Transitional Scholars Agreement

SUMMARY:
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 the program develop career-planning, self-advocacy, and life skills that will help students in their post-secondary goals. Through this individualized program, students learn to function independently on the college campus, use self-determination skills, request accommodations and other services, and prepare for employment.

TIMELINE:

<table>
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<tr>
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<th>Application Deadline</th>
<th>Deposits &amp; Contracts Due</th>
<th>Full Payment Deadline</th>
<th>Semester Start Date</th>
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<tbody>
<tr>
<td>Fall 2020</td>
<td>April 10, 2020</td>
<td>May 22, 2020</td>
<td>August 7, 2020</td>
<td>September 8, 2020</td>
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COST:
The total cost for the comprehensive services offered through MassBay’s Transitional Scholars Program is $5,400 per semester. This cost includes 10 hours of educational coaching per week, tuition and fees for one 3-credit course, textbooks/ materials, social and life skills development, self-advocacy training, tutoring, peer mentoring, and other services as needed.

ENROLLMENT PROCESS OVERVIEW:
1. Submit completed application including two letters of recommendation and high school transcript  
   April 10, 2020
2. Interview with Selection Committee  
   April 13, 2020 - April 24, 2020
3. Decision letters will be mailed out  
   Week of April 27, 2020
4. If accepted, contracts and deposits due by  
   May 22, 2020
5. Meet with Program Coordinator for goal setting, course selection, and registration  
   June 2020
6. Pay remaining program fee  
   August 7, 2020
7. Semester begins, classes start on  
   Tuesday, September 8th 2020

TRANSITIONAL SCHOLARS AGREEMENT:
I _______________________ understand the requirements for the Transitional Scholars Agreement. If accepted as a Transitional Scholars student, I agree to adhere to the Student Code of Conduct. It is my responsibility to meet with the Program Coordinator on a weekly basis to discuss my goals, progress, and any assistance I need. I understand that I must 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

PERSONAL DATA:

1. Name: First _________________________ Middle _________________ Last ______________

2. Maiden/Other Name ___________________________________________________________________

3. Sex:  □ Male   □ Female   5. Birth Date: (mm/dd/yy)_______________________________

4. 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 ________________________________

    □ 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____

17. High School attending: (Name) __________________________________________________________

(City)______________________________________   (State)__________________________

18. Transition Coordinator ___________________________ Phone: ____________________

19. Will you continue in a transition program at your high school while at MassBay? ☐ Yes ☐ No

20. Check one box below:
   ☐ I have completed my high school graduation requirements and accepted my diploma.
   ☐ I have completed my high school graduation requirements and NOT accepted my diploma.
   ☐ I have not yet met my high school graduation requirements.

LEGAL GUARDIAN INFORMATION:

21. Are you (the applicant) your own legal guardian? ☐ Yes ☐ No

22. Please provide your Parent/Guardians information below:

Name:                      Name:

Relationship to Applicant: Relationship to Applicant:

Address (if different from applicant): Address (if different from applicant):

Email:                      Email:

Home Phone:                 Home Phone:

Cell Phone:                 Cell 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:

Phoebe Bustamante
Coordinator, Transitional Scholars Program
Academic Achievement Center
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481
pbustamante@massbay.edu 781-239-2625

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:
Phoebe Bustamante
Coordinator, Transitional Scholars Program
Academic Achievement Center
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481
pbustamante@massbay.edu
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 10, 2020th to:
Phoebe Bustamante
Coordinator, Transitional Scholars Program
Academic Achievement Center
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481
pbustamante@massbay.edu