

McCANN TECHNICAL SCHOOL

70 Hodges Cross Road
North Adams, MA 01247
www.mccanntech.org
413-663-5383
FAX: 413-664-9424

POSTSECONDARY APPLICATION FOR ADMISSION

All candidates may be required to take a basic skills or academic assessment test

All candidates must submit:

1. Completed application form
2. Official high school transcripts, GED verification & official GED score reports/transcripts and official college transcripts
3. Essay for selecting your program
4. Letters of reference from guidance counselors, teachers, employers, etc. (three letters are required for the practical nursing program, two are required for all other programs)

PERSONAL INFORMATION

(Please type or print in ink)

NAME: _____
(Last Name) (First Name) (Middle Name) (Maiden Name)

ADDRESS: _____
(No. & Street) (City) (State) (Zip Code)

MAILING ADDRESS (if different from above): _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

E-MAIL: _____ CELL: _____

Are you a U.S. citizen? ___ Yes ___ No If not, please complete the following:

Are you a permanent resident? ___ Yes ___ No. If yes, alien registration number is: _____

If you are not a U.S. citizen or permanent resident, state your visa or immigration status in detail: _____

PROGRAM MAJOR

_____ Dental Assisting _____ Medical Assisting _____ Practical Nursing

_____ Surgical Technology _____ Cosmetology

FOR OFFICE USE ONLY

APPLICATION RECEIVED _____

TRANSCRIPT RECEIVED _____

REFERENCES RECEIVED _____

IMMUNIZATION RECORDS RECEIVED _____

INTERVIEW DATE _____

(over)

ACADEMIC INFORMATION

LIST ALL PRIVATE, PREPARATORY OR PUBLIC HIGH SCHOOLS ATTENDED:

Name	Address	Graduation (Actual/Expected)Date
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Name	Address	Graduation (Actual/Expected)Date
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LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Name	Address	Graduation (Actual/Expected)Date
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Name	Address	Graduation (Actual/Expected)Date
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EMPLOYMENT RECORD

Employer	Address	Position	Dates
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Employer	Address	Position	Date
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Employer	Address	Position	Date
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Policy for work experience, experiential learning, and advanced placement available upon request.

OPTIONAL INFORMATION

Submission of this information is entirely voluntary. The information requested in this section is not required for admission. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district.

DATE OF BIRTH: Month _____ Day _____ Year _____ SEX: (F)___ (M)___

Nonresident Alien___ Hispanic / Latino___ American Indian or Alaska Native___

Two or More Races___ Asian___ Native Hawaii or Other Pacific Islander___

White___ Black or African American___

I certify that the information I have provided about my academic and personal history including residency is accurate and complete. Failure to disclose any required information may result in denial or cancellation of admission or enrollment. I assume the responsibility to supply the school with all required documents and records.

Signature	Date	Parent or Guardian (if applicant is under 18)	Date
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Northern Berkshire Vocational Regional School District admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

McCANN TECHNICAL SCHOOL
Postsecondary Programs
70 Hodges Cross Road
North Adams, Ma 01247
413-663-5383

LETTER OF REFERENCE

This form must be sent directly to the Postsecondary Office.

Candidate's name: _____

Please give your candid evaluation of the candidate. The more specifically you assess the candidate's skills, strengths, and weaknesses, the more useful this letter of reference will be to the Admissions Committee. The following questions suggest the type of information we are seeking:

- How long have you known the candidate and in what capacity?
- What are the candidate's strongest skills?
- How would you assess the candidate's overall strengths and weaknesses?
- How well do you think the candidate has considered plans for college study?
- How would you assess the candidate's motivation for such study?

Please use the back of this form for your reference letter or, if you prefer, you can attach a separate letter.

Please complete the rating scale below.

Attribute	Outstanding	Above Average	Average	Below Average	Poor	No Basis for Evaluation
Character						
Self-Motivation						
Level of professional performance						
Ability to work with others						
Ability to work in chosen field						

Name _____ Relationship to candidate _____

Profession and Title _____

Address _____

Name of Company, School or Organization _____

Signature _____ Date _____

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REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

**(Applicant: Please complete this form and mail/bring it to the school you attended.
Before mailing, please contact your school; there may be a charge for your transcript.)**

Last Name First Name Middle Initial Maiden Name

No. and Street City State Zip

Telephone Number Social Security # Date of Graduation
or Years Attended Degree Received

To the Registrar/Guidance Officer of: _____
Name of High School or College

Please forward an official copy of my academic record to:

**McCANN TECHNICAL SCHOOL
Postsecondary Programs
70 Hodges Cross Road
North Adams, MA 01247**

Signature

Date

Please inform me if you cannot release my transcripts.