

The MassBay **Transitional Scholars Program** is designed to empower students with intellectual and/or developmental disabilities in an inclusive college environment. Students engage in coursework (credit or non-credit) that enhances their academic and professional skills. Students have the opportunity to develop skills such as self-advocacy, interpersonal skills, and goal-setting that are essential to achieving their post-secondary goals. Through a personalized approach, students are equipped to navigate the college environment independently, build self-determination skills, and request the accommodations and other support services they need as they prepare for future endeavors. .

ENROLLMENT PROCESS OVERVIEW:

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|---|----------------------------|
| 1. Completed application due including: | April 10, 2026 |
| • Two letters of recommendation | |
| • High school transcript | |
| • Documentation supporting the student's intellectual disability (IEP and psychological evaluation) | |
| 2. Interview with Admissions committee for selected students | April 22-May 1, 2026 |
| 3. Decision letters emailed | Week of May 18, 2026 |
| 4. Contracts and deposits due for accepted students | June 8, 2026 |
| 5. Meet with Program Coordinator for goal setting, course selection, and registration | June/July 2026 |
| 6. Remaining balance due | September 8, 2026 |
| 7. First day of Fall 2024 semester | Tuesday, September 8, 2026 |

COST

Educational Coach: \$5,400.00

Tuition & Fees: \$1,700.00

Program Fee: \$800.00

Recommendations:

As part of the application process, applicants must submit two (2) letters of recommendation from individuals who have known them for at least six months. Recommendations may be submitted by educators and/or employers (including teachers, special education staff, guidance counselors, job supervisors, or internship coordinators). There is no required combination of recommender types.

Recommendation forms should be emailed to the selected recommender for completion and submission

For Admission Office Use Only

ID#: _____ Semester: _____ Entry date: _____ Entry clerk: _____

MPT: _____ WPL: _____ HS GPA: _____

PERSONAL DATA:

1. Name: First: _____ Middle: _____ Last: _____

2. Maiden/Other Name: _____

3. Sex: Male Female Non-binary 4. Birth Date: (mm/dd/yy) _____

5. Country of Birth: _____

6. Are you a dependent of veteran: Yes No

7. Please select one or more of the following that best describes you (optional):

- American Indian or Alaskan Native (including all Original Peoples of the Americas)
- Asian (Far East, Southeast Asia or the Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa or other Pacific Islands)
- White (including Europe, Middle East and North Africa)
- Other

8. Country of Citizenship (required): USA Other9. Citizenship Status (required): Native (U.S. Citizen) Naturalized (U.S. Citizen)
 Resident Alien # _____ (Submit copy of Resident Alien Card)

If not a U.S. citizen or Resident Alien, list type of VISA: _____

10. Permanent Address: _____

City/State/Zip Code: _____

Phone: _____

11. Mailing Address (if different): _____

City/State/Zip Code: _____

Phone: _____

12. Student Cell: _____

13. Student E-Mail Address: _____

MassBay Locations:Wellesley Hills Campus
50 Oakland Street
Wellesley Hills, MA 02481-5307Framingham Campus
19 Flagg Drive
Framingham, MA 01702-5928Ashland Tech Center
250 Eliot Street
Ashland, MA 01721-2389

ACADEMICS

14. High School attended: (Name) _____

(City) _____ (State) _____

15. Transition Coordinator: _____ Phone: _____ Email: _____

16. Will you continue in a transition program at your high school while at MassBay? Yes No Not sure

17. If yes, please provide program name and contact:

18. Check one box below:

- I have completed my high school graduation requirements and accepted my diploma.
- I have completed my high school graduation requirements and NOT accepted my diploma.
- I have not yet met my high school graduation requirements, but plan to.
- I will not complete my high school requirements.

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LEGAL GUARDIAN INFORMATION:

19. Are you (the applicant) your own legal guardian? Yes No

20. Please provide your Parent/Guardians information below:

Name: _____

Name: _____

Relationship to Applicant: _____

Relationship to Applicant: _____

Address (if different from applicant): _____

Address (if different from applicant): _____

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Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

To the Applicant: Please respond to the following short answer questions to the best of your ability. You may type your answers on a separate document or continue writing your responses on additional pages if necessary. You may also record your answers and submit the recording with your application.

1) Why are you interested in the Transitional Scholars Program at MassBay?

2) What are your educational goals? This may involve auditing courses, taking courses for self-enrichment, and/or earning a certificate or degree.

3) What classes are you interested in taking?

4) What are some of your hobbies and skills? What type of career are you interested in?.

**5) Please list any employment and/or volunteer experiences and the length of time you held these positions
OR attach your resume.**

6) How do you think college will help you to reach your future career and personal goals?

I hereby certify that all information stated on this application is complete and accurate, and I understand the falsification or omission of information may result in disqualification or dismissal. I understand this application for admission will not be complete until all requirements are submitted.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please submit by email to:

Kelly Graska

Coordinator, Transitional Scholars Program
Accessibility Resources Center
MassBay Community College
50 Oakland Street
Wellesley Hills, MA 02481
kgraska@massbay.edu | 781-239-2625

Massachusetts Bay Community College does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, or disability, in admission or access to or treatment or employment in its programs and activities. Any inquiries or complaints concerning compliance with the regulations implementing Title IV, Title VII, Title IX, Age Discrimination Act of 1975, or Section 504 may contact the Director of Human Resources at 781-239-3171. Inquiries may also be directed to the Assistant Secretary for Civil Rights, U.S. Dept. of Education, Washington, D.C., 20202, or the Director, U.S. Dept. of Education, Office for Civil Rights, Region One, Boston, MA 02109.
THE COLLEGE RESERVES THE RIGHT TO ADD, WITHDRAW OR REVISE ANY PROVISION OR REQUIREMENT DESCRIBED ON THIS FORM.



Massachusetts Community College 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 (mm/dd/yy): _____

Are you a U.S. Citizen? Yes No If NO, are you a Permanent Resident? Yes No

If you are a Permanent Resident, please provide your Alien Registration Number: _____

If you are not a U.S. Citizen or Permanent Resident, please specify your current 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 indefinitely.

As proof of my **intent to remain in Massachusetts**, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are **dated within one 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 the documents you possess as proof of your intent to remain in Massachusetts.

| | | |
|--|---|--|
| <input type="radio"/> Valid driver's license | <input type="radio"/> Utility bills* | <input type="radio"/> Employment pay stub* |
| <input type="radio"/> Valid car registration | <input type="radio"/> Voter registration* | <input type="radio"/> State or Federal tax returns |
| <input type="radio"/> Mass. high school diploma | <input type="radio"/> Signed lease or rent receipt* | <input type="radio"/> Military home of record |
| <input type="radio"/> Record of parents' residency for unemancipated person* | <input type="radio"/> Other _____ | |

I am an eligible participant in the New England Board of Higher Education Regional Student Program.

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: _____ 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: _____