

# **Future Focus Application**

# **Future Focus Eligibility Checklist**

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

<ul> <li>I have a high school diploma (any country) or high school equivalency</li> <li>a. For <u>HiSET/GED students</u>, you must complete all exams by the start of the semester (by September or by January)</li> </ul>
☐ 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
<ul> <li>i. Contact the Admissions Department for more information on qualifying Visa - Ph: 508-854-4262 or Email: <a href="mailto:admissions@qcc.mass.edu">admissions@qcc.mass.edu</a></li> </ul>
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 24<sup>TH</sup>

SPRING SEMESTER (JANUARY START) DEADLINE: DECEMBER 13<sup>TH</sup>



**TO APPLY:** You must submit **all parts** of this application to FutureFocus@qcc.mass.edu

	1.	Copy	of High School Completion Transcript
		a.	HiSET/GED Students:
			<ul> <li>Complete Transcript with all scores</li> </ul>
		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)
$\neg$	2.	The F	uture Focus Application and Intake Form (attached)
			Recommendation: Fill this out with the help of your teacher/advisor
			<u>,,</u>
	3.	QCC A	Admissions Paperwork (attached)
	4.	A tvp	ed essay (400-600 words) that answers these two questions:
			What was a goal you achieved that was particularly significant to you?
		۵.	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?
П	5.	At lea	ast ONE letter of recommendation
Ш	•	a.	
		2,1	on your qualifications and motivation to participate in the Future
			Focus Program. This can be emailed directly from the recommender to
			FutureFocus@gcc.mass.edu
			The state of the s

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.



Referring Adult Lear	ning Progra	m Name: _				
Applicant's Name: _						
	(Last name	e, First name,	and Mid	dle name)		
Address:				_	Apt. #:	_
City:			_ State	<b>:</b>	Zip Code: _	
Home Phone:	<u>-</u>	-	Cell	Phone:	<u>-</u>	-
Email:						
<b>Gender</b> : □ Male	□Female	□ Non-B	inary	☐ Other:		
Date of Birth:(MM/	DD/YEAR)	ocation of	Birth: _ (List city	and state if U	S, List city and Count	try if outside US)
Race/Ethnicity - Che	ck as many	that apply:				
<ul><li>□ Native American o</li><li>□ Native Hawaiian o</li></ul>						
Immigrant: ☐ Yes  Are you a United Sta  If no, which one ☐ Permanent Resi	tes citizen? of the condi	itions do yo	u meet?		SCIS):	
□ Legal Asylee (Ro <b>OR</b>	efugee) - Reg	istration Nu	mber (U	SCIS):		
☐ Please state you	ır Visa or Imm	nigration sta	tus:	(Visa issu	ed and Home country)	
Social Security Numb	er:					
First Language:		L	anguag	e Spoken a	at Home:	
Have you ever attended	public educat	ion (K-12, Al	BE, or Co	omm. Colleg	pe) in Mass.? □ Y	′es □ No



## **EDUCATION- Check as many that apply**

□ U.S. ⊓i(	jn School Dipic	ona or Ged/Hi					year of comple		е Сору)
□ Foreign	Country High S	School Diploma	a:(List th	he count	ry <u><b>AND</b></u> in	clude y	ear of completi	(Must Provi	de Copy)
☐ College/	Technical (in U	Jnited States):							
			(Name of	Institutio	n)	(Years	completed)	(Degree- if applic	cable)
□ For ESC	DL Students or	nly: TABE Sco	res						
	COLLE	GE CLASS S						<u>PTION</u>	
		(Only	applicab	le for t	he first s	semes	iter)		
	<b>Morni</b> Tuesdays and E 101 – 9:30a S 111 – 12:30p	d Thursdays m- 10:45am		<u>OR</u>			Tuesdays 101 – 4pm	enings and Thursdays - 6:50pm (Tues 6:50pm (Thurs	sday)
	ant Status	<u>EMPLOYMI</u>	ENT AN	ID HO	USEHO	OLD I	NFORMA <sup>.</sup>	ΓΙΟΝ	
□ Employ	ent Status:		_	⊐ I Inen	nnloved	and I	ooking for V	Vork	
	oyed and Not	Looking for W					•		
Employ	ment Job Ty	oe (if applicat	ole):						
☐ Full-time	•	more/wk)	□ Part- □ Multi	•		30 ho	ours/wk)		
Days and	Hours at Wor			,					
	Sunday Stort End	Monday	Tuesda	_			Thursday Start End	Friday	Saturda
Times	Start End	Start   End	Start	End	Start	End	Start  End	Start End	Start E
# 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	
		1
Public	Assistance:	
	7.00.00.00.00.00.00.00.00.00.00.00.00.00	,
	Emergency Aid to the Elderly, Disabled	
	and Children (EAEDA)	
	MassHealth	
	Supplemental Nutrition Assistance	
	Program (SNAP)	L
	Supplemental Security Income (SSI)	

### Referred by/Heard About Program from:

	ADE Dragram
	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
L	

#### **Disabilities and Accommodations:**

☐ Other: \_\_\_\_\_

(WIC)

□ None

☐ Transitional Aid to Families with Dependent Children (TAFDC)

■ Women, Infants and Children Program

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?	

#### Application for Admission ATTN Frances Lu Social Security Number PERSONAL INFORMATION PLEASE PRINT Legal Last Name Legal First Name Legal Middle Name Maiden Name Date of Birth Sex: Please check (☑) Male **Female** (month/day/year) **MAILING ADDRESS** Preferred Phone (Box, Apt., or Street Name and Number) (Area Code) (City) (State) (Zip Code) **E-MAIL ADDRESS** PLEASE CHECK WHICH SEMESTER YOU WISH TO ENTER Fall (Sept.-Dec.) 2025 Spring (Jan.-May) 2026 Summer (May-Aug.) 20\_\_\_ Applied Attended Neither Have you previously: Please check (☑) 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 \_ GS Please indicate the Study Option you are applying to: <u>General Studies</u> 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 check (☑) Yes X Will you be attending full-time or part-time? Please check $( \Box )$ | X | Part-time Full-time What is the highest diploma, degree, or certificate you have achieved? Please check $(\square)$ only one of the following: No H.S. Diploma or HiSET High School Diploma HiSET or High School Equivalency Certificate or Associate's Degree Bachelor's Degree Graduate Degree $\blacksquare$ Are you interested in receiving information about disability services? Please check ( $\boxdot$ ) Have you ever served in the U.S. Military? Please check (☑) **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). Financial Aid can be used to pay for tuition, fees, books, transportation and other educational expenses. 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? Please 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 desired 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 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 I. Are you Hispanic or Latino? 2. Please select all that apply: American Indian/Alaskan Native | Native Hawaiian or other Pacific Islander | 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 State/Country\_\_\_\_ City\_ Year of Graduation (actual or anticipated) \_\_\_\_\_ College State/Country City Year of Graduation (actual or anticipated) Major **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: \_\_\_\_ If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: **REOUIRED** If you are a US citizen or Permanent Resident, please check one of the following (A, B, C, or D) 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. Utility bills\* | Employment pay stub\* | Signed lease or rent receipt\* Valid Driver's license MARKA State/Federal tax returns\* MINIMUM Voter registration\* 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.

# CERTIFICATION

I am NOT a Massachusetts resident as defined in A.

D.

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 (Abblicant is Under 18 Years Old):	Date	