



Manchester Community College



STARS Program Application

Student Training and Academic Retention Service

2014

Name: _____ Phone Numbers:(h) _____ (c) _____

Address: _____ Town: _____ Zip: _____

Banner #: _____ Date of Birth: _____

High School: _____

Counselor/Contact Name: _____ Phone Number: _____

Please answer the following questions in the space provided or if needed, you may attach an additional sheet.

1. Have you completed an **MCC Admissions Application**? 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 am to 2 pm Yes _____ No _____
 - b. Coursework from Wednesday, June 25, 2014 through Friday, August 8, 2014 (9 am–3 pm) Yes _____ No _____
6. Have either of your parents earned a Bachelor's Degree? Yes _____ No _____ Not Sure _____
7. Will you be using public transportation? Yes _____ No _____
8. How did you hear about the STARS program? _____
9. What programs/activities have you been involved with in high school, your community, and/or church?

10. What area(s) of study are you interested in pursuing at MCC? _____
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.

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 LEGIBLY

Why are you interested in participating in the STARS Program?

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ELIGIBILITY CHECKLIST

Name _____

Banner ID _____

In order to help us determine your eligibility, please complete the following checklist.

1. I am a US citizen **OR** a permanent resident alien and a resident of Connecticut.
_____YES _____NO
2. I am eligible for college financial aid **OR** I qualified for free or reduced lunch as a high school student.
_____YES _____NO
3. I plan to attend Manchester Community College in the fall semester as a full-time, first semester student.
_____YES _____NO
4. I plan to graduate from Manchester Community College.
_____YES _____NO

Signature of Student

Date



Student Training and Academic Retention Service

Please specify how long and in what capacity you have known the applicant. Address issues such as past attendance, participation in activities, motivation and general attitudes toward learning. Why do you think he or she would be a good candidate for the STARS Program? You may attach a separate sheet of paper to this form if you wish. If you have any questions regarding the STARS Program, please contact Linda Devlin at 860-512-3346, Amanda Looney-Goetz at 860-512-3342 or Jason Scappaticci at 860-512-3224.

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Please return this letter directly to MCC.
Thank you in advance for your efforts on behalf of this student.

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