

This document was submitted to the 2022 Annual Survey of Higher Education in Prison for inclusion in the National Directory of Higher Education in Prison Programs (<https://www.higheredinprison.org/national-directory>). The document was created by and remains under the sole ownership of the individual higher education in prison program. Further, the document was not edited, modified or otherwise altered by the Research Collaborative on Higher Education in Prison at the University of Utah, the Goldman School of Public Policy, University of California, Berkeley and/or the Alliance for Higher Education in Prison.

To learn more about the Higher Education in Prison Landscape Project, visit:
<https://www.higheredinprison.org/higher-education-in-prison-landscape-project>



The Alliance for Higher Education subscribes to the Creative Commons Attribution: NonCommercial-ShareAlike (CC BY-NC-SA). All materials shared in the National Directory of Higher Education in Prison Programs will follow this license. This copyright licensing allows others to remix, adapt, and build upon work for non-commercial purposes, as long as they credit and license their new creations under the identical terms.

Name: _____



Miami Dade College – Second Chance Pell Program

Thank you for your interest in MDC’s Second Chance Pell Program. MDC will be offering an Associate of Arts as a pathway to a bachelor’s degree. Completion of this application **does not guarantee your acceptance** into the program or MDC. Below are the minimum qualifications for acceptance into this program:

- 1) Proof of a high school diploma or GED
 - a. Please provide proper documentation when you submit this packet
 - b. If you do not have physical possession of your high school diploma or GED, please start working on obtaining this through your classification officer/education department at ECI
 - c. You will need proper proof to be fully accepted into this program. A copy of your diploma is not sufficient. We need the actual GED transcript with scores or your official high school transcripts. Often times there is a charge for this and your family/friends will have to help you acquire this.
- 2) You must have a release date (individuals who are parole eligible will be considered).
- 3) You must not have an involuntary civil commitment after incarceration for sexual offenses.
- 4) You must not be in default on your student loans.

PRELIMINARY APPLICATION PACKET FOR ADMISSION

In order to begin the application process, you must first complete this packet. Completion of this packet will provide MDC with the information needed to determine if you meet the minimum qualifications for this program. It is the responsibility of the student to request and provide all documentation for full admission into the program.

For additional questions, contact your classification officer. Admission into the program is contingent upon the approval of the administration at Everglades Correctional Institution. Once enrolled you must follow all requirements for continued enrollment with MDC. If you are accepted into this program and begin taking classes at ECI you can continue your coursework at the college upon release.

By signing below, I am verifying that the information provided in this packet is complete and accurate to the best of my knowledge.

Signature

Date

Print Name

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*

Name: _____

How will participation in this program impact your life?

What is your estimated release date? _____

If you have a life sentence are you parole eligible? _____

What is your anticipated address upon release (city/county)? _____

Do you have a detainer for another jurisdiction upon release (provide as much information as possible)?

Are you potentially subject to an indefinite civil commitment hold upon completion of this current sentence? Yes No

Under the conditions stipulated at the time of your conviction and sentence, are you prohibited from using a computer and/or Internet? Yes No

Do you have a family member or loved one willing to assist MDC in acquiring documentation to facilitate the admissions, financial aid, and residency process? If so, please provide:

(FIRST) (LAST) (PHONE)

(ADDRESS)

(EMAIL)

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*

Name: _____

PERSONAL INFORMATION (Information needed to establish Florida residency)

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

FDC #: _____ Date of Birth: _____ SS #: _____

Driver's License# or Florida ID# (if applicable): _____

Place of Birth: _____

Education: High School Diploma GED

When and where did you graduate from high school/receive your GED?

Citizenship: U.S. Citizen U.S. Permanent Resident _____
(Alien Registration Number)
 Other _____

Date of Incarceration (if previously incarcerated, please provide date for this current period of incarceration): _____

Were you a Florida resident at least one year prior to this period of incarceration?

Yes No

How old were you at the time of intake for this period of incarceration? _____

If you were under 24 at the time of your most recent incarceration, was at least one of your parents a Florida resident? Yes No N/A

If you marked "yes" above, please provide your parent's name, phone number, and address below:

(FIRST)

(LAST)

(PHONE)

(ADDRESS)

(EMAIL)

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*

Name: _____

If you were over 24 at the time of your most recent incarceration please select the following documents below that you had one year prior to your incarceration (if known, enter details below):

- FL Driver's License _____
- FL Vehicle Registration _____
- FL Voter Registration _____
- FL Professional License (i.e. - massage therapist, real estate license) _____
- FL Real Property (House Deed) _____
- FL Incorporation _____

Are you a U.S. Veteran? Yes No

If you are U.S. Veteran, were you honorably discharged? Yes No N/A

If you were honorably discharged, will you be able to provide your DD-214?

Yes No N/A

Race/Ethnicity:

- American Indian/Alaska Native
- Asian
- Black/African-American
- Latino/Hispanic
- Native American
- Pacific Islander
- White/Caucasian
- Other
- Two or More Races

Marital Status (if you are married, your spouse will need to be willing to provide official financial information and residency verification as requested):

- Single
 - Separated
 - Divorced
 - Married - If married will your spouse be helpful in helping to establish your Florida residency? Yes No
- If you marked "yes" above, please provide your spouse's name, phone number, and address below:

(FIRST)

(LAST)

(PHONE)

(ADDRESS)

(EMAIL)

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*

Name: _____

To Whom It May Concern:

I, _____ give consent to Miami Dade College to access the following resources to retrieve relevant information to determine my eligibility for Florida residency for tuition purposes. Miami Dade College may access the following databases or individuals to obtain needed information to establish your eligibility and Florida residency which are needed to participate in the Second Chance Pell Program. Please provide any and all information below to best assist MDC's admissions team.

- **Voters Registration (please indicate the county where you were registered to vote):**

- **Verification of Employment (please list most recent employer)**

- **Were you on active probation prior to this current period of incarceration? Please provide as much information about your probation officer/office who provided your supervision and estimate the dates you were supervised.**

- **DAVID (Driver and Vehicle Information Database – this is the system that affords immediate retrieval of driver's license, vehicle registration, and Florida identification information)**

I certify that this consent has been given freely and voluntarily and is only for the reason(s) stated above.

Signature

Date

Print Name

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*

Name: _____

SIGNATURE PAGE

I certify that all answers and statements made in this application are true. If admitted to MDC's Second Chance Pell Program, I agree to abide by the established rules and regulations of the program. I further understand that falsification or withholding of information requested on this application may be grounds for denial of admission to or dismissal from the program.

Signature

Date

Print Name

**Failure to complete this application in its entirety may lead to a rejected and invalid application and your application will not be considered.*