

Manchester Community College

STARS Program Application Student Training and Academic Retention Service

2014



Address:Banner #:		Phone Numbers:(n)				
		Town:				
		Date of Birth:				
High School:						
Counselor/Contact Name:		Phone Number:				
Ple	ease answer the following questions in the space provide	d or if needed, you may attach an addition	al sheet.			
1.	Have you completed an MCC Admissions Application	n? Yes No				
2.	Have you taken the Accuplacer Test? Yes No	Test Date:; Placement: Eng	Math			
3.	Have you taken the Challenge Essay? Yes No	_ Test Date:; Placement:				
4.	. Have you completed the Financial Aid Application (FAFSA)? Yes No					
5.	. Are you available to participate in ALL activities, which will include:					
	a. Orientation on Tuesday, June 24, 2014, from 10 an	n to 2 pm Yes No				
	b. Coursework from Wednesday, June 25, 2014 throu	ıgh Friday, August 8, 2014 (9 am–3 pm) Ye	es No			
6.	Have either of your parents earned a Bachelor's Degree	e? Yes No Not Sure				
7.	Will you be using public transportation? Yes N	o				
8.	How did you hear about the STARS program?					
9.	What programs/activities have you been involved with i	n high school, your community, and/or chu	rch?			
10.	What area(s) of study are you interested in pursuing at	MCC?				
11.	11. Personal Statement: Please respond to the question on the reverse side/next page of this application.					
12.	 Letter of Recommendation: Please request that a teacher, counselor, employer or other non-family member complete the recommendation form provided. This individual should have knowledge of your academic experience or employment performance. This letter of recommendation should be sent directly to the STARS Program Office. 					
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Please mail to the address below or return to the Lowe Building room L-125 as soon as possible:

Attn: STARS, MS #8 **Manchester Community College** Great Path, P. O. Box 1046 Manchester, CT 06045-1046

If you have any questions regarding the STARS Program, contact Linda Devlin at 860-512-3346, Amanda Looney-Goetz at 860-512-3342 or Jason Scappaticci at 860-512-3224.

We adhere to ADA Laws, if you have a documented disability and wish to access special services, please contact Joe Navarra (860-512-3320).

Name				
Personal Statement (Question 10): PLEASE PRINT LE				
Why are you interested in participating in the STARS Program?				



Manchester Community College

STARS Program Application





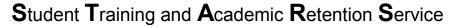
ELIGIBILITY CHECKLIST

ner ID		
rdor to bolo up	determine your eligibility, please complete the following c	hook
rder to neip us	determine your engionity, please complete the following c	HECF
1. I am a US	S citizen OR a permanent resident alien <u>and</u> a resident of Conn YESNO	ectic
	ole for college financial aid OR I qualified for free or reduced lur	nch a
nigh school	ol studentYESNO	
	attend Manchester Community College in the fall semester as a semester student.	full-
time, mst	YESNO	
4. I plan to g	graduate from Manchester Community CollegeYESNO	
Sign	nature of Student Date	



Manchester Community College

STARS Letter of Recommendation





Name of Student:	Date:
Your Name:	Position:
Your Telephone Number:	_
Please specify how long and in what capacity you have k attendance, participation in activities, motivation and gene she would be a good candidate for the STARS Program? if you wish. If you have any questions regarding the STA 3346, Amanda Looney-Goetz at 860-512-3342 or Jason States	eral attitudes toward learning. Why do you think he or You may attach a separate sheet of paper to this form RS Program, please contact Linda Devlin at 860-512-
Please return this le	tter directly to MCC.

Attn: STARS
Manchester Community College
Great Path, MS #8
PO Box 1046

Thank you in advance for your efforts on behalf of this student.

Manchester, CT 06045 -1046