



application

power

program

This application is to be completed by the applicant only. If you need assistance completing this form, please contact our office to discuss your application. The form should not be completed by referral agents, friends, or family members. Please complete all of the requested information. If you need additional space, you may add additional sheets or write on back. PLEASE PRINT CLEARLY.

Name _____ MCCC Student Number (if known) _____

Address _____

City _____ State _____ Zip _____

Phone #: Cell _____ Home _____

Email _____

Do you identify as Female Male Prefer not to say Prefer to Self-Describe _____

Date of Birth _____ Age _____ Highest Grade completed _____

How did you learn about the POWER Program and why are you interested in applying?

Have you gone to college in the past? If so, where and when did you last attend? What did you study, and did you get a degree?

Have you ever registered for Montgomery County Community College before? YES/NO _____

How are you currently spending the majority of your time during the day? Are you currently attending school, work, or a support program? If so, please explain where and when?

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Have you worked before? If so, where was your last job or jobs, and what did you do there?

As class attendance is extremely important, are there any pressing issues or challenges which you are currently experiencing which might affect your ability to successfully attend, participate or succeed in class? What might you be able to do to prevent these concerns during the class time this semester?

Do you need any special supports or accommodations to successfully participate in class (e.g., physical disability, hearing/visual impairment, learning disability, reading or writing difficulties) Please be specific.

What support systems do you have in place to help you cope with any present issues?

Professional Support Information

Please provide contact information on a professional person who you have worked with in the past. This can be a therapist, case manager, counselor, physician, etc.

Name _____
Title/Position _____
Agency _____
Address _____
Phone _____
Email _____

Who referred you to this program? (Please complete if different than above.)

Name _____
Title/Position _____
Agency _____
Address _____
Phone _____
Email _____

Please return completed application to:

Joe Delzingaro, POWER Program, Montgomery County Community College, 340 Dekalb Pike, Blue Bell, PA 19422

Any questions call: 215-461-1151 or email: powerprogram@mc3.edu