

HOW TO APPLY FOR THE GATEWAY TO COLLEGE PROGRAM

Step 1: Attend an Information Session

The Information Session provides students the opportunity to show that they have the reading, writing, and math skills necessary to achieve success in a college environment. You will also have the opportunity to ask questions as they relate to the admissions process.

Step 2: Complete and return the Application Packet

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 3: 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 to complete the testing. Acceptable identification may include a driver's license, school ID, etc.

Step 4: Participate in a Personal Interview

After completing the college placement test, 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 a student better, to learn about his/her strengths, weaknesses, and concerns. Students will also be able to ask questions during the interview.

Step 5: Selection Committee Review

The Selection Committee will review all applications for the Gateway to College program. **Acceptance to the program is not guaranteed.** Space in the program 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? _____

Name of Emergency Contact other than parent/legal guardian _____

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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** _____

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 _____

Student Signature

Printed Name

Date

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: _____

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 9th grade Science and/or 10th 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: () _____ - _____

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?

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

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

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:
