QUINSIGAMOND Community College

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: 508-854-4262 or Email: admissions@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
d. Applying for Financial Aid

Deadlines

FALL SEMESTER (SEPTEMBER START) DEADLINE: JULY 24TH

SPRING SEMESTER (JANUARY START) DEADLINE: DECEMBER 13TH

For any questions, email FutureFocus@qcc.mass.edu

QUINSIGAMOND Community College

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:
      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)
      iii. 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 FutureFocus@qcc.mass.edu

☐ 6. **Proof of FAFSA completion (screenshot or forwarded email)**

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

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Do you have a PC Laptop? ☐ **YES** **or** ☐ **NO** **(Please check one)**

Referring Adult Learning Program Name: _____

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

Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

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

Email: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other: _____

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

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)

Social Security Number: _____-_____-_____

First Language: _____ **Language Spoken at Home:** _____

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

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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)

☐ For ESOL Students only: TABE Scores _____

COLLEGE CLASS SCHEDULE– MUST CHECK OFF ONE OPTION

(Only applicable for the first semester)

☐ **Mornings**
Tuesdays and Thursdays
FYE 101 – 9:30am- 10:45am
CIS 111 – 12:30pm- 1:45pm

OR

☐ **Evenings**
Tuesdays and Thursdays
FYE 101 – 4pm- 6:50pm (Tuesday)
CIS 111 – 4pm- 6:50pm (Thursday)

EMPLOYMENT AND HOUSEHOLD INFORMATION

Employment Status:

☐ Employed
☐ Unemployed and Not Looking for Work
☐ Homemaker
☐ Unemployed and Looking for Work
☐ Retired or Otherwise Not Looking for Work

Employment Job Type (if applicable):

☐ Full-time (30 hours or more/wk)
☐ Temporary Jobs
☐ Part-time (less than 30 hours/wk)
☐ 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)**?** _____

For any questions, email FutureFocus@qcc.mass.edu

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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

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

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?	

For any questions, email FutureFocus@qcc.mass.edu

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 (☑) ☐ Male ☐ Female

MAILING ADDRESS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Box, Apt., or Street Name and Number)

Preferred Phone ☐☐☐ ☐☐☐ ☐☐☐☐ (Area Code)

☐☐☐☐☐☐☐☐☐☐☐☐ (City) ☐☐ (State) ☐☐☐☐☐ (Zip Code)

E-MAIL ADDRESS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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.

MARK A MINIMUM OF 2:

☐ Valid Driver's license ☐ Utility bills* ☐ Employment pay stub* ☐ Signed lease or rent receipt*
☐ Voter registration* ☐ State/Federal tax returns* ☐ Mass. High School Diploma ☐ Military home of record*
☐ 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* _____