

Please read the application carefully before completing. Fill free to type your responses or **print clearly in blue or black ink**. Be sure to complete the entire application and required essays. Please bring your completed application with you when you come to the Information Session.

DATE OF APPLICATION: _____

Contact Information				
Legal Last Name		Legal First Name		Middle Name
Preferred Name		All Previous Last Names		
Address				
City		State	Zip	
Social Security Number (Optional)		Date of Birth MM / DD / YYYY		
SASID#:		Most recent High School		
Sex		Gender		
Cell Phone		Home Phone		
Email Address (Please Print Neatly)				

I. DEMOGRAPHIC INFORMATION

Birthplace: _____
City
State
COUNTRY

Native Language: _____ Language spoken in the home: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Are you a permanent resident? ☐ Yes ☐ No

Race/Ethnicity

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race:

Please select on or more categories to describe yourself.

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Cape Verdean

Applicant Name: _____

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II. PARENT/GUARDIAN INFORMATION

Mother's First Name: _____

Father's First Name: _____

Mother's Last Name: _____

Father's Last Name: _____

Mother's Mailing Address: _____

Father's Mailing Address: _____

City, _____ State, _____

City, _____ State, _____

Zip: _____

Zip: _____

Mother's Email Address: _____

Father's Email Address: _____

Mother's Work Number: _____

Father's Work Number: _____

III. ACADEMIC INFORMATION

List all high schools, alternative programs, home school, or college where you have taken courses, beginning with the most recent. If you are working on or have earned your GED, please indicate below:

Name of School:	Location (City/State)	Dates (Month/Year – Month/Year)	# of credits earned	Last grade attended
		Total credits:		

Have you ever received Special Education Services, had an Individualized Education Plan (IEP), or a 504 Plan? ____ Yes ____ No

Have you ever taken the MCAS exam? ____ Yes ____ No

If you have taken the MCAS, did you pass? ____ Yes ____ No ____ I tested but don't have results

Have you ever been dismissed or suspended from a school or college for any violations of student conduct or safety? If yes, please explain. What kind of support would you need to insure that this did not occur again?

Is there anything that may prevent you from attending classes on a regular basis? ____ Yes ____ No

If YES, please explain: _____

Gateway students at North Shore Community College can select from four different career pathways to ensure course alignment with the requirements of their area of interest. Please select the pathway below that you feel most strongly about:

____ STEM & Education ____ Liberal Studies ____ Business & Technology ____ Health & Human Services

Applicant Name: _____

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IV. EMPLOYMENT

Do you currently have a job? _____ Yes _____ No If yes, please complete the following:

Employer: _____ About how many hours a week do you work? _____

Location (City/State): _____ Type of work: _____

V. REFERRAL INFORMATION

How did you learn about this program? _____

VI. PROGRAM LOCATION SELECTION

Please select your preferred location for your first term of Gateway to College, if you are selected. Classes are typically 12:30pm-4:30pm.

_____ **Afternoon classes** at the **Lynn Campus**, 300 Broad Street, Lynn MA 01901

_____ **Afternoon classes** at the **Danvers Campus**, 1 Ferncroft Road, Danvers, MA 01923

Students **must** attend classes five days per week, Monday-Friday. **Please note:** There may not be classes offered at all campuses each semester. **Placement at your preferred location/time is not guaranteed.**

VII. REQUIRED SIGNATURE

I certify that the information on this application is correct and complete. I understand that if I have not provided accurate information or the required application materials, I may be denied acceptance in the Gateway to College program.

I also understand that I cannot be enrolled in any other high school or other alternative high school education program while participating in the Gateway to College program. If selected for the program, I agree to abide by the North Shore Community College Code of Student Conduct, as well as the policies and procedures of the Gateway to College program.

I acknowledged that NSCC, in its educational policies, programs, and procedures, provide equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, sex, sexual orientation, or disability.

Photo/Print Release

Gateway to College frequently uses pictures, videotapes and audio recording of students in the program for publication in articles that may appear in local newspapers or other publications. I, the student or parent/guardian, give permission for Gateway to use pictures, videotapes or audio recordings of the above named student. If I do not wish for Gateway to use pictures, videotapes or audio recordings of the above named student, I will submit written notification to the program and attach it to this application. This consent will remain in effect until its written revocation is received by a Gateway to College staff person or is mailed to the North Shore Community College Gateway to College program at 1 Ferncroft Road, Danvers, MA 01923.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If applicant is under the age of 18)

Application for Admission – Essay Requirements

VIII. THREE 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 important steps for your application. The application is not complete without the three essays, which must be submitted by the first day of your selected Information Session.

DIRECTIONS: Your responses should be at least two (2) paragraphs, and can be typed in the area below or on a separate sheet. If you choose to answer on a separate sheet, please be sure to write your name on all sheets and attach it to your application form. If you do not have access to a computer or typewriter, you may neatly hand write your answers in ink.

Please respond to all of the following questions. Be sure to answer all questions in your essays:

ESSAY I

What personal strengths have helped you overcome challenges in your life? How will your strengths help you to attain your educational goals? Talk about some key personal problems or challenges that you have had that have interfered with your success in completing your education in the past. What would be different now?

Applicant Name: _____

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ESSAY II

Why are you interested in being a part of North Shore Community College's Gateway to College program? Why do you think this program is a good fit for you to achieve your goals? Why should the selection committee choose you for this scholarship program, especially since there is a lot of competition for limited slots?

ESSAY III

As a full-time college student, how would you balance your coursework, employment, family, social, and personal life? What would motivate you to attend classes 100 percent of the time? What would motivate you to complete all your homework assignments on time?

Applicant Name: _____

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

North Shore Community College
Gateway to College

Northshore Community College shall follow all applicable state and federal laws, rules and regulations that apply to student records. Any past or present student's cumulative record as maintained by the College is protected by the Family Education Rights and Privacy Act (FERPA) and will not be released outside of the regulations without written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

I hereby authorize my school district to release information to **Northshore Community College** and for **Northshore Community College** to release information to my school district. I authorize **Northshore Community College** to release information to the Gateway to College National Network for the purpose of studying the program and instruction improvement. Additionally, I authorize **Northshore Community College** to release information to the specific parties identified below.

Student Last Name	First Name	MI	Date of Birth (m/day/yr)
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RELEASE TO:

- ☐ Gateway to College Staff
- ☐ _____ School District
- ☐ Parent/Guardian/Support person:
- ☐ Other: Students are encouraged to add names of any support people who may have an interest in the student's progress and educational needs.

Name (Parent/Guardian)	Relationship	Phone number
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Name (Supporter)	Relationship	Phone number
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Name (Other)	Relationship	Phone number
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Information that will be released through authorization of signature below:

- Transcript of grades
- Date of graduation and program

Notice of school district responsibility: I understand that alternative services provided are not supervised by the student's resident school district and that North Shore Community College is not an agent of the District. I will not expect student's resident school district to take any responsibility for any aspect of the program, for the services or in the manner in which the services are provided even if the school staff has knowledge of any particular aspect of the program or suggest it as a resource.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____
(Required if under age 18)

Applicant Name: _____

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SCHOOL DISTRICT INFORMATION FORM

Directions to the Student: Fill out the top part of this form, and then bring it to your High School Guidance Counselor or other School Official, such as your Principal, Vice-Principal, or Guidance Department Chair. Present this form to the school official in order to receive an official copy of your transcript, MCAS scores, and IEP or 504, if applicable.

Student Information:

Name: _____ Date: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Through these signatures, we grant permission to release the transcripts, MCAS scores, IEP, 504 Plan and letters of recommendation as applicable, for the applicant named above:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Directions to the School Official: A student who is applying for the Gateway to College Program is giving this form to you. Gateway to College is a college-based, dual-credit program designed specifically for students who have left high school, or are significantly behind in credits and are unlikely to finish high school on time. The Gateway to College Program is a unique, alternative Early College High School initiative whereby a student who is can earn a high school diploma with the added benefit of receiving college credits toward an Associate degree or certificate at North Shore Community College.

In order to assess whether North Shore Community College is able to meet the applicant's educational needs, we are requesting the following items:

Please check off all documents that are being forwarded from the sending school district to NSCC:

_____ An *official* high school transcript

_____ Letter(s) of recommendation

_____ MCAS Scores (high school only)

_____ Attendance and Conduct Records

_____ *IEP or 504 Plan (**if applicable*)

Gateway To College

North Shore Community College
LE-327, 300 Broad Street, Lynn MA
01901
DB-116, 1 Ferncroft Road, Danvers,
MA 01923
(781) 477-2185/(978) 762-4000
ext.5559

Name of School Official (please print or type): _____

Title of School Official: _____

Signature of School Official: _____

Telephone Number of School Official: _____ - _____ - _____

Student SASID #: _____

Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Are you a U.S. Citizen? ☐ Yes ☐ No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT? ☐ YES ☐ NO IF YES, LIST ALIEN REGISTRATION NUMBER: _____

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL: _____

Please check the in-state or reduced tuition eligibility category that applies to you:

☐ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one 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 possess as proof of your intent to remain in Massachusetts.

- | | | |
|---|--|---|
| <input type="checkbox"/> VALID DRIVER'S LICENSE | <input type="checkbox"/> UTILITY BILLS* | <input type="checkbox"/> EMPLOYMENT PAY STUB* |
| <input type="checkbox"/> VALID CAR REGISTRATION | <input type="checkbox"/> VOTER REGISTRATION* | <input type="checkbox"/> STATE/FEDERAL TAX RETURNS* |
| <input type="checkbox"/> MASS. HIGH SCHOOL DIPLOMA | <input type="checkbox"/> SIGNED LEASE OR RENT RECEIPT* | <input type="checkbox"/> MILITARY HOME OF RECORD* |
| <input type="checkbox"/> RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* | | <input type="checkbox"/> OTHER _____ |

☐ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

☐ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

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.

Signature of Applicant

Date

I certify that all above information is true.

Signature of Parent

Date

If applicant is under 18 years of age.

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

- ☐ IS eligible for the in-state tuition rate.
☐ IS NOT eligible for the in-state tuition rate.
☐ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature

Date