



# Manchester Community College



## STARS Program Application Summer Training and Academic Retention Service 2012

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 completed the **Financial Aid Application**? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you taken the **Placement Test**? Yes \_\_\_ No \_\_\_ Test Date: \_\_\_\_\_; English Placement: \_\_\_\_\_
4. Are you available to participate in **ALL** activities, which will include:  
Orientation on Tuesday, June 26, 2012, from 10 am to 2 pm and  
Coursework from Wednesday, June 27, 2012 through Friday, August 10, 2012 (9 am–2:30 pm) Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have either of your parents earned a Bachelor's Degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
6. Will you be using public transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
7. How did you hear about the STARS program? \_\_\_\_\_
8. What programs/activities have you been involved with in high school, your community, and/or church?  
\_\_\_\_\_
9. What area(s) of study are you interested in pursuing at MCC? \_\_\_\_\_
10. **Personal Statement**: Please respond to the question on the reverse side/next page of this application.
11. **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 or Nathan Ormsby at 860-512-3345.  
We adhere to ADA Laws, if you have a documented disability and wish to access special services,  
please contact Joe Navarra (860-512-3320).

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Summer Training and Academic Retention Service  
2012



### ELIGIBILITY CHECKLIST

Name \_\_\_\_\_

Banner ID \_\_\_\_\_

In order to help us determine your eligibility, please complete the following checklist and provide the necessary documentation.

1. I am a US citizen OR a permanent resident alien **and** a resident of Connecticut.

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. I plan to attend Manchester Community College in the fall semester as a full-time, first semester student.

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Have either of your custodial parent(s) earned a Bachelor's Degree?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*If "NO", parent(s) must sign here.*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

