

Future Focus Application

Future Focus Eligibility Checklist

Do you have all **FOUR** things needed to become a Future Focus Student?

I have a high school diploma (any country) or high school equivalency a. For HiSET/GED students, you must complete all exams by the start of the semester (by September or by January) I qualify for Massachusetts in-state tuition by being either a: a. Resident of Massachusetts for 6 months or more AND b. US citizen, Permanent Resident (Green Card), Legal Asylee, or qualifying Visa holder i. Contact the Admissions Department for more information on qualifying Visa -Ph: 508-853-2300 or Email: admissions@gcc.mass.edu I am able to communicate, read, write, and speak English proficiently I am motivated and committed to doing the following to be a Future Focus student: a. Attending college as a part-time student and being present every week b. Attending monthly workshops c. Attending monthly advising sessions with the Program Coordinator

Deadlines

FALL SEMESTER (SEPTEMBER START) DEADLINE: JULY 24TH

SPRING SEMESTER (JANUARY START) DEADLINE: DECEMBER 13TH



<u>TO APPLY</u>: You must submit all parts of this application to FutureFocus@gcc.mass.edu

1. Copy of High School Completion Transcript

- a. HiSET/GED Students:
 - . Complete Transcript with all scores
- b. For U.S. High School Students:
 - i. High School Transcript
- c. ESOL Students
 - . Copy of a Graded Writing Sample from ESOL classes
 - Copy of your High School Diploma (from your country)
 - Submit your TABE CLAS-E score (get results from advisor/case manager)

2. The Future Focus Application and Intake Form (attached)

- a. Recommendation: Fill this out with the help of your teacher/advisor
- 3. QCC Admissions Paperwork (attached)

4. A typed essay (400-600 words) that answers these two questions:

- a. What was a goal you achieved that was particularly significant to you?
 - i. Why was this goal important and how did you achieve it?
 - ii. What was the motivation behind this goal?
 - iii. What was learned from this experience that could be useful in the future?
- b. Why do you want to attend college?
 - i. How are you prepared for college?
 - ii. Who do you turn to for support?
 - iii. What area/s are you interested in studying?
- 5. At least ONE letter of recommendation
 - a. Must be from an individual who is not your relative and can comment on your qualifications and motivation to participate in the Future Focus Program. This can be emailed directly from the recommender to <u>FutureFocus@qcc.mass.edu</u>

Once <u>ALL parts</u> have been received, you will be contacted to set up an interview with Gilmarie, for a final determination of your eligibility for the program.



Do you have a PC L	aptop? 🗌 Y	ES or 🗆 NG) (Please chec	:k one)		
Referring Adult Lea	rning Progran	n Name:				
Applicant's Name: _						
	(Last name,	First name, and Mi	ddle name)			
Address:	ddress: Apt. #:					
City:		Stat	e:	_ Zip Code: _		
Home Phone:	-	Ce	I Phone:	<u>-</u>		
Email:						
Gender: Male	Female	□ Non-Binary	\Box Other: _			
Date of Birth:	LC///DD/YEAR)	cation of Birth: (List ci	ty and state if US	, List city and Count	ry if outside US)	
Race/Ethnicity - Che	eck as many t	hat apply:				
Native American	or Alaska Nativ	e 🗆 African-A	merican/ Black	k □ Caucasian	□Asian	
Native Hawaiian	or Other Pacific	: Islander 🛛 Hisp	oanic/Latino	Other:		
Immigrant: Yes	🗆 No					
Are you a United Sta	ates citizen? e of the condit	ions do you meet	?	CIS):		
□ Legal Asylee (F OR	Refugee) - Regi	stration Number (l	JSCIS):			
Please state your Visa or Immigration status:						
			(Visa issued	d and Home country)		
Social Security Num	ber:	<u></u>				
First Language:		Langua	ge Spoken at	: Home:		
Have you ever attended	public education	on (K-12, ABE, or (Comm. College) in Mass.? 🛛 Y	es 🗆 No	



EDUCATION- Check as many that apply

□ U.S.	(Must Provide Copy) letion)					
□ Fore	ign Country High School Diploma	a:(List the country AN	<u>D</u> include year of comple	tion) (Must Provide Copy)		
	ege/Technical (in United States):					
🗆 For I	ESOL Students only: TABE Sco	(Name of Institution)		(Degree- if applicable)		
COLLEGE CLASS SCHEDULE – MUST CHECK OFF ONE OPTION (Only applicable for the first semester)						
	<u>Mornings</u> Tuesdays and Thursdays FYE 101 – 9:30am- 10:45am CIS 111 – 12:30pm- 1:45pm	<u>OR</u> [Tuesdays □ FYE 101 – 4pm	venings s and Thursdays n- 6:50pm (Tuesday) - 6:50pm (Thursday)		
EMPLOYMENT AND HOUSEHOLD INFORMATION						
Emplo	yment Status:					
	loyed mployed and Not Looking for We emaker		ved and Looking for Otherwise Not Loo			
Emp	oloyment Job Type (if applicat	ole):				
□ Full-	time (30 hours or more/wk)	□ Part-time (less t	han 30 hours/wk)			

- Full-time (30 hours or more/
 Temporary Jobs
- Part-time (less than 30 hours/w
 Multiple Jobs

Days and Hours at Work:

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
Times														
# of hours														

What is your Occupation (required if employed)?



Barriers to Education:

- Displaced Homemaker
- Ex Offender
- Foster Care Youth
- □ Long Term Unemployed
- Low Income
- □ Migrant Farmworker
- □ Seasonal Farmworker
- □ Single Parent or Guardian
- Other: _____
- None

Public Assistance:

Emergency Aid to the Elderly, Disabled
and Children (EAEDA)

- MassHealth
- Supplemental Nutrition Assistance Program (SNAP)
- □ Supplemental Security Income (SSI)
- Transitional Aid to Families with Dependent Children (TAFDC)
- Women, Infants and Children Program (WIC)
- Other: _____
- None

Disabilities and Accommodations:

This Adult Basic Education Program does not discriminate on the basis of disabilities.

Students/Applicants may, but do not have to disclose disabilities. Applicants who disclose disabilities may be entitled to reasonable accommodations.

Please answer Yes or No to the following questions:

1	Does the student/applicant understand that he/she is not required to disclose his/her disability?	
2	Does the student/applicant wish to disclose a disability?	
3	Does the student/applicant understand that self-disclosing a disability makes him/her eligible for reasonable accommodations?	
4	If Yes to #3, does the student/applicant wish to request any specific accommodations?	

Referred by/Heard About Program from:

- ABE Program
- Career Center
- Counselor
- Flier/Brochure/Poster
- Library
- Other
- Recruiter
- **Student (Current/Previous)**
- Waiting List
- □ Walk-in (school)
- **Community Organization**
- Court
- Head Start
- Job
- □ Literacy Hotline
 - Probation Officer
- Head Start
- □ Unemployment Office
- MA Rehabilitation

Application for Admission ATTN Frances Lu Future Focus

PERSONAL INFORMATION PLEASE PRINT	Social Security Number				
Legal Last Name	Legal First Name				
Legal Middle Name	Maiden Name				
Date of Birth (month/day/year)	Sex: Please check (☑)				
MAILING ADDRESS					
(Box, Apt., or Street Name and Number) (City) (State) (Zip Code)	Preferred Phone Area Code)				
E-MAIL ADDRESS					
PLEASE CHECK WHICH SEMESTER YOU WISH TO ENTER □ Fall (SeptDec.) 2024 □ Spring (JanMay) 2025 ■ Have you previously: Please check (☑) □ Applied	Summer (May-Aug.) 20				
If you have applied or attended, yes, what name did you use during th	nat enrollment?				
If you have applied or attended, please indicate in which semester ar	nd year				
Please indicate the Study Option you are applying to: <u>General St</u>	udies G S				
Please write out Study Option above and print the code in boxes at right. See Study Options	insert for code.				
Nursing Applicants: Will you be transferring Nursing courses? Please of the second	check (🗹) 🗌 Yes 💢 No				
■ Will you be attending full-time or part-time? Please check (☑) 🛛	Part-time 🔲 Full-time				
What is the highest diploma, degree, or certificate you have achieved?	Please check (🗹) only one of the following:				
High School Diploma HiSET or High School Equivalency] No H.S. Diploma or HiSET 📃 Homeschool Diploma				
Certificate or Associate's Degree Bachelor's Degree	Graduate Degree				
Are you interested in receiving information about disability services? P	lease check (🗹) 🗌 Yes 🗌 No				
■ Have you ever served in the U.S. Military? Please check (☑) 🗌 Yes	No				
FINANCIAL AID					
Quinsigamond Community College awards millions of dollars in federal, state Many students, however, miss out because they do not think they are eligible a Aid (FAFSA). Financial Aid can be used to pay for tuition, fees, books, transpor	and do not complete the Free Application for Federal Student				
We strongly encourage you to complete the FAFSA. If you need help with you Financial Aid Office has counselors who can assist you.	ır financial aid application or college financial planning, our				
Please select the option below that best describes your plans to complete a FAFSA. This information will have no impact on whether you are admitted to the college.					
\fbox I plan to apply for Federal, State and Institutional Financial Aid and am	prepared to complete the FAFSA at www.fafsa.gov.				
I plan to apply for Federal, State and Institutional Financial aid, but I need help from the Financial Aid Office to complete the FAFSA.					
I do not plan to apply for Federal, State or Institutional Financial Aid a	at this time.				
GENERAL INFORMATION					
What is your educational goal at Quinsigamond Community College? Ple	ase check (🗹)				
Receive an Associate Degree or Certificate in the program to which you applied.					
Take courses to qualify for another QCC Program of Study: indicate of	lesired program				
Take courses for personal or career enrichment.					
Transfer courses to another institution, without receiving a degree.					

ADDITIONAL INFORMATION					
The following information, which is voluntary, will help us to better know our student body and factor in admissions decisions made by the college, but will be made a part of the Permanent	., .				
Ethnic and Racial Background					
I. Are you Hispanic or Latino? Yes No					
2. Please select all that apply: American Indian/Alaskan Native Native Hawaiian or other Pacific Islander Asian Black or African American White Other					
3. Please indicate the primary language spoken in your home:					
Are you: Married Single Divorced Widowed					
ACADEMIC INFORMATION					
High School (from which you will have graduated) (Or HiSET)					
Name	City	State/Country			
CEEB # (H.S. Code number if known)	Year of Graduation (actual o	r anticipated)			
College					
Name	City	State/Country			
Major	Year of Graduation (actu	ial or anticipated)			
College					
Name	City	State/Country			
Major	Year of Graduation (actu	ual or anticipated)			
RESIDENCY INFORMATION					
Are you a United States citizen? Yes No If not, please con	-less she fellowing				
Are you a Permanent Resident Alien? Yes (If yes, list alien regist	ration number:)			
If you are not a U.S. Citizen or Permanent Resident, please state your	Visa or immigration status in deta	il:			
REQUIRED					
If you are a US citizen or Permanent Resident, please che	ck one of the following (A. B	C. or D)			
<u> </u>		, =, =: =)			
A. X I have been a Massachusetts resident for six (6) continuous months and intend to remain here. As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request.					
These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any					
additional documentation it deems necessary. Please check-off those documents you po					
MARKA Valid Driver's license Utility bills* Emplo	yment pay stub* 🔲 Signed leas	se or rent receipt*			
MINIMUM Voter registration* State/Federal tax returns	* 🔲 Mass. High School Diploma	Military home of record*			
OF 2: Valid Car registration Record of parents' residence	y for unemancipated person*	Other			
B. I do not live in MA but am eligible to participate in the New England Board of Higher Education's Regional Student Program.					
C. I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.					
D. I am NOT a Massachusetts resident as defined in A.					

CERTIFICATION

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund. By applying to the college, I have agreed to receive phone calls and/or text messages from or on behalf of Quinsigamond Community College regarding their products and services, at the phone number(s) provided on this form, including my wireless number. I understand that these calls may be generated using an automated technology.

Applicant Signature: _

Did): ______ Date _____ Parent/Guardian Signature (Applicant is Under 18 Years Old):