1 Ferncroft Road
P.O. Box 3340
Danvers, Massachusetts 01923-0840

Danvers Campus | 978-762-4000
[illegible] 502-6722

northshore.edu

NORTH S[illegible]

SUR[illegible]

SELECT[illegible]

[illegible]CKET

[illegible] NSCC S[illegible] A[illegible] P[illegible] F[illegible] 2025. B[illegible] F[illegible] 2025 (**Note:** [illegible])

[illegible]

[illegible]AD THE INFORMATION BELOW AND THROUGHOUT THE APPLICATION

[illegible] A[illegible] **your responsibility** [illegible]

[illegible]OMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS

[illegible] R[illegible] C[illegible] P[illegible] **If any required items are incomplete/missing when you submit your application, your application will not be processed (i.e. reviewed).**

3: SUBMIT YOUR APPLICATION AND SUBMIT ALL REQUIRED MATERIALS

All completed applications received by priority deadline will be reviewed for potential acceptance to the program.

[illegible]

Information

[illegible] NSCC [illegible]

[illegible]

For more information

[illegible] 781-477-2102 [illegible] 978-762-4188

[illegible]

Office of Student Financial Services

[illegible] 978-762-4189

[illegible]

Mail Selective Admissions Application Packet to:

NSCC A[illegible] O[illegible]

[illegible] MA 01923

[illegible]

The Application Process Checklist

Initial when complete	Required Documentation

The following items must be satisfied and submitted to NSCC

Checklist Item	Required Documentation

P io i Applica ion Deadline: Applica ion ill be accep ed n il he p og am i f ll.
Applica ion inq i ie ma be di ec o: **SelectiveAdmissions@northshore.edu**

Evaluation Information

A

NORTH SHORE COMMUNITY COLLEGE

MASSACHUSETTS COMMUNITY COLLEGES
IN-STATE TUITION ELIGIBILITY FORM

In e na ional den d ing nde F1 Vi a a e NOT eligible fo in- a e i ion.

LAST NAME/SURNAME		FIRST NAME	
MIDDLE NAME		AN PRE IOUS LAST NAMES	
ADDRESS			
CIT	STATE	IP	COUNTR
SOCIAL SECURIT #: ☐☐☐–☐☐–☐☐☐☐ *Optional, but required if seeking financial aid or tax credit.*	DATE OF BIRTH MM / DD /		
STUDENT ID #: ☐☐☐☐☐☐☐☐☐			

Are you a U.S. Citizen? ◯ **Yes** ◯ **No**

If , a f g.
ARE OU A PERMANENT RESIDENT? ◯ ES ◯ NO IF ES, LIST ALIEN REGISTRATION NUMBER: _____

IF OU ARE NOT A U.S. CITI EN OR PERMANENT RESIDENT, PLEASE STATE OUR ISA OR IMMIGRATION STATUS IN DETAIL: _____

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

_____ **I have been a Massachusetts resident for six continuous months and intend to remain here.**

A M , I , I . T *
I ( ). T
, . P -
M .

VALID DRIVER'S LICENSE
VALID CAR REGISTRATION
MASS. HIGH SCHOOL DIPLOMA
RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON*
UTILITY BILLS*
VOTER REGISTRATION*
SIGNED LEASE OR RENT RECEIPT*
EMPLOYMENT PAY STUB*
STATE/FEDERAL TAX RETURNS*
MILITARY HOME OF RECORD*
OTHER _____

_____ **I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S 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 . I ,
, .

_____ _____
Signature of Applicant **Date**
I f a a ab f a .

_____ _____
Signature of Parent **Date**
Ifa a d 18 a fa g .

For o cial use. Do not write in this box.

I ' - . B I :

IS - .
IS NOT - .
I . T :

_____ _____
Authorized College Personnel Signature **Date**

NORTH SH
COMMUNITY C» EDUCATIONAL OBJECTIVES

Academic Information

I AM: ☐ A FIRST-TIME STUDEN
☐ A TRANSFER STUDENT

Choose A or B:

A. ☐ **I INTEND TO PURSUE A DEG**
a f SCC D g

FIRST CHOICE: _____
S ga a
, ga

SECOND CHOICE: _____

B. ☐ **I PREFER UNSPECIFIED STAT OF STUDY AT THIS TIME.** *I*
i a ga f d.

Educational Backgroun

1) HIGH SCHOOL EDUCATION

_____
NAME OF HIGH SCHOOL OR GED TEST C

☐ ES ☐ NO DID A PA
☐ ES ☐ NO DID OU
☐ ES ☐ NO ILL O
☐ ES ☐ NO IS ENGLI

NAME OF COLLEGE
GRADUATION DATE/DEGREE REC
NAME OF COLLEGE
GRADUATION DATE/DEGREE REC

Signature Required

_____
Signature of Applicant
i f a a ab f a

_____
Signature of Parent
ifa a d 18 a fa