but not limited to the Code of Conduct and Affirmative Action Plan. Violations of these policies may result in disciplinary action up to and including dismissal from the Gateway to College Program and/or the College.

I have reviewed the information listed above. I acknowledge the responsibilities and limitations as outlined.

**Other: I authorize the use of any photographs or video of me and/or my quotes to be used for the purpose of promotion and marketing of the Gateway to College Program. Yes \_\_\_\_\_ No \_\_\_\_\_**

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Student Signature Printed Name Date

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Parent Signature Printed Name Date

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## Request to Transfer Enrollment Status

Upon acceptance to the Gateway to College program I, (Parent/Guardian Name) \_\_\_\_\_,  
request that the active enrollment status of, (Student Name) \_\_\_\_\_, be  
transferred from a Springfield Public School to Gateway to College.

*By signing below, I acknowledge that acceptance to the Gateway to College program is not guaranteed. I understand that IF accepted, then and only then will the active enrollment status of my child be transferred to Gateway to College.*

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Home Phone Number Cell Phone Number

\_\_\_\_\_  
Student Signature Date

**PLEASE DETACH  
THE NEXT FOUR  
PAGES AND  
FOLLOW THE  
LISTED  
INSTRUCTIONS**



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**PLEASE DETACH THIS PAGE FROM THE APPLICATION, COMPLETE THE TOP HALF, AND TAKE IT TO YOUR SCHOOL GUIDANCE DEPARTMENT SO THEY CAN COMPLETE THE BOTTOM HALF AND SUPPLY THE REQUESTED PAPERWORK.**

## SCHOOL DISTRICT INFORMATION RELEASE FORM

### Student Information:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Through these signatures we grant permission to release the student's high school records, including but not limited to official transcripts, MCAS scores, official withdrawal letter, IEP, 504 Plan, and SASID Identification Number as applicable, for the applicant named above:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**To the school official:** This form is being given to you by a student who is applying for the Gateway to College Program. In order to assess whether Springfield Technical Community College is able to meet the applicant's educational needs, we are requesting any **documents**, where applicable. Please check off all documents which are being forwarded from the sending school district to STCC AND complete contact information below:

- An *official* high school transcript. \_\_\_\_\_
- The student's IEP/504 \_\_\_\_\_ or The student does not have an IEP/504 \_\_\_\_\_
- MCAS scores for 9<sup>th</sup> grade Science and/or 10<sup>th</sup> grade ELA, Math and Science. \_\_\_\_\_
- An *official* withdrawal letter (if student has withdrawn) \_\_\_\_\_ (PLEASE DO NOT WITHDRAW ACTIVE STUDENTS, IF ACCEPTED TO GATEWAY THEY WILL BE TRANSFERRED)
- Student Identification Number. \_\_\_\_\_

### School Official Contact Information

Name of School: \_\_\_\_\_

Name of School Official (Please print or type): \_\_\_\_\_

Title of School Official: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

Telephone Number of School Official: (     ) \_\_\_\_\_ - \_\_\_\_\_

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**PLEASE DETACH THIS PORTION OF THE APPLICATION, COMPLETE THIS PAGE, AND GIVE ALL THREE PAGES TO THE PERSON YOU WANT TO RECOMMEND YOU TO THE PROGRAM**

### RECOMMENDATION FORM

A Recommendation Form is required of all applicants. Applicants should request their recommendation from a **guidance counselor, teacher, employer, mentor or someone from the community** that knows the applicant's abilities both socially and academically. Recommendations **WILL NOT** be accepted from a parent, sibling, personal friend, or other family member. Applicants should consider obtaining a recommendation from an adult who is willing to support the applicant in their educational endeavors.

#### Student's Information

To be completed by student. Please fill in your name and address below, date and sign, and give this form to an adult individual whom you have chosen to write on your behalf. This person cannot be a family member. The recommender should complete this form and return it to you in a signed and sealed envelope or they can mail it directly to Gateway to College.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

#### Applicant's Waiver of Right of Access to Confidential Statement

I hereby freely and voluntarily waive my right of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### To the Recommender

The above-named student is applying for admission into the Gateway to College program and has given your name as a reference. The information you are providing concerning the above-named applicant is an important part of the application process. We appreciate your time and thoughtfulness in furnishing this information. Please be advised that the Gateway to College Program cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed above.

#### Gateway to College Program Description:

The Gateway to College STCC Program serves high school students ages 16 to 20 who have not thrived in a traditional high school setting. Whether they have already left school or are considering leaving school, Gateway to College can provide an alternative opportunity to earn a high school credential. The Gateway program is a scholarship program which pays for tuition and books for those who are accepted into the program. Students are enrolled in classes at STCC and are able to earn college credits while working toward their high school diploma.

**Instructions:** After completing this form, please place it in an envelope. **Seal the envelope and sign across the seal.** You may return this recommendation to the above-named applicant or mail it directly to the Gateway to College Program at Springfield Technical Community College (address is available at the top of this form). If you mail the form, please call our office to let us know and please inform the student as well.

**To the Recommender**

Name of Recommender: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What characteristics or attributes best describe the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In what area is the applicant most exceptional?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In what area does the applicant need the most improvement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Do you think this applicant has sufficient maturity and integrity to participant in an early college program?  
 Explain.

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6. Are there known problems in this applicant's background or relationships that are likely to influence collegiate performance?

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7. In terms of qualities listed below, please give us your appraisal of the applicant:

	Above Average	Average	Below Average	Unable to Assess
Judgment				
Maturity				
Motivation				
Integrity				
Oral Communication				
Written Communication				
Ability to work with others				
Respect for authority				

8. Overall rating:

Recommend       Recommend with reservations       Do not recommend

9. Additional Comments:

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