



STUDENT APPLICATION

Please complete this application in its entirety. Incomplete forms may eliminate you from being considered for Gateway to College.

Application Date _____ Term Applying For Fall Winter Spring Year _____

CONTACT INFORMATION

Last Name _____ First Name _____ Middle _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address _____ Preferred Method of Contact Email Phone

Current Street Address _____ P.O. Box / Apartment # _____

City _____ State _____ Zip Code _____

PERSONAL INFORMATION

Social Security Number _____ Check if you DO NOT have a SSN

Date of Birth _____ Current Age _____ Year you turn 21 _____ Gender Male Female

Are you a US Citizen? Yes No Native Language _____ Secondary _____

Ethnic Background Hispanic/Latino NHS – Non Hispanic/Latino

Race American/Alaska Native Asian Black or African American White

Relationship(s) with whom you currently live _____

Are you currently employed? Yes No If Yes, please answer the following. If no, continue to Academic Information.

Name of Employer _____ Number of Hours Worked Weekly _____

Hours/Days Typically Scheduled _____ Type of Work _____

ACADEMIC INFORMATION

Current School District _____ Last HS attended _____

High School ID# _____ Are you currently attending? Yes No Date last attended _____

Highest grade attended/completed _____ Number of HS credits earned _____

Are you currently or have you ever been expelled or suspended from school? Yes No

If yes, please explain the circumstances of the disciplinary action. Note: this does not exclude consideration of eligibility.

SPECIAL SERVICES/DISABILITY

Have you ever received Special Education Services, had an Individualized Education Plan (IEP) or a 504 plan?

Yes No *If yes, please answer the following questions:*

Name of School where services were received? _____ Date services were last received? _____

Type of services received _____

Do you have any disabilities that require special accommodations? Yes No

Please provide details _____

GOALS AND OUTCOMES

What is your career goal? _____

Gateway to College sets a 100% attendance standard for all students including attending classes 4 days a week during the Foundation Quarter. Is there anything to prevent you from meeting this standard? Yes No

If yes, please explain _____

PARENT/GUARDIAN INFORMATION IF YOUNGER THAN 19 YEARS OLD

Name of Parent/Guardian(s) _____ Phone Number _____

Home Address _____ Relationship to You _____

Place of Employment _____ Work Phone Number _____

EMERGENCY CONTACT. If same as above, check here: If different, fill in the below information.

Name of Individual _____ Phone Number _____

Home Address _____ Relationship to You _____

Place of Employment _____ Work Phone Number _____

REQUIRED SIGNATURES

I certify the information on this application is correct and complete. I understand if I have not provided accurate information or the required materials, I may be denied acceptance in the Gateway to College program. If selected for the program, I agree to abide by the Metropolitan Community College Student Conduct Code, as well as all policies and procedures of the Gateway to College program outlined in the student handbook.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Required if applicant is younger than 19 years old

Metropolitan Community College does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation in admission or access to its programs and activities or in its treatment or hiring of employees.