



## Bridge to College Application

Berkshire County high school seniors, who are Massachusetts residents, may enroll in **one** BCC credit course, **free of charge**. BCC will waive tuition and fees. Students will only pay for books and transportation. Students may take any college level course for which they meet the pre-requisites. Guidance Counselor approval is required.

If you choose to participate in this program, please complete the form below and residency form on the reverse side, including signatures by your guidance counselor and parent/guardian, if required.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ High School: \_\_\_\_\_  
\_\_\_\_\_

Have you completed the BCC Skills Assessment? \_\_\_\_\_ Date: \_\_\_\_\_  
*If you have not taken the written (essay) portion of the assessment you must do so prior to registering for courses. Contact the Testing Center at 413-236-1655.*

List the preferred course you wish to take, including day, time and location. To see current course listings visit [www.berkshirecc.edu](http://www.berkshirecc.edu) and follow the link to BCC Web Advisor. Then contact BCC's Academic Advising Center (413) 236-1620 for a registration appointment.

	1st Choice	2nd Choice
Course Name:	_____	_____
Location:	_____	_____

### Required Signatures

I certify that the information on this application is complete and accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if student is under 18 years of age)*

*These signatures indicate permission for the above named student to participate in the program and for BCC to release enrollment information (including official transcripts) to the high school.*

### Guidance Counselor

Please complete the following, responses will not affect student's enrollment.

SASID#: \_\_\_\_\_

This student currently maintains a GPA of 3.0 or higher. Yes \_\_\_\_\_ No \_\_\_\_\_  
This course will be accepted for high school credit. Yes \_\_\_\_\_ No \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This signature certifies that the named student is currently enrolled as a senior, and is a student in good standing.*

*\*This form must be given to the Academic Advising Office when registering for this course.*

**PLEASE COMPLETE RESIDENCY FORM ON REVERSE SIDE**

**MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN# or Student I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No. If not, please complete the following:

Are you a Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, list alien registration number: \_\_\_\_\_)

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status: \_\_\_\_\_

**Please check the in-state or reduced tuition eligibility category that applies to you:**

\_\_\_\_\_ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, **I possess at least 2 of the following documents**, which I shall present to the institution upon request. These documents\* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary.

**\* Please check-off those documents you possess as proof of your intent to remain in Massachusetts.**

- |  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| _____ Valid Driver's license                                 | _____ Utility bills*                | _____ Employment pay stub*       |
| _____ Valid Car registration                                 | _____ Voter registration*           | _____ State/Federal tax returns* |
| _____ Mass. High School Diploma                              | _____ Signed lease or rent receipt* | _____ Military home of record*   |
| _____ Record of parents' residency for unemancipated person* | _____ Other _____                   |                                  |

\_\_\_\_\_ I am an eligible (ME/NH/VT/RI/CT) participant in the New England Board of Higher Education's Regional Student Program.

\_\_\_\_\_ I am a permanent legal resident of the state of New York.

\_\_\_\_\_ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

**Certification of Information**

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (Applicant is Under 18 Years Old): \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX**

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

\_\_\_\_\_ IS eligible for the in-state tuition rate.

\_\_\_\_\_ IS NOT eligible for the in-state tuition rate.

\_\_\_\_\_ I am unable to make a determination at this time. The following additional information has been requested from the applicant: \_\_\_\_\_

Authorized College Personnel: \_\_\_\_\_ Date \_\_\_\_\_