Name: ____________________________
MCC ID#: _________________________

Summer 2018 APPLICATION
Submit application by Tuesday, May 1 at 5 p.m. to the Completion Center located on the Second Floor of the Student Services Center.
**If interested in submitting an application past the due date, please consult with the SEP program Coordinator: Lizette LaStrape, 299-8600**

INSTRUCTIONS:

• Complete the following application in pen.
• Submit the documents listed below with your application. Incomplete applications will not be accepted.
• All students are required to have an intake interview when submitting an application. An appointment must be scheduled for this intake interview.
  o **Returning SEP students:** Contact your coach to set up a 20-minute appointment time to submit your application.
  o **New SEP students:** Call 299-8600 to set up a 20-minute appointment time to submit your application.
• You will be notified by email whether you have been accepted into the program. Please make sure your MCC email is set up.

We’re glad you are interested in being part of the Support and Empowerment Program at MCC! Our goal is to support you. Please don’t hesitate to call us anytime at 299-8600 if you need assistance with the application.
PLEASE SUBMIT ALL OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. Incomplete applications will not be accepted

☐ Automated Degree Plan from a Workforce Education Program
   (Associate of Applied Science (AAS) degree or a one-year certificate).

☐ Summer 2018 Class Schedule showing at least 3 on-campus or face-to-face hours of classes matching your degree plan per session that you are applying for. (Clinicals do qualify)

☐ 2017-2018 Financial Aid Award Letter (print from WebAdvisor). Award letter needs to indicate that you are receiving a Pell Grant for the current school year.

☐ 2017-2018 Student Aid Report (SAR) from FAFSA website. Printing instructions below:
   Note: Your SAR is multiple pages long and displays numbered items in a table format. Please print and submit the entire document.
   • Go to www.fafsa.ed.gov.
   • Click Green “Login” Button.
   • Enter your First & Last Name, Social Security Number, Date of Birth, & Click “Next”.
   • Click “View Processed Information”.
   • Select the tab for the appropriate school year.
   • On the Confirming Your Identify screen, enter your PIN and Click “Submit”.
   • Make sure your pop-up blocker is off so SAR can open.
   • Print document.

☐ Copy of child’s/children’s birth certificate(s)
Summer 2018 Application

Due Tuesday, May 1 by 5 p.m.
Submit to the Completion Center, located on the Second Floor of the Student Services Center.

*PROGRAM CONTINGENT UPON CONGRESSIONAL FUNDING*

Applying for funding for ___ Summer Session I  ___ Summer Session II
___ Summer Sessions I & II

Name: ___________________________________________ ID#: _________________________

MCC Workforce Program (AKA Degree Plan): _______________________________________

Graduation Date: ______________________

**Please note that the address and phone numbers listed on this application will be used by SEP Staff to contact you. Do not list unless you consent to be contacted at this phone number/address**

Mailing Address: _____________________________________________

Phone: Home:__________ Cell:__________ Work:__________

Email Address: ____________________________ ☐ I will check my email regularly for announcements

Emergency Contact: ____________________________

Relationship: ____________________________ Telephone: ____________________________

Did you take classes during Spring 2018? ☐ Yes ☐ No

Have you ever been a part of SEP? ☐ Yes ☐ No

If yes, list most recent semester & year: ____________________________

Have you already earned an Associate’s Degree or Certificate? ☐ Yes ☐ No

If yes, list degree or certificate earned _____________________________________________

Year graduated ______________________

If yes, what is your reason for returning to school? _____________________________________________

McLennan Community College provides equal educational opportunity for all qualified students and does not discriminate on the basis of gender, disability, race, creed or religion, color, age, national origin or any other unlawful factors in its educational programs, activities, or employment as required by Title VI and VII of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, Title IX of the Educational Amendments Act of 1972 and the Age Discrimination Act of 1978.
Throughout the semester, students who actively participate in the Support and Empowerment Program and meet all eligibility requirements may qualify for either Transportation or Childcare funding.

Please select what type of funding you are interested in receiving this semester:

☐ TRANSPORTATION    OR    ☐ CHILDCARE

• In order to qualify for Childcare funding, your child/children must be enrolled in a daycare facility licensed by the State of Texas.

CLASSIFICATION AS SINGLE PARENT OR DISPLACED HOMEMAKER
(Note: Your response may require further documentation.)

☐ I am applying to the program as a single parent. I am:

   _________ single (never married)       _________ legally separated
   _________ divorced                    _________ widowed

I provide more than 50% of the financial support for my child/children ☐ YES    ☐ NO

☐ I am applying to the program as a displaced homemaker.

• I have worked primarily without pay to care for my home and family: ☐ YES    ☐ NO

• I have been dependent on the income of another family member but am no longer supported by that income:

   Due to:  ☐ Divorce
   ☐ Separation
   ☐ Death of Spouse
   ☐ Spouse becoming disabled and unable to work

• I am unemployed or underemployed and am experiencing difficulty in obtaining or upgrading employment: ☐ YES    ☐ NO
Please complete this section, including all of your children, regardless of age:

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☐ I understand that the information divulged in this application and in the SEP intake interview will be kept confidential among SEP staff with the following exceptions: When there is reason to suspect a danger exists to yourself or others; information is reported regarding the suspected abuse to a child, an elderly person, or a person with a disability; or when the legal system files a subpoena for records.

☐ I understand that all students funded through SEP must meet with an SEP coach once a month per Summer term for Support Meetings (30 minutes minimum) and complete online activities as assigned. Furthermore, I understand that students who do not attend their support meetings or do not complete their activities will not receive funding for that month and may be dropped from the program and that I must have time available throughout the semester to attend these meetings.

By signing this application, I am officially certifying that I am a single parent or displaced homemaker. I understand what is required for my participation in the Support and Empowerment Program (SEP) at MCC and, if selected, agree to abide by the SEP guidelines. I understand that I will be dropped from the program at any time throughout the semester if I do not abide by the program guidelines.

Student Signature: __________________________ Date: ______________

SEP Success Coach: __________________________ Date: ______________