

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 Future Focus Coordinator Gilmarie Vongphakdy with any questions:
[Ph: 508-854-2876](tel:508-854-2876) or [Email: gvongphakdy@qcc.mass.edu](mailto:gvongphakdy@qcc.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

FALL (SEPT. START) DEADLINE:
JULY 24TH

SPRING (JAN. START) DEADLINE:
DECEMBER 13TH

For any questions, contact Gilmarie: gvongphakdy@qcc.mass.edu or 508-854-2876



TO SUBMIT: Please email the Future Focus Application and Intake form, QCC Admissions Paperwork, Copy of Transcript (and any other supporting documents needed: please read below), essay, Letters of Recommendation (optional) to:

E-mail: gvongphakdy@qcc.mass.edu

You must submit **ALL** required parts of this application to be considered:

- Copy of High School Completion Transcript**
 - a. HiSET/GED Students:
 - i. Complete Transcript with all scores
 - b. For U.S. High School Students:
 - i. High School Transcript
 - c. ESOL Students
 - i. Copy of a Graded Writing Sample from ESOL classes
 - ii. Copy of your High School Diploma (from your country)
- The Future Focus Application Form for FY 2022 (attached)**
- Student Intake Form for FY 2022 (attached)**
- QCC Application for Admission (attached)**
- A typed essay (400-600 words) which answer 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?
- Optional: One or Two letters 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 email directly to Gilmarie by the recommender at gvongphakdy@qcc.mass.edu.

Once ALL parts have been received, you will be contacted to set up an interview with Gilmarie, for a final determination on your eligibility for the program. Please submit all the items together in one email.

For any questions, contact Gilmarie: gvongphakdy@qcc.mass.edu or 508-854-2876



QUINSIGAMOND

Community College

Future Focus Application Form for FY 2022

(COVID-19 Application Version)

Do you have a computer (laptop/desktop)? YES or NO
(Please check one)

Referring Adult Learning Program Name: _____

Today's Date: _____

Applicant's Name: _____
(Last name, First name and Middle name)

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

Gender: Male Female Social Security Number: _____ - _____ - _____

Date of Birth: _____ Location of Birth: _____
(MM/DD/YEAR) (List city and state if US, List city and Country if outside US)

Race/Ethnicity - Check as many that apply:

- Native American or Alaska Native
- African-American/ Black
- Caucasian
- Asian
- Native Hawaiian or Other Pacific Islander
- Hispanic/Latino
- Other: _____

Immigrant: Yes No

First Language: _____ Language Spoken at Home: _____

Are you a United States citizen? Yes OR No

If no, which one of the conditions do you meet?

Permanent Resident (Green Card) - Registration Number (USCIS): _____

Legal Asylee (Refugee) - Registration Number (USCIS): _____

OR

Please state your Visa or Immigration status: _____
(Visa issued and Home country)

Have you ever attended public education (K-12, ABE, or Comm. College) in Mass.? Yes No



QUINSIGAMOND

Community College

EDUCATION- Check as many that apply

- U.S. High School Diploma or GED/HiSET: _____ (Must Provide Copy)
(List your diploma **AND** include year of completion)

- Foreign Country High School Diploma: _____ (Must Provide Copy)
(List the country **AND** include year of completion)

- College/Technical (in United States): _____
(Name of Institution) (Years completed) (Degree- if applicable)

Student Intake Form for FY 2022

Referring ABE Program: _____ Today's Date: _____
 (ABE is the HiSET, ESOL, or Career Pathways Program you attended)

COLLEGE CLASS SCHEDULE– MUST CHECK OFF ONE OPTION
 (Only applicable for the first semester)

<input type="checkbox"/> <p style="text-align: center;"><u>Mornings</u> Tuesdays and Thursdays FYE 101 – 9:30am- 10:45am CIS 111 – 11:00am- 12:15pm</p>	<u>OR</u>	<input type="checkbox"/> <p style="text-align: center;"><u>Evenings</u> Tuesdays and Thursdays FYE 101 – 4pm- 6:50pm (Tuesday) CIS 111 – 4pm- 6:50pm (Thursday)</p>
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PERSONAL INFORMATION (MUST BE IN PRINT, NICELY)

Applicant's Name: _____
 (Last name, First name and Middle name)

Current Address _____ Homeless: Yes No

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Mandated Enrollment: Yes No

For Office Use- Release of Information Form Signed: Yes No

EMPLOYMENT AND HOUSEHOLD INFORMATION

Employment Status:

- | | |
|--|--|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed and Looking for Work |
| <input type="checkbox"/> Unemployed and Not Looking for Work | <input type="checkbox"/> Retired or Otherwise Not Looking for Work |
| <input type="checkbox"/> Homemaker | |

Employment Job Type (if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Full-time (30 hours or more/wk) | <input type="checkbox"/> Part-time (less than 30 hours/wk) |
| <input type="checkbox"/> Temporary Jobs | <input type="checkbox"/> 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):

Student Intake Form for FY 2022

Public Assistance:

<input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children (EAEDA) <input type="checkbox"/> MassHealth <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) <input type="checkbox"/> Women, Infants and Children Program (WIC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
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Referred by/Heard About Program From:

<input type="checkbox"/> ABE Program <input type="checkbox"/> Career Center <input type="checkbox"/> Counselor <input type="checkbox"/> Flier/Brochure/Poster <input type="checkbox"/> Library <input type="checkbox"/> Other <input type="checkbox"/> Recruiter <input type="checkbox"/> Student (Current/Previous) <input type="checkbox"/> Waiting List <input type="checkbox"/> Walk-in (school) <input type="checkbox"/> Community Organization <input type="checkbox"/> Court <input type="checkbox"/> Head Start <input type="checkbox"/> Job <input type="checkbox"/> Literacy Hotline <input type="checkbox"/> Probation Officer <input type="checkbox"/> Head Start <input type="checkbox"/> Unemployment Office <input type="checkbox"/> MA Rehabilitation
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Barriers to Education:

<input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Ex Offender <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Low Income <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent or Gaurdian <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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?	

PERSONAL INFORMATION PLEASE PRINT

Legal Last Name, Legal First Name, Legal Middle Name, Maiden Name, Date of Birth, Social Security Number, Sex: Please check (X) Male Female

MAILING ADDRESS

(Box, Apt., or Street Name and Number), Preferred Phone, (Area Code), (City), (State), (Zip Code)

E-MAIL ADDRESS

PLEASE CHECK WHICH SEMESTER YOU WISH TO ENTER

Fall (Sept.-Dec.) 20_21, Spring (Jan.-May) 20_ __, Summer (May-Aug.) 20____, Have you previously: Applied, Attended, Neither, Both

If you have applied or attended, yes, what name did you use during that enrollment?

If you have applied or attended, please indicate in which semester and year

Please indicate the Study Option you are applying to: General Studies GS

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?, Will you be attending full-time or part-time?, What is the highest diploma, degree, or certificate you have achieved?, Are you interested in receiving information about disability services?, Have you ever served in the U.S. Military?

FINANCIAL AID

Quinsigamond Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA).

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Financial Aid Office has counselors who can assist you.

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.

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 at this time.

GENERAL INFORMATION

What is your educational goal at Quinsigamond Community College?, Receive an Associate Degree or Certificate in the program to which you applied, Take courses to qualify for another QCC Program of Study, 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 enable us to comply with governmental statistical requests. Responses will not be a factor in admissions decisions made by the college, but will be made a part of the Permanent Student File, which is protected by Federal and State Privacy Legislation.

Ethnic and Racial Background

1. 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 or anticipated) _____

College

Name _____ City _____ State/Country _____

Major _____ Year of Graduation (actual or anticipated) _____

College

Name _____ City _____ State/Country _____

Major _____ Year of Graduation (actual or anticipated) _____

RESIDENCY INFORMATION

Are you a United States citizen? Yes No If not, please complete the following:

Are you a Permanent Resident Alien? Yes (If yes, list alien registration number: _____) No

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: _____

REQUIRED

If you are a US citizen or Permanent Resident, please check one of the following (A, B, C, or D)

A. 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 possess as proof of your intent to remain in Massachusetts.

MARKA Valid Driver's license Utility bills* Employment pay stub* Signed lease 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' residency 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: _____ Date _____

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