

MCCP CAMPUS:
 CBC ECC
 HCC OCC
 SCC YVCC



MESA Community College Program (MCCP) Application Academic Year 2015-2016

PLEASE COMPLETE ALL ITEMS AND PRINT CLEARLY

Social Security Number: _____ - _____ - _____ **SCC Student ID #:** _____ **Birth Date:** ____/____/____

First Name: _____ **Last Name:** _____ **Middle Initial:** _____

Current Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Primary E-mail: _____ **SCC E-mail:** _____ **Phone #:** ____ - ____ - ____

ACADEMIC INFORMATION

<p>How did you hear about the MESA program? _____</p> <p>Semester & year first enrolled at this college: _____/_____ Quarter Year</p> <p>Current College Advisor/Counselor: _____</p> <p>Total number of college units completed: <input type="checkbox"/> 0-29 <input type="checkbox"/> 30-60 <input type="checkbox"/> 60+</p> <p>Current College GPA: _____</p> <p>Declared Major: _____</p> <p>Highest level of college math passed: _____</p>	<p>Courses currently enrolled in: _____ _____ _____ _____</p> <p>Intended Transfer College(s): 1. _____ 2. _____ 3. _____</p> <p>Projected Transfer Date: ____/____ Quarter Year</p>	<p>Previous school(s) attended:</p> <p>High School: _____ Dates: _____ to _____</p> <p>College: _____ Dates: _____ to _____</p> <p>College: _____ Dates: _____ to _____</p> <p>Obstacles that may interfere with your education: <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Financial need <input type="checkbox"/> Employment issues <input type="checkbox"/> Family obligations <input type="checkbox"/> Knowledge of educational system <input type="checkbox"/> Transportation/ travel distance <input type="checkbox"/> Exceptional needs (specify): _____</p> <p>Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week? _____</p>
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DEMOGRAPHIC INFORMATION

Gender Identity: Male Female Other _____

Resident Status: US Citizen Permanent Resident F1 Visa Resident Alien

Ethnicity: American Indian or Alaskan Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Pacific Islander White Multi-Racial (If multi-racial is selected please select all that apply).

If you are American Indian or Alaskan Native, what is your Tribal Affiliation: _____

Is a language other than English spoken regularly in your home? No Yes **If yes, specify:** _____

Highest level of education achieved by each of your parents/guardians (Please indicate by using a letter below) ____ Father ____ Mother

- | | | |
|----------------------------------|---|------------------|
| A. No school/elementary school | E. Some college/university | I. MS/MA/MBA/PhD |
| B. 8 th grade or less | F. Community college degree | J. Other _____ |
| C. Some high school | G. 4-year college degree | K. Don't know |
| D. High school graduate | H. Professional degree (law, medical, etc.) | |

What type of work did or does your parents/guardians typically perform? (Please indicate by using a letter below) ____ Father ____ Mother

- | | | |
|------------------------------------|--|--|
| A. Never Employed | F. Professional – (Doctor, Lawyer, Other Professional) | J. Skilled technician – Medical, Educational, Trades |
| B. Farm Worker/Agricultural Worker | G. Factory Worker | K. Engineer/Computer Scientist/Scientist |
| C. Business Administration | H. General Laborer | L. Other _____ |
| D. Retail/Sales/Clerical | I. Teacher/Professor/Educator | M. Don't know |
| E. Mechanic or Machinist | | |



MESA Community College Program (MCCP) Student Contract

If you are determined eligible for the MESA Program, you are agreeing to follow the student contract below. FULFILLMENT OF THE STUDENT CONTRACT IS PART OF YOUR ELIGIBILITY REQUIREMENT FOR PARTICIPATION IN THE MESA COMMUNITY COLLEGE PROGRAM. This Student Contract is intended to help you get the most out the available MESA services, while helping to develop your academic and professional skills. Please read the contract carefully, in order to fully understand what will be expected of you as an active MESA student.

As a student participant in the Seattle Central College MESA program, I will:

(Please initial)

- ___ 1. Attend **mandatory** MESA New Student Orientation.
- ___ 2. Meet with SCC advisors to develop *quarterly* educational plan.
- ___ 3. Meet with the MESA Director at the beginning and end of each quarter and submit *all* MESA progress reports in a timely manner.
- ___ 4. Participate in available Academic Excellence Workshops (AEW).
- ___ 5. Attend a *minimum* of **2** Transfer Advising Workshops (i.e., Transfer Thursdays @ UW, SU Advising Workshop and/or Ready, Set, Transfer Workshops).
- ___ 6. Attend a *minimum* of **2** Professional Development Workshops (i.e., Professional Branding & LinkedIn, Time Management & Study Skills, Resume/Personal Statement Writing, or any other workshop approved by the MESA Director).
- ___ 7. Do limited service such as promoting MESA events, assist in recruiting other eligible students to MESA, and fundraising.
- ___ 8. Actively participate in industry-based activities (i.e., field trips, job fairs, STEM Speaker Series).
- ___ 9. Notify the MESA Director of changes in my contact information (i.e., email, phone number and address).
- ___ 10. Be respectful and supportive of other MESA students and maintain a fun and clean student center space.

Authorization and Liability

I give my permission for the MESA Director and designated staff to use my photograph and/or quotes for MESA related press releases, information and media material, especially in promoting my success and achievements. I understand that my refusal will not impact my In-Take Eligibility, and that I may, in writing, withdraw my consent. Yes No

By applying to the MESA Community College Program (MCCP), I understand that I give my permission to obtain information about my academic performance from colleges and testing agencies, financial aid and other offices to determine eligibility for the MCCP Program and data research. This information will not be reported to any agency in a way that would identify the student. I may be asked to provide additional information for eligibility determination. I further understand that if eligible, my academic information will be used for reporting and grant purposes, scholarship disbursement, academic tracking, and otherwise account of my performance. *I certify that I have provided true and correct information.*

Applicant Signature	Date	If under 18 years of age, Signature of Parent or Guardian	Date
MCCP Director Signature	Date	MCCP Counselor Signature	Date