

Special Populations (SP) Program Application for Membership

The Carl D. Perkins Vocational and Technical Education Act of 2006 – (Perkins IV)

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.

GENERAL INFORMATION

The Special Populations Program at Mott Community College provides a number of free services to qualifying applicants. Services include tutoring, academic and personal coaching, referrals, resume assistance, job skills, advocacy, and tuition assistance for students in occupational programs.

IMPORTANT INFORMATION

Applicants must qualify under state guidelines for all services. Eligible students must meet the definition for a special population's student (see back of application). For students with a disability proof of registration with Mott Community College's disability services is required. Students who request tuition assistance must apply each semester funds are available (Fall, Winter and Spring). This application is not an application for grant funding.

Please print clearly

STUDENT CONTACT INFORMATION

Date:	Student Name:	Mott ID #:
Current Address:		
City:	State:	Zip:
Cell Phone #:	Home Phone #:	
Mott Email:	Preferred Email:	
Program of Study (Major):	Date of Birth:	
Expected completion/graduation at MCC:		

STUDENT DEMOGRAPHIC INFORMATION

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not To Disclose	Racial Identity: (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Arabic <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____
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STUDENT STATUS

Did you receive special services or accommodations in High School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently receive the Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with Student Employment Services (SES)? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU LEARN ABOUT THE SPECIAL POPULATIONS (SP) PROGRAM?

Another Student Coordinator Visit Email
 Faculty/Instructor Poster/Flyer Other _____

Special Populations (SP) Program 1401 E. Court Street Flint, MI 48503 810-762-5117 SPECIALPOPS@mcc.edu

Which of the descriptions below fit you? *You may check more than one*

- () **Individual with a Disability:** A person having any of the disabilities as defined in Section 3 of the *Americans with Disabilities Act of 1990*.
- () **Economically Disadvantaged:** An individual from economically disadvantaged families, including foster children. This individual must be one or more of the following:
 - Low Income based on Federal Poverty Guidelines
 - Pell Grant Recipient (EFC <3601)
 - Other form of financial assistance (must provide documentation)
- () **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.
- () **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.
- () **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 pay 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 of *Title IV 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.
- () **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.
- () None of the above describes me

I agree that the Special Populations Office may contact me regarding appropriate college services and community resources. I agree that the Special Populations staff may contact my instructors to advise them of reasonable accommodations for specific courses.

I certify that all information supplied in this application is accurate to the best of my knowledge. I give permission for the Special Populations coordinator to have access to my enrollment and grade information.

Applicant's Signature _____ **Date** _____

As an affirmative action/equal opportunity institution, the College encourages diversity and provides equal opportunity in education, employment, all of its programs, and the use of its facilities. The College does not discriminate in educational or employment opportunities or practices on the basis of race, sex, color, religion, gender, national origin, veteran's status, age, disability unrelated to an individual's ability to perform adequately, sexual orientation, or any other characteristic protected by law. Title IX Coordinator Contact Information:1401 E. Court St., Prah College Center (PCC-2030G), Flint, MI 48503, (810) 762-0024. Title II, ADA, Coordinator Contact Information:1401 E. Court St., Curtice-Mott Complex (CM-1024), Flint, MI 48503, (810) 762-0373. Section 504 Coordinator Contact Information:1401 E. Court St., Prah College Center (PCC-1130), Flint, MI 48503, (810) 762-0191.

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