



Metropolitan Community College's Dr. William H. Dodd 2018 Summer Academy provides high school students with an opportunity to have an on-campus experience while in high school, plus participate in MCC's TRIO/Student Support Services program.

TRIO/SSS is a federally funded program that helps students develop the skills and motivation necessary to earn a bachelor's degree. TRIO/SSS provides comprehensive student support, including academic advising, financial aid counseling, academic skills workshops, and leadership and cultural activities.

**Program eligibility requirements**

**You must:**

- come from a low-income family and be a first-generation, college-bound student;
- be a high school senior with a GPA of at least 2.5 and plan to attend MCC, but need guidance and motivation; and
- respectfully participate in all Dr. William H. Dodd 2018 Summer Academy field trips and workshops, meet with the Dr. William H. Dodd 2018 Summer Academy and abide by TRIO/SSS program requirements.

*Print throughout application*

**Student information**

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(city) (state) (ZIP)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender  Male  Female

Do you have a physical handicap or learning disability?  Yes  No

If yes, please list: \_\_\_\_\_

Would you be in need of any special accommodations?  
(e.g., wheelchair access, visual assistance or hearing assistance)  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

During the Dr. William H. Dodd 2018 Summer Academy, students enroll in a course designed to promote student success by enhancing study skills and exposing them to college curriculum and resources. They earn college credits and attend academic support seminars and workshops. The program provides a seamless transition for students from high school into college and prepares them to meet the academic expectations of colleges and universities.

*There is no cost to participate in TRIO/SSS.*

**Along with the completed application, include:**

- a recommendation letter from your high school guidance counselor or teacher.
- a one-page essay indicating why you should be considered for the Dr. William H. Dodd 2018 Summer Academy Summer Bridge.

**Mail completed form to:**

Metropolitan Community College  
Attn: Fred Whitted, First Year Student Coach  
TRIO/SSS  
Dr. William H. Dodd 2018 Summer Academy  
P.O. Box 3777  
Omaha, NE 68103-0777  
531-MCC-2317

Are you:

- Hispanic/Latino
- Non-Hispanic/Latino

For those individuals who are non-Hispanic/Latino, select one or more of the following:

- American/Alaska Native
- Asian
- Black or African American
- Hawaiian/Pacific Islander
- White

Are you a U.S. citizen?  Yes  No

If no, country of origin \_\_\_\_\_

If no, alien registration card number \_\_\_\_\_

*You must provide a copy of your alien registration card and attach it to this application.*

Current high school \_\_\_\_\_ Expected date of graduation \_\_\_\_\_  
month/day/year

High school counselor \_\_\_\_\_

Have you taken or are you scheduled to take the ACT or SAT?  Yes  No

If yes, date \_\_\_\_\_ Score \_\_\_\_\_

What colleges have you applied to? \_\_\_\_\_

Have you completed the FAFSA?  Yes  No

Have you applied for scholarships?  Yes  No

If yes, names of scholarships \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_  
(home) (cell)

**Parent/guardian information**

**Mother**

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(city) (state) (ZIP)

Phone \_\_\_\_\_  
(home) (cell) (work)

Employer \_\_\_\_\_

**Father**

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(city) (state) (ZIP)

Phone \_\_\_\_\_  
(home) (cell) (work)

Employer \_\_\_\_\_

**Guardian(s)**

**Attach a copy of guardianship to this application.**

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(city) (state) (ZIP)

Phone \_\_\_\_\_  
(home) (cell) (work)

Employer \_\_\_\_\_

The student lives with (check one):

- Mother only
- Father only
- Grandparent
- Foster parent
- Step-parent
- Legal guardian, what is the student's relationship to you?
- Other, please list \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Highest level of education completed by parents or guardian:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

**Financial statement by parent/guardian**

I proclaim that we qualify as a low-income family (see low-income guidelines on the back of this application). I am willing to produce proof if required.

Signature \_\_\_\_\_  
Full name of parent or guardian

**Release information**

Initialing (by parent or legal guardian) hereby authorizes the TRIO/SSS program and provides parent/guardian consent for the below selected releases and/or consents. Check 'agree' and initial for each release. **See appendix for details.**

- 1. Permission and consent for transportation  Agree \_\_\_\_\_
- 2. Consent for release of information  Agree \_\_\_\_\_
- 3. Authorization and release for photographs  Agree \_\_\_\_\_
- 4. Consent for advising and services  Agree \_\_\_\_\_

Allergies/allergic reactions \_\_\_\_\_

Current medications \_\_\_\_\_

Past illnesses or other information in the case of medical emergency \_\_\_\_\_

Insurance \_\_\_\_\_

Policy number \_\_\_\_\_

Group \_\_\_\_\_

Medicaid/Kid Connection number \_\_\_\_\_

## Certification by student applicant and parent/guardian

The information provided on this application is correct and complete. We understand that we are responsible for providing additional information that may be required to participate in the Dr. William H. Dodd 2018 Summer Academy. Students will be required to participate in all Dr. William H. Dodd 2018 Summer Academy activities during the summer. We agree to cooperate with the Dr. William H. Dodd 2018 Summer Academy in answering surveys or participating in other projects designed to evaluate the effectiveness of the Dr. William H. Dodd 2018 Summer Academy or to improve project services.

Student applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Director signature \_\_\_\_\_ Date \_\_\_\_\_

*Please keep a copy for your records.*

### Appendix

#### Consent for release of information

As the parent/legal guardian and on submission of application, I authorize the Dr. William H. Dodd 2018 Summer Academy staff to obtain records or data pertinent to my student's participation from other sources and to release information, as required by law, to other sources.

#### Authorization and release for photographs

As the parent/legal guardian and on submission of application, I give my consent for MCC or its agency to use my student's name, likeness and/or comments in College publications, advertising, television, film, internet or other appropriate communication or educational media. I understand that he/she will not be compensated for any usage.

#### Federal TRIO programs current-year low-income levels

Taxable income (not gross or take-home pay)

(Effective Jan. 18, 2018, until further notice)

#### Circle number in family and appropriate taxable income

Size of family unit	48 contiguous states, D.C. and outlying jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$56,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term low-income individual means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty-level amount.

The figures shown under family income represent amounts that are equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on Jan. 18, 2018.

**TRIO/Student Support Services is funded by the U.S. Department of Education, Division of Special Services, Title IV, Higher Education Act of 1965 (MCC Awarded \$366,073 – 2017-18).**

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. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and related Executive Orders 11246 and 11375, and all amendments to the above. Contacts: Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), Americans with Disabilities Act/Program and Services Accessibility and age, contact: Julie Langholdt – dean of Student Advocacy and Accountability: 531-622-2202, jlangholdt@mccneb.edu (students); Maureen Moeglin – associate vice president of Human Resources: 531-622-2236, mmoeglin@mccneb.edu (employees); Bernie Sedlacek – Director of Facilities Management, Planning and Construction: 531-622-2529, bsedlacek@mccneb.edu (accessibility); or United States Department of Education assistant secretary for Civil Rights – Office for Civil Rights (OCR): 1-800-421-3481, ocr@ed.gov. Concerning hiring and employment-related complaints of discrimination or harassment based on 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, or affirmative action or diversity issues, contact: associate vice president for Equity and Diversity: 531-622-2649, cgooch@mccneb.edu. The address for all of the above individuals is as follows: Metropolitan Community College, 30th and Fort streets, P.O. Box 3777, Omaha, NE 68103-0777. EQUITY112\_SSTRIOSummerBridge\_FRM\_0218