

# STUDENT APPLICATION

## COLLEGE ACCESS PROGRAM DISCLOSURE

As a dually enrolled high school student, it is your responsibility:

- to pay for all textbooks and any special program fees associated with completing the course(s), if applicable.
- to arrange your own transportation to the site where the course(s) will be offered.
- to provide a copy of a current high school transcript or, home school curriculum including graduation requirements as well as, any official PSAT, SAT or ACT scores upon request.
- to maintain a GPA of 2.5 at BRISTOL to continue in the College Access program.
- to pay for any applicable tuition and fees should your family's income not meet the Federal Income Guidelines set forth on page 2, unless otherwise enrolled into a contract course.

## PERSONAL INFORMATION

**Full Name** :   
First, M.I. & Last

**Preferred Name** :

**Full Address** :   
Address City State Zip Code

**Phone Number** :  **E-Mail** :

**Bristol ID# (900)** :  Required for registration confirmation. Please provide an active email account that you routinely read, as announcements are time sensitive.

**High School** :  **Year of Graduation** :

**Date of Birth** :  /  /

## STUDENT INFORMATION & CERTIFICATION

Demographic information collected in this section is not required and will not be used to determine program eligibility. Any information provided may be shared anonymously and collectively with the MA. Department of Higher Education, MA. Department of Elementary and Secondary Education, Federal Government of the United States and select partner organizations.

**Gender Identity** :  Male  Female  Non-Binary

**Pronouns** :  She Series  He Series  Them Series  Prefer Not to Disclose

**Race or Ethnicity** :  African American  Asian  Cape Verdean  Caucasian or White  Hispanic, Latina/o/x or Mexican  Multi-Racial  Native American  Pacific Islander  Portuguese  Middle Eastern  Unknown

**To the best of your knowledge,**

Did one or both of your parent(s) or legal guardian(s) earn a 4-year college degree?  Yes  No  Unknown

After high school, do you plan on attending BristolCC?  Yes  No  Unknown

### Certification

I certify that the information that I have provided in this application is accurate and complete. Further, by signing this form, I agree to abide by all the rules and regulations and the student code of conduct of Bristol Community College. I also consent to the reproduction and/or use of photographs of me in catalogs or other publications and in all forms of media and in all manners including display, editorial, art and exhibition unless the "no" box is checked.

No

**Signature of applicant:**  **Date:**

# FINANCIAL ELIGIBILITY

**Student Name** :   
*First, M.I. & Last*

**Parent/ Legal Guardian Name** :   
*First, M.I. & Last*

All information on this form is **REQUIRED** to process the application for Dual Enrollment. Please select family unit size and family income level below. Do not leave blank, otherwise the application will be deemed incomplete.

## FEDERAL LOW-INCOME INDEX

| Persons in Family/Household                                      | Income                            |
|--|-----------------------------------|
| <input type="checkbox"/> 1                                       | <input type="checkbox"/> \$14,580 |
| <input type="checkbox"/> 2                                       | <input type="checkbox"/> \$19,720 |
| <input type="checkbox"/> 3                                       | <input type="checkbox"/> \$24,860 |
| <input type="checkbox"/> 4                                       | <input type="checkbox"/> \$30,000 |
| <input type="checkbox"/> 5                                       | <input type="checkbox"/> \$35,140 |
| <input type="checkbox"/> 6                                       | <input type="checkbox"/> \$40,280 |
| <input type="checkbox"/> 7                                       | <input type="checkbox"/> \$45,420 |
| <input type="checkbox"/> 8                                       | <input type="checkbox"/> \$50,560 |
| <input type="checkbox"/> Income Exceeds Federal Low-Income Index |                                   |

For family units with more than eight members, add the following amount for each additional family member: \$5,140 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

**MA Residents:** The MA Department of Education and Secondary Education considers a student economically disadvantaged if he/she participates in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; and MassHealth (Medicaid).

## ACKNOWLEDGMENT

**Parent/ Legal Guardian Signature:** A signature indicates approval for said minor to register and attend college course(s). I acknowledge that my student is required to abide by all the rules and regulations, in addition to the Student Code of Conduct of Bristol Community College. I acknowledge and understand that I will not have access to my student's post-secondary information without a signed FERPA release form. I certify that the above financial information is true and accurate.

- My student is not taking part in a contract course, and I will self-pay and assume the cost for standard tuition plus, applicable fees and course materials.
- My student is applying for a contract course.

**Signature** :  **Date** :

**Relationship to Student** :