

**APPLICATION FORM**

Please complete these forms and return them to Bourne Public Schools, 36 Sandwich Road, Bourne, MA 02532 or email to Steven Lamarche at slamarche@bourneps.org. Please type, or print clearly in blue or black ink. *Note: Questions with \* are optional.*

**Application Date:** \_\_\_\_\_

**1. Full Legal Name:**

\_\_\_\_\_ (Full Last Name, e.g., Smith, Jr.)      \_\_\_\_\_ (First Name)      \_\_\_\_\_ (Full Middle Name)

**2. Social Security Number:** \_\_\_\_\_ **2a. SASID#:** \_\_\_\_\_  
See Guidance Office

**3. Date of Birth:** \_\_\_\_\_

**4. Gender:**     Male     Female

**\*5. Ethnicity:**     Asian/Pacific Islander                       Black/African-American  
                           Hispanic/Latino     Native American/Alaskan Native  
                           Other: \_\_\_\_\_     White/Caucasian

**6. Birthplace:** \_\_\_\_\_ (City)                      \_\_\_\_\_ (State)                      \_\_\_\_\_ (Country)

**\*7. Native Language:** \_\_\_\_\_

**7a. Secondary Language\*:** \_\_\_\_\_  
(If different from Native Language)

**7b. At Home Language\*:** \_\_\_\_\_

**8. Home Address:**

\_\_\_\_\_ (Number)                      \_\_\_\_\_ (Street)                      \_\_\_\_\_ (Apartment Number, if any)

\_\_\_\_\_ (City)                      \_\_\_\_\_ (State)                      \_\_\_\_\_ (Zip Code)

**9. Alternate Address** (if different from home):

\_\_\_\_\_  
(Number) (Street) (Apartment Number, if any)

\_\_\_\_\_  
(City) (State) (Zip Code)

**10. Home Phone:** \_\_\_\_\_ **10a. Cell Phone:** \_\_\_\_\_

**10b. Alternate Phone:** \_\_\_\_\_ Who does this number belong to? \_\_\_\_\_

**11. E-mail Address:** \_\_\_\_\_

**12. What high school are you from?** \_\_\_\_\_

12a. Have you attended any other high schools?  Yes  No

12b. If you have attended more than one high school, please list them below:

\_\_\_\_\_  
**13. How did you hear about the Early College Experience Program?**

\_\_\_\_\_  
**14. Have you ever received Special Education services?**  Yes  No

14a. If you have received Special Education services, at what grade level did you receive them?

\_\_\_\_\_  
**15. Have you ever had a 504 plan at the high school level?**  Yes  No

15a. If yes, please provide a copy of the 504.

**16. Have you ever had an IEP at the high school level?**  Yes  No

16a. If yes, please provide a copy of the IEP.

**17. Have you ever been disciplined or suspended?**  Yes  No

17a. If yes, please explain why you were disciplined or suspended, and tell us what kind of support you will need to ensure that this behavior will not happen again.

\_\_\_\_\_  
\_\_\_\_\_

**18. Anticipated high school graduation date?** \_\_\_\_\_

**19. With whom do you live?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mother and Father     | <input type="checkbox"/> Mother/Caregiver      | <input type="checkbox"/> Father/Caregiver        |
| <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Father and Stepmother | <input type="checkbox"/> Alone                   |
| <input type="checkbox"/> Aunt or Uncle         | <input type="checkbox"/> Grandparent(s)        | <input type="checkbox"/> Foster Home             |
| <input type="checkbox"/> Friend                | <input type="checkbox"/> Guardian              | <input type="checkbox"/> Homeless                |
| <input type="checkbox"/> Caregiver             | <input type="checkbox"/> Sibling               | <input type="checkbox"/> Other (please explain): |

**20. Who is/are your primary guardian/caregiver(s)?**

_____	_____	_____	_____
(Last name)	(First name)	(Middle initial)	(Relationship to you)
_____	_____	_____	_____
(Last name)	(First name)	(Middle initial)	(Relationship to you)

**21. In case of emergency, whom should we contact?**

_____	_____	_____	_____
(Last name)	(First name)	(Middle initial)	(Relationship to you)
_____		_____	
(Address of emergency contact)		(Phone number)	

**22. Do you have a job?**       Yes     No

22a. If yes, how many hours a week do you work? \_\_\_\_\_

**23. Have you passed the MCAS?**       Yes

No

TBD - I tested but am waiting for results.

**24. Required Signatures:**

I certify that the information on this application is correct and complete. I understand that if I fail to provide accurate information or the required materials and transcripts, I may be denied acceptance into the Early College Experience Program.

I also understand that I must enroll in the Bourne Public School District while participating in the Early College Experience Program. If selected for the program, I agree to abide by the Cape Cod Community College Student Code of Conduct and by the policies and procedures of the Early College Experience Program.

I acknowledge that the educational programs at CCCC provide equal opportunity for all students without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, or disability.

**Photo/Print Release**

Early College Experience Program 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 the parent/caregiver or guardian give permission for CCCC to use pictures, videotapes or audio recordings of the above named student. If I do not wish for ECEP to use pictures, videotapes or audio recordings of the above named student I will submit written notification to the program and attach to this application.

**Applicant Signature: (Print or Electronic Signature Accepted)**

\_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian/Caregiver Signature: (If applicant is under the age of 18)**

\_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**(This information is collected for statistical purposes for future programs. Information provided shall remain confidential.)**

**STUDENT'S NAME:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Work Number: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Work Number: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

**Parent/Caregiver/Guardian Educational Background**

**Did either parent graduate from a four-year college?**     Yes     No

	Name of Four-year College	Type of Degree Earned
Father		
Mother		

**Parent/Caregiver/Guardian Financial Information**

Including yourself, how many people reside in your household? \_\_\_\_\_

Indicate your family's **taxable (not gross, but after taxes) income range** for the last calendar year:

<input type="checkbox"/> \$0 - \$16,245	<input type="checkbox"/> \$38,686 - \$44,295
<input type="checkbox"/> \$16,246 - \$21,855	<input type="checkbox"/> \$44,296 - \$49,905
<input type="checkbox"/> \$21,856 - \$27,465	<input type="checkbox"/> \$49,906 - \$55,515
<input type="checkbox"/> \$27,466 - \$33,075	<input type="checkbox"/> Over \$55,515
<input type="checkbox"/> \$33,076 - \$38,685	

- Taxable **income** is the dollar amount **after** all adjustments, deductions and exemptions have been applied.
- Examples of these adjustments include head of household deductions, child credits, and educational expense credits.
- **If you were not required to file a return based on the amount of money you earned in 2012, your taxable income would be \$0.**

## Required Essays

The essay portion of the Early College Experience Program Application helps the selection committee to become acquainted with you on a personal level, and is one of the important steps in determining which students will be accepted into the program. The application is not complete without these essays.

**DIRECTIONS:** Please attach typed responses to the following essay questions. Limit each essay to two (2) pages with a 10 pt font. Make certain your name is at the top of each page.

### *Essay 1*

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Why are you interested in becoming a part of the Early College Experience Program at Cape Cod Community College? Do you think that this program is a good 'fit' for your personal goals? How will the program help you to reach your goals? Since there are a limited number of slots in this program, tell us why the selection committee should choose you.

### *Essay 2*

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As a full-time college student, how will you balance coursework, employment, commitments to family, and your social and personal life? What will motivate you to attend class 100% of the time, even during the summer months? What will motivate you to complete all of your homework each night?

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*This signature indicates that both essays are a reflection of my original thoughts and writing skills.*

**Applicant's Signature: (Print or Electronic Signature Accepted)**

\_\_\_\_\_ Date: \_\_\_\_\_

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## Student Behavioral Contract

By signing this contract you agree to the following rules and regulations. If you are found in violation of any of the following, you are subject to the disciplinary discretion of CCCC, the ECEP program, and the Bourne Public School District.

1. I will make the commitment to put school first during every semester that I am enrolled.
2. I will represent ECEP with pride in a mature and respectful manner in all classes and in my interaction with fellow students and instructors.
3. I will speak kindly and respectfully to and about fellow ECEP students both on and off campus.
4. I will communicate with a CCCC Admissions Counselor if I have any academic concerns or struggles that may impact my ability to sustain my GPA.
5. I will not participate in illegal activities such as drug use and underage drinking or any other illicit behavior that could jeopardize my well being or the reputation of the program which I am agreeing to represent.
6. I will attend all of my classes and arrive on time. If for some reason I will be absent I will communicate with the instructor either through phone or email and also notify a CCCC Admissions Counselor.
7. I understand that missing classes does not alleviate my academic responsibilities and I am responsible for submitting all of my assignments in a timely manner.
8. I will remain in all my classes and if I need to withdraw I will meet with a CCCC Admissions Counselor to discuss my situation prior to doing anything. If I withdraw from any class after the second class meeting I will pay for the dropped class in full.
9. I will not sign up for a course on my own. I will go to CCCC Admissions Counselors to register for classes.
10. I understand that I must pay for my own textbooks and supplies.
11. I will attend all ECEP cohort meetings and communicate with a CCCC Admissions Counselor regularly.
12. ECEP students must attend on-campus orientation prior to the first semester.
13. If at any time I do not fulfill the requirements of CCCC, ECEP, or Bourne Public School District, I understand that I am subject to dismissal from the program.

**I have read, understand and agree to this contract.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Signature: print or electronic signature accepted

## SCHOOL DISTRICT INFORMATION FORM

### To the Student:

**Directions for this Form:** 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. Present this form to the school official in order to receive a 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: \_\_\_\_\_

### To the School Official:

**This form is being given to you by a student who is applying for the Early College Experience Program at Cape Cod Community College.** The Early College Experience Program is an opportunity for students to earn a high school diploma with the added benefit of an Associate degree or certificate.

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

**Please check off all documents which are being forwarded from the sending school district to Bourne Public Schools:**

- An *official* high school transcript
- Letters of recommendation
- MCAS Test Scores
- \*The student's IEP if applicable
- \*The student's 504 Plan if applicable
- Attendance and Disciplinary Records

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: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN# or Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 US Citizen or Permanent Resident, please state your Visa or Immigration status in detail:  
\_\_\_\_\_

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

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 two (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.

- |   |  |   |
|---|--|---|
| <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 High 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant is under 18 years old)

**For Official Use Only**

I have reviewed the above information to determine this individual’s eligibility to receive the in-state tuition rate. Based on my review, I have determined that this individual:

- 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: \_\_\_\_\_ Date: \_\_\_\_\_