



**MOTT COMMUNITY COLLEGE
LEARNING CENTER**

SPECIAL POPULATIONS PROGRAM APPLICATION
The Carl D. Perkins Vocational and Technical Education Act of 1998 – (Perkins IV)

Student Information

Please Print

Student I. D. Number: _____

Today's Date: _____

Name: _____
Last First (M.I.)

Birthdate: _____ Gender: M F Cell Phone: _____ Alternate Phone: _____

Local Address: _____ In District Out of District
Number Street (Apt. #)

City State Zip Code

MCC Email Address: _____ Other Email Address: _____

Academic Information

Program of Study/ Major: _____

Cumulative Grade Point Average (GPA): _____ Number of Credits completed: _____

Vocational Goal: _____

Expected Graduation Date: _____

What Support Services do you use: (Check all that apply) Advising Peer Tutoring Career Resources Counseling

Do you receive special services or academic accommodations? Yes No Registered with Disability Services

Financial Resources

Indicate types of financial assistance you receive (check all that apply): No, I do not receive financial assistance.

Pell Grant (To apply for assistance for the Special Populations Attendance Costs Funds, you must first apply for Federal Financial Aid by completing the Free Application for Federal Student Aid (FAFSA). The FAFSA is available to complete online: <http://www.fafsa.ed.gov>).

- Work Study MRS-Michigan Rehabilitation Services Veterans Benefits
- Work First NoWorker Left Behind Dislocated Worker Indian Tuition Waiver
- Student Loans Dept. of Human Services SEOG JTPA
- TIP MCC Scholarship(s) MOST Other _____

Eligibility Information

Which of the Special Populations descriptions below describe your situation? (Check all that apply)

1. **Individual with a Disability** – An individual having any of the disabilities as defined in Section 3 of the Americans with Disabilities Act (ADA) of 1990 and as amended in 2008. Yes No
 - Have you registered with Disability Services in the Learning Center? Yes No
2. **Economically Disadvantaged** – an individual from economically disadvantaged families, including foster children. This individual must be one or more of the following: Yes No
 - A Pell grant recipient or recipient of some other form of financial assistance; and/or
 - A migrant.
3. **Nontraditional Training and employment Participant** – An individual enrolled in an occupational program that is considered nontraditional for his/her gender as determined by National Labor Statistics and State year-end Program enrollment data. These occupations or fields of work generally include careers in computer science, technology, and other emerging high skill occupations, for which individuals from one gender comprise less than 25 percent of the individuals employed in each occupation or field of work. Yes No
4. **Single Parent, including Single Pregnant Woman:** an individual who: is unmarried or separated from a spouse, **AND** has a minor child or children for which the parent has either custody or joint custody, **OR** is unmarried or separated from a spouse and is pregnant. Yes No
5. **Displaced Homemaker:** An individual who is under-employed or unemployed and is experiencing difficulty in obtaining employment or upgrading employment **AND:** has worked primarily without remuneration to care for a home and family, and for that reason has diminished marketable skills; **OR** has been dependent upon the income of another family member but is no longer supported by that income; **OR** is a parent whose youngest dependent child will become ineligible to receive assistance under Part A Title V of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under this Title. Yes No
6. **Individual with Limited English Proficiency:** An adult who has limited ability in speaking, reading, writing, or understanding the English language, **AND** whose native language is a language other than English; **OR** who lives in a family or community environment in which a language other than English is the dominant language; **AND** who by reason thereof, has sufficient difficulty speaking, reading, writing, or understanding the English language to deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English or to participate fully in our society. Yes No
7. None of the above Special Populations categories describe my situation. Yes No

APPLICANT AGREEMENT

I agree that the Special Populations Office may contact me regarding appropriate college services and/or community resources.

It is the policy of Mott Community College that no person shall on the basis of sex, race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment or any program or activity.

I certify that all information supplied in this application is accurate to the best of my knowledge. I understand that failure to answer truthfully to any of these questions makes me financially responsible for financial awards made in my behalf on the basis of this application. I give permission for the Special Populations coordinator to have access to my enrollment and grade information.

Applicant's Signature: _____ **Date:** _____

Return the Application to the Learning Center. For additional information call (810)762-5399 or email: Learning.Center@mcc.edu

Office Use Only: Intake Assignment Date: _____ Signature: _____