



Transitional Scholars Agreement

SUMMARY:

The Transitional Scholars Program at MassBay offers students with intellectual disabilities, ages 18-22, who may still be receiving special education services from their districts, the opportunity to participate in inclusive college courses (credit or non-credit) to increase their school and work success. Participants in MassBay's Transitional Scholars Program develop career-planning and employment skills, self-advocacy skills, and new life skills that will assist students in their post-secondary interests and activities. Through this individualized program, students are learning to function independently on the college campus, use self-determination skills in adult settings, request accommodations and other services at the college, and prepare for employment.

TIMELINE:

	Application Deadline	Deposits & Contracts Due	Full Payment Deadline	Semester Start Date
Fall 2016	April 8, 2016	May 13, 2016	August 5, 2016	September 6, 2016

COST:

The total cost for the comprehensive services offered through MassBay's Transitional Scholars Program is \$5,000 per semester. This cost includes 10 hours of educational coaching, tuition and fees for one 3 credit course, textbooks (or materials), social skills and life skills development, self-advocacy training, tutoring, peer mentoring, and other services/supplies as needed.

ENROLLMENT PROCESS OVERVIEW:

1. Submit completed Transitional Scholars Program Application by **April 10th**, including:
 - a. Two letters of recommendation
 - b. High School Transcript
2. Interview with Transitional Scholars Selection Committee (**between 4/11 – 4/22**)
3. Decision letters mailed out (**week of April 25th**)
4. If accepted, contracts and deposits due by **May 13, 2015**
5. Meet with the Transitional Scholars Program Coordinator occur for goal setting, scheduling, and course selection (**Beginning in late May**)
6. Register for class
7. Pay remaining program fee (**By August 1, 2015**)
8. Semester begins– **classes start on September 6th**
9. Meet weekly with the Transitional Scholars Program Coordinator during the semester for check-ins and goal setting

TRANSITIONAL SCHOLARS AGREEMENT:

I _____ understand the requirements for the Transitional Scholars Agreement. If I am accepted as a Transitional Scholars student, I agree to adhere to the Student Regulations of the College. It is my responsibility to meet with the Program Coordinator on a weekly basis to discuss my goals, progress, and any assistance I may need. I understand that I will need to submit a continuation application for each semester I plan to continue in the Transitional Scholars Program.

Student Signature _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Transitional Scholars Application

For Admission Office Use Only

ID#: _____
Semester: _____
Entry date: _____
Entry clerk: _____
MPT: _____
WPL: _____
HS GPA: _____

PERSONAL DATA

1. Name: First _____ Middle _____ Last _____
2. Maiden/Other Name _____
3. Social Security # ___not needed___ or National ID # _____ Country _____
4. Sex: Male Female 5. Birth Date: (mm/dd/yy) _____
6. Country of Birth _____
7. Are you a dependent of veteran: Yes No
8. Please select one or more of the following that best describes you:
 - American Indian or Alaskan Native (including all Original Peoples of the Americas)
 - Asian (Far East, Southeast Asia or the Indian subcontinent and Philippines)
 - Black or African American (including Africa and Caribbean)
 - Hispanic/Latino
 - Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa or other Pacific Islands)
 - White (including Europe, Middle East and North Africa)
 - Other _____
9. Country of Citizenship (required): USA Other _____
10. Citizenship Status (required): Native (U.S. Citizen) Naturalized (U.S. Citizen)
 Resident Alien # _____ (Submit copy of Resident Alien Card)
11. If not a U.S. citizen or Resident Alien, list type of VISA _____
12. Permanent Address _____
City/State/Zip Code _____
Phone (_____) _____
13. Mailing Address (if different) _____
City/State/Zip Code _____
Phone (_____) _____
14. Student Cell (_____) _____
15. Student E-Mail Address: _____

ACADEMICS

16. Semester you plan to begin taking classes: Fall 20___ Spring 20___ Summer 20___
17. High School attending: (Name) _____
(City) _____ (State) _____

OFFICE OF ADMISSIONS

Phone: 781.239.2500
FAX: 781.239.2508
TTY: 781.239.2513
email: admissions@massbay.edu
<http://www.massbay.edu>

Wellesley Hills Campus
50 Oakland Street
Wellesley Hills, MA 02481-5307

Framingham Campus
19 Flagg Drive
Framingham, MA 01702-5928

Ashland Tech Center
250 Eliot Street
Ashland, MA 01721-2389

MASSBAY INFORMATION

18. What type of classes are you interested in taking at MassBay?

Day Evening Weekend Online

20. Do either or both of your parents hold an Associate's degree or a higher degree? Yes No

LEGAL GUARDIAN INFORMATION:

21. Are you (the applicant) your own legal guardian? (circle one) YES / NO

22. Please provide your contact person's information below (ie. Parent/Guardian):

Name: _____ Relationship to Applicant: _____

Address (if different from applicant's): _____

Email: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

I hereby certify that all information stated on this application is complete and accurate, and I understand the falsification or omission of information may result in disqualification or dismissal. I understand this application for admission will not be complete until all requirements are submitted.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

- Please mail completed application to:

Kris Matorin
Student Development Office
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481

Massachusetts Bay Community College does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, or disability, in admission or access to or treatment or employment in its programs and activities. Any inquiries or complaints concerning compliance with the regulations implementing Title IV, Title VII, Title IX, Age Discrimination Act of 1975, or Section 504 may contact the Director of Human Resources at 781-239-3171. Inquiries may also be directed to the Assistant Secretary for Civil Rights, U.S. Dept. of Education, Washington, D.C., 20202, or the Director, U.S. Dept. of Education, Office for Civil Rights, Region One, Boston, MA 02109.
THE COLLEGE RESERVES THE RIGHT TO ADD, WITHDRAW OR REVISE ANY PROVISION OR REQUIREMENT DESCRIBED ON THIS FORM.

MASSACHUSETTS COMMUNITY COLLEGES IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

SSN or Student I.D. Number _____ Date of Birth (mm/dd/yy) _____

Are you a U.S. Citizen? Yes No If NO, are you a Permanent Resident? Yes No

If you are a Permanent Resident , please provide your Alien Registration Number: _____

If you are not a U.S. Citizen or Permanent Resident, please specify your current visa or immigration status:

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

I have been a Massachusetts resident for six (6) continuous months and intend to remain here indefinitely.

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 the documents you possess as proof of your intent to remain in Massachusetts.

- Valid driver’s license
- Utility bills*
- Employment pay stub*
- Valid car registration
- Voter registration*
- State or Federal tax returns
- Mass. high school diploma
- Signed lease or rent receipt*
- Military home of record
- Record of parents’ residency for unemancipated person*
- Other _____

I am an eligible participant in the New England Board of Higher Education 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 _____

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order 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 _____

To the Applicant: Please respond to the following **short answer questions** to the best of your ability. You may type your answers on a separate document or continue writing your responses on additional pages if necessary. You may also record your answers and submit the recording with your application.

1) Why are you interested in the Transitional Scholars Program at MassBay?

2) What are some goals that you would like to accomplish while in college?

3) What classes are you interested in taking?

4) What jobs are you interested in for your future? Please be specific.

5) Please list your employment and volunteer experiences and the length of time you held these positions OR attach your resume.

6) How do you think college will help you to reach your future career and personal goals?

Recommendations:

As part of the application process, you will need to submit two (2) letters of recommendation with your completed application from people who have known you for 6 months or longer. One recommendation should be from an educator (teacher, special education facilitator, guidance counselor, etc.); another should be from a supervisor in an employment or internship setting. Please print copies of the recommendation guidelines on the next two pages to give to your recommenders for submission to the Transitional Scholars Program on your behalf.



Transitional Scholars Program
Recommendation

_____ (*applicant's name*) has applied for admission to the Transitional Scholars Program at MassBay Community College. The Transitional Scholars Program at MassBay offers students with intellectual disabilities who may still be receiving special education services from their districts, the opportunity to participate in inclusive college courses (credit or non-credit) to increase their school and work success. Participants in MassBay's Transitional Scholars Program develop career-planning and employment skills, self-advocacy skills, and new life skills that will assist students in their post-secondary interests and activities. Through this program students are learning to function independently on the college campus, use self-determination skills in adult settings, request accommodations and other services at the college, and prepare for and secure competitive employment.

With the above information in mind, please provide the following information about yourself and your relationship with the applicant. In addition, please attach a summary of recommendation about the applicant that highlights the following areas:

- What motivates the applicant? How do they use resources?
- How does the applicant effectively communicate with peers, mentors, teachers, and supervisors?
- How does the applicant make decisions, express preferences, ask for assistance and problem solve?
- How does the applicant adjust to situations and make decisions about schedules and future plans?
- For supervisors: please describe the nature of the work setting, job duties and tasks performed, and the applicant's strengths and weaknesses on the job.

Your name: _____

Organization Name _____

Address: _____

Phone number: _____ Email: _____

How long have you known the applicant and in what capacity?

Please return completed recommendation by April 10th to:
Kris Matorin
Student Development Office
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481



Your dreams. Our mission.

Transitional Scholars Program
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Your name: _____

Organization Name _____

Address: _____

Phone number: _____ Email: _____

How long have you known the applicant and in what capacity? (feel free to attach a separate sheet if needed)

Please return completed recommendation by April 10th to:

Kris Matorin
Coordinator of Transitional Scholars Program
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481