



“TAP” Into Your Future: Tuition Assistance Program

Student Instructions:

General Information:

Congratulations on your decision to attend college and participate in the Department of Behavioral Health/Developmental Programs (BH/DP) Tuition Assistance Program (TAP), managed by the College Plus program of Voice and Vision, Inc.

This program, in partnership with Bucks County Community College, has been developed to assist individuals to attain a degree or certificate to enhance their employment opportunities. Approval for TAP, course approval, and other correspondence regarding TAP will be managed by the College Plus/TAP Coordinator at Voice and Vision, Inc.

The Bucks County Department of BH/DP will pay Bucks County Community College for tuition and fees for courses toward a degree or certificate program. The student is responsible for the College Service Fee \$50, books, materials, and transportation costs. Service Fees are to be paid directly to the College

How to Apply:

1. Obtain the *required TAP Application*
2. Meet with your recommending agency contact person (a case manager, therapist, certified peer specialist, or counselor) to discuss your educational goals, eligibility requirements and financial obligations for participation in the program. Please review all of the required documentation with your agency contact and sign/initial the paperwork as needed.
3. Submit the completed TAP application to Voice and Vision, Inc. You will be contacted within 2 weeks to schedule an interview.



Voice and Vision, Inc.
1243 Easton Road, Suite 201
Warrington, PA 18976



Once Accepted into TAP:

4. All students who are new to BCCC must apply to the College by completing an online College Application for Admission to BCCC. This can be done online for free. The Online application can be found at <https://ac.bucks.edu/apps/admiss/application/>
5. New incoming students to BCCC are required to take Placement Testing prior to registering for their course. Some exceptions may apply. Visit <http://www.bucks.edu/admissions/testing/placement/> for testing information and schedule.
6. It is strongly encouraged that you speak to an advisor before you register. Be sure to let your advisor know you are a part of TAP.
7. Submit your intended course to the College Plus/TAP Coordinator for approval prior to registration.
8. Register for your course and pay the College Service Fee through Student Accounts.
9. Purchase your books and course materials.



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TAP Application Checklist

Below is a list of documents that must be forwarded to the College Plus/TAP Coordinator at Voice and Vision, Inc. for approval into TAP.

Applicant Name

Phone Number

- TAP Application completed, including the brief narrative regarding your educational goals (completed by applicant)
- TAP Student Financial Participation Agreement (Reviewed with recommending agency contact and applicant, signed by both)
- TAP Recommending Agency Verification Form (Completed and signed by your recommending agency contact person)

Please review this completed checklist and forward the necessary documents to the College Plus/TAP Coordinator at Voice and Vision, Inc. via fax (215)442-9710, email CollegePlusTAP@voiceandvisioninc.org or mail to the address below.



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TAP Application-Part I

General Information:

Last Name _____ First Name _____

Date of Birth: _____

BCCC Student ID# _____ (if you already have one)

Home Address _____

City: _____ State _____ Zip Code: _____

Contact Number _____ Alt. Number _____

Contact Email _____

Recommending Agency _____

Agency Contact Person: _____

Phone _____ Email: _____

Educational Goals:

Please write a brief paragraph describing your educational goals for the future. (It can be attached on a separate page if necessary.)

Anticipated Course: _____ Total #Credits _____



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TAP Recommending Agency Verification Form

To be completed and signed by the recommending agency contact person such as a case manager, physician, therapist, certified peer specialist, or counselor.

Recommending Agency: _____

Agency Contact Person: _____

Agency Contact Phone: _____

Applicant Name: _____

Applicant Diagnosis: _____

Please initial next to each statement:

_____ I verify that the above applicant is currently receiving services from our agency and our agency is in contract with the Bucks County Dept. of BH/DP.

_____ I verify that the applicant is a resident of Bucks County, PA.

_____ I verify that the applicant meets the program’s diagnostic criteria by having a primary diagnosis of Schizophrenia, Major Mood Disorder, Psychotic Disorder Nos, or Borderline Personality Disorder. (This verification must have been in the form of a psychiatric evaluation or psychiatric update that has occurred within the last year.)

Signature of Agency Contact:



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TAP Student Financial/Participation Agreement

Please review this agreement with the recommending agency contact person, and initial each statement. Please have both the applicant and the agency contact sign and date this form.

Semester Attending: Summer _____ Fall _____ Spring _____ Year _____

If I am approved by Voice and Vision, Inc. to participate in TAP at Bucks County Community College, I agree to the following: (Initial Each)

_____ While enrolled in the program, I agree to follow all Voice and Vision, Inc. and Bucks County Community College policies and procedures relating to my eligibility and participation in the program.

_____ I understand that TAP will pay for approved credits or certificate program (credit bearing or non-credit bearing) and fees each semester (maximum 4 credits per semester), **excluding** the College Service Fee, books, materials, and transportation costs.

_____ *As a student at Bucks County Community College, I understand I am obligated to pay all fees, books, and materials for each semester that are not covered by Voice and Vision, Inc. while participating in the Tuition Assistance Program.*

_____ *While participating in this program, if I withdraw from the course after the withdrawal deadline, I agree to complete a Withdrawal Appeal Form. (Reasons for withdraw include medical, personal, or employment-related situations beyond your control.) If the BCCC committee feels there is insufficient evidence to support the withdrawal for the incomplete course, I understand I am obligated to pay appropriate costs, tuition and fees to Bucks County Community College. This agreement is legally binding and will result in collection processes by Bucks County Community College.*

_____ I agree to make payment of the College Service Fee at the time of registration to the College. The amount of this fee may vary from semester to semester.

_____ I understand that this opportunity may end at any time and that the County, College, or the recommending agency is not under any obligation to continue to fund this program.



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TAP Student Financial/Participation Agreement (cont.)

_____ I have read and understood the “TAP” into your Future: Tuition Assistance Program Instructions for Students.

_____ I grant permission to Voice and Vision, Inc. to share the TAP Application, TAP Student Financial/Participation Agreement, the TAP Recommending Agency Verification Form, and BCCC Registration form with the Bucks County Community College Program Coordinator.

_____ I grant permission to Bucks County Community College to share information with Voice and Vision, Inc. related to my course completion and my standing with the college.

The applicant and recommending agency contact person signatures below indicate that we have discussed the eligibility requirements and financial, coursework, study, and transportation obligations for participation in the program:

Applicant Name (print): _____

Signature: _____ Date: _____

Recommending Staff from County Funded MH Agency Name (print):

Signature: _____ Date: _____



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