



STARS Summer 2017 Program Application

Please complete this application and sign, date and mail with your attached essay by June 15 to: STARS, Manchester Community College, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 or deliver to Student Services Center, SSC L108.

APPLICANT INFORMATION

Name		Banner ID	
Street Address		Date of Birth (MM) (DD) (YYYY)	
City		State	Zip
Home Phone Number		Cell Phone Number	
Your Email			
Parent Email			

EDUCATIONAL INFORMATION

High School Name	
High School Address	
Name of High School Counselor/Contact	Phone Number

PROGRAM INFORMATION

1. Have you completed an MCC Admissions Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Will you be using public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you taken the Accuplacer® Test <input type="checkbox"/> Yes <input type="checkbox"/> No	8. How did you hear about STARS?		
<table border="1"> <tr> <td>Test Date</td> <td>Placement (English) (Math)</td> </tr> </table>	Test Date	Placement (English) (Math)	
Test Date	Placement (English) (Math)		
3. Have you taken the Challenge Essay? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. What programs/activities have you been involved with in high school, your community and/or church?		
<table border="1"> <tr> <td>Test Date</td> <td>Placement</td> </tr> </table>	Test Date	Placement	
Test Date	Placement		
4. Have you completed the Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Are you available for ALL activities from 9 AM to 3 PM, Tuesday, June 27, 2017 to Friday, August 11, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have either of your parents/guardian graduated from a four-year college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College Name	10. Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No We adhere to ADA Laws. If you have a documented disability and wish to access special services, please contact Joe Navarra at 860-512-3320.		

QUESTIONS: Contact Linda Devlin at 860-512-3346, ldevlin@manchestercc.edu, or Latisha Nielsen at 860-512-3348, lnielsen@manchestercc.edu

PERSONAL ESSAY AND SIGNATURE REQUIRED FOR SUBMISSION

Please write a brief essay (one page maximum) describing why you wish to participate in the STARS program; for example, you may decide to write about why you want to pursue a college education or what you are hoping to get out of the STARS experience. Your application will not be processed without the essay.

Signature	High School Name	Date
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QUESTIONS: Contact Linda Devlin at 860-512-3346, ldevlin@manchestercc.edu, or Latisha Nielsen at 860-512-3349, lnielsen@manchestercc.edu



STARS Summer Bridge Program Letter of Recommendation

Please complete, sign, date and mail your letter of recommendation by June 15 to:

STARS, Manchester Community College, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 or deliver to Student Services Center, SSC L108.

INFORMATION AND LETTER

Student Name	
Your Name	Position/Title
Your Phone Number	Your Email

Please specify how long and in what capacity you have known the applicant. Address issues such as attendance, participation in activities, motivation and general attitudes towards learning. You may attach a separate sheet of paper to this form if you wish.

Signature	Date
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Questions about STARS: Contact Linda Devlin at 860-512-3346, ldevlin@manchestercc.edu,
or Latisha Nielsen at 860-512-3348, lnielsen@manchestercc.edu