

# DUAL ENROLLMENT PROGRAM

777 Elsbree St, Fall River, MA 02720

Phone: 774.357.3519

Please submit application to email: [dual.enrollment@bristolcc.edu](mailto:dual.enrollment@bristolcc.edu)

# BRISTOL

## COMMUNITY COLLEGE

Attleboro | Fall River | New Bedford | Taunton | Online

First Name:	Last Name:	Intended semester of study: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ Applications are valid for one term. Applicant <b>must</b> reapply each term.
Preferred Name:		<b>Biographical Information</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <b>Pronouns:</b> <input type="checkbox"/> She/Hers <input type="checkbox"/> He/His <input type="checkbox"/> Them/They <b>How do you describe yourself?</b> <input type="checkbox"/> Hispanic, Latino (X) or Mexican <input type="checkbox"/> Caucasian <input type="checkbox"/> Portuguese <input type="checkbox"/> African American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Native America <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-Racial  Did one or both of your legal guardian(s) earn a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure  After H.S., do you plan on attending BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
D.O.B.	Bristol Student ID # 900-	
Mailing Address:		
City:		
State:	Zip Code:	
Home Phone:		
Cell Phone:		
Email: Required for registration confirmation. Please do not use a guardian or school provided email address.		
High School Name:		
Year of Graduation:		

## STUDENT CERTIFICATION

As a Dual Enrollment student, I understand that it is my responsibility:

- to pay for all textbooks and any special program fees associated with completing the course(s), if applicable.
- to arrange my own transportation to the site where the course(s) will be offered.
- to provide a copy of my high school or home school curriculum, including graduation requirements upon request.
- to maintain a GPA of 2.5 at BRISTOL to continue in the Dual Enrollment Program.
- to self-pay if my family does not meet the Federal Income Guidelines set forth on page 2, unless otherwise enrolled into a contract course.

I certify that the information that I have provided in this application is accurate and complete. Further, by signing this form, I agree to abide by all the rules and regulations and the student code of conduct of Bristol Community College. I also consent to the reproduction and/or use of photographs of me in catalogs or other publications and in all forms of media and in all manners including display, editorial, art and exhibition unless the "no" box is checked.  **No**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# FINANCIAL ELIGIBILITY FORM

Student Name (please print legibly): \_\_\_\_\_

Parent/Guardian Name (please print legibly): \_\_\_\_\_

All information on this form is **REQUIRED** to process the application for Dual Enrollment. Please select family unit size **AND** family income level below. Do not leave blank, otherwise the application will be deemed incomplete.

**Federal Current-Year Low-Income Levels (Effective January 15, 2020 until further notice)**

<u>Size of Family Unit</u>	<u>48 Contiguous States, D.C., only</u>
<input type="checkbox"/> 1	<input type="checkbox"/> \$12,760
<input type="checkbox"/> 2	<input type="checkbox"/> \$17,240
<input type="checkbox"/> 3	<input type="checkbox"/> \$21,720
<input type="checkbox"/> 4	<input type="checkbox"/> \$26,200
<input type="checkbox"/> 5	<input type="checkbox"/> \$30,680
<input type="checkbox"/> 6	<input type="checkbox"/> \$35,160
<input type="checkbox"/> 7	<input type="checkbox"/> \$39,640
<input type="checkbox"/> 8	<input type="checkbox"/> \$44,120
<input type="checkbox"/> Income Exceeds Federal Poverty Index	

For family units with more than eight members, add the following amount for each additional family member: \$5,600 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions. 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.

**MA Residents:** The MA Department of Education and Secondary Education considers a student economically disadvantaged if he/she participates in one or more of the following state-administered programs: The Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; and MassHealth (Medicaid).

**Parent/ Legal Guardian Signature:** A signature indicates approval for minor to register and attend college course(s). I acknowledge that my student is required to abide by all the rules and regulations, in addition to the student code of conduct of Bristol Community College. I acknowledge that I will not have access to my student's post-secondary information without a signed FERPA release form. I certify that the above financial information is true and accurate. I understand that Bristol Income-Based waivers are **not** guaranteed and are based on funding availability.

I agree that if deemed ineligible for a free course,  I will self-pay  I wish to withdrawal my student's application  
 My student is applying for a contract course.

\_\_\_\_\_  
 Signature Relationship Date