

The logo features the words "GEAR" and "UP" in a bold, blue, sans-serif font. A yellow graduation cap icon is positioned between the two words, with its tassel pointing down. The entire logo is enclosed within a yellow rectangular border.

Rowan College of South Jersey

NEW STUDENT APPLICATION

Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) is a pre-college program designed to guide middle and high school students on the path to college and provide tools for academic success

There is no cost to participate in any GEAR UP activities or services.

Rowan College of South Jersey
GEAR UP Program
3322 College Drive, Vineland, NJ 08360
gearup@rcsj.edu | 856-200-4822 (Se habla español)



Dear Parent/Guardian:

Thank you for your interest in Gaining Early Awareness for Undergraduate Programs at Rowan College of South Jersey. The program is designed to encourage and support students beginning in 7th grade through their first year in college. GEAR UP strives to improve their performance in school and prepare them to attend and succeed in college, by providing mentoring, tutoring, counseling, educational trips, and various enrichment activities.

The attached pages are the application for new students who wish to apply to the program. GEAR UP is a federally funded program that requires certain documentation to prove eligibility. **All pages must be completed and submitted together; any incomplete applications will not be considered.** Use the checklist below to ensure a complete application.

Complete and return the following. All information must be provided for your application to be considered.

- Page 3 – Applicant’s Information
- Page 4 – Family Information
- Page 5 – Student Records Release
- Page 6 – Rowan College of South Jersey Release and Waiver
- Page 7 – Free/Reduced Lunch Eligibility Form
- Page 8 – Authorization to be Photographed/Video Release
- Page 9 – Student Personal Statement, T-Shirt Size, and bus stop selection
- Page 10 – Student behavior contract
- Page 11 – Emergency Contact
- Page 12 – Standing Medical Orders and Authorization for Treatment
- Page 13 – Information sheet for parents

⇒ **Attach:**

- Current Proof of Address** (*Copy of recent utility bill or phone bill*)
- Copy of Student’s Transcript or report card** (*Must include current grades and standardized test scores*)

A completed application can be returned to your school or sent directly to the GEAR UP Program:

Rowan College of South Jersey Cumberland Campus

GEAR UP Program

3322 College Drive

Vineland, NJ 08360

Phone: 856-200-4822 (Se habla español)

Email: gearup@rcsj.edu

After receiving this information, we will contact you and your student with their application status within one to two weeks (this timeframe may vary during the annual reporting periods). In compliance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, personal information may not be released to a third party without written permission. All information will be kept confidential.



APPLICANT'S INFORMATION

Applicant's Legal Name:

First Middle Last Name

Sex: Male Female Non-binary Date of Birth: ____/____/____ Age: _____

Address:

Street City/State Zip Code

Social Security #: _____ - _____ - _____ No Social Security # Place of Birth: _____

Are you a U.S. Citizen? Yes No Years lived in NJ: _____ Current Grade: _____

Home Phone #: _____ Student Cell Phone #: _____

Check this box to "opt-in" to receive text messages from the GEAR UP Program to the above-listed cell phone number. You may remove yourself from this at any time by notifying a GEAR UP staff member.

Student Email Address: _____

Race/Ethnicity

- Hispanic or Latino
- American Indian or Alaska Native (*Non-Hispanic or Latino*)
- Asian (*Non-Hispanic or Latino*)
- Black or African American (*Non-Hispanic or Latino*)
- Native Hawaiian or Pacific Islander (*Non-Hispanic or Latino*)
- White (*Non-Hispanic or Latino*)
- Two or more races (*Non-Hispanic or Latino*)
- Race and/or Ethnicity Unknown

Current School: _____

- ⇒ Upon graduation from high school do you plan to attend college? **Yes** **No**
- ⇒ Do you have an IEP (Individualized Education Plan)? **Yes** **No**
- ⇒ Do you have a 504 Plan? **Yes** **No**

Applicant's Name (Print) Applicant's Signature Date

Parent/Guardian Name (Print) Parent/Guardian Signature Date



FAMILY INFORMATION

Language(s) preferred for contact:

English Only Spanish Only English/Spanish Other: _____

Parent/Guardian #1 Name: _____ **Cell Phone:** _____

Occupation: _____ Employer: _____ Work Phone: _____

Relationship to Student: _____ **Email:** _____

Check this box to “opt-in” to receive text messages from the GEAR UP Program to the above-listed cell phone number. You may remove yourself from this at any time by notifying a GEAR UP staff member.

Parent/Guardian #2 Name: _____ **Cell Phone:** _____

Occupation: _____ Employer: _____ Work Phone: _____

Relationship to Student: _____ **Email:** _____

Check this box to “opt-in” to receive text messages from the GEAR UP Program to the above-listed cell phone number. You may remove yourself from this at any time by notifying a GEAR UP staff member.

Highest Level of Education:

	8th Grade or under	Some High School	Completed High School	GED	Some College	Associate Degree	Bachelors Degree	Masters Degree	Doctorate Degree
Parent/Guardian #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student lives with: Both Parents Mother Only Father only Mother & Stepparent
 Father & Stepparent Grandparent Aunt or Uncle Legal Guardian/Other _____

Total Taxable Family Income (Optional): \$ _____ **Family Size:** _____
 (1040 Line 43, 1040A Line 27, 1040EZ Line 6-For previous calendar year) **(For statistical purposes only)**

Does/did any relative participate in the GEAR UP Program? Yes No

If yes, please provide name(s): _____

I consent to my son/daughter’s GEAR UP application and authorize the release of all necessary information, including grades and test scores. I attest that the statements contained in this document are accurate and true to the best of my knowledge.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



NEW STUDENT APPLICATION

STUDENT RECORD RELEASE FORM

Applicant's Legal Name:

_____	_____	_____
First	Middle	Last Name

Address:

_____	_____	_____
Street	City/State	Zip Code

Home Phone #: _____

Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____

No Social Security #

School: _____

City: _____

I consent to my son/daughter's GEAR UP participation and authorize the release of all records, including standardized test scores and attendance records to:

Rowan College of South Jersey Cumberland Campus
 GEAR UP Program
 3322 College Drive, Vineland, NJ 08360
 Phone: 856-200-4822 (Se habla español)
 Email: gearup@rcsj.edu

Applicant's Name (Print)

Applicant's Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



ROWAN COLLEGE OF SOUTH JERSEY RELEASE AND WAIVER

Parent/Guardian Approval for Participation in GEAR UP Program at Rowan College of South Jersey

Child's Name (please print): _____ DOB: _____

I hereby certify I am the parent or guardian of the above-named child ("minor child") and agree that my minor child has my approval to participate in the GEAR UP Program ("Activity") at Rowan College of South Jersey, beginning on the date indicated below.

I agree to allow my minor child to participate in the Activity and, on behalf of my minor child, our heirs, personal representatives, or assigns, affirm that my minor child is voluntarily participating in the Activity, which may or may not include transportation provided/hired by Rowan College of South Jersey. I assume all risks of injury, illness, or loss of personal property resulting from my minor child's participation in the Activity. This Release and Waiver of Liability include, without limitation, all injuries which may occur as a result of my minor child's participation in the Activity.

I understand the Activity may or may not include my minor child having access to online learning and interaction through platforms such as Blackboard, Google, Webex, etc. for purposes of online education, interacting with Activity participants, watching video lessons, or other reasons to further the purpose and benefits of the Activity. Access to these platforms may require Rowan College of South Jersey to use my minor child's personal information to create a user account to access the educational platform. I hereby grant Rowan College of South Jersey my consent to collect, use and disclose my minor child's personal information as explained in the Rowan College of South Jersey Web Privacy Policy (<https://www.rcsj.edu/privacypolicy>), and to create an account for my minor child. I further consent to my minor child's use of the account and other online platforms and acknowledge such use must comply with RCSJ's Acceptable Use Policy (<https://www.rcsj.edu/policies> - Acceptable Use of Technological Resources).

I agree to release and discharge Rowan College of South Jersey, all affiliates, employees, agents, representatives, successors, or assigns ("Released Parties"), from any and all claims or causes of action relating to the Activity and I agree to voluntarily give up and waive any right that I may have to bring legal action against Rowan College of South Jersey for personal injury or property damage. I further agree that this Release and Waiver will be binding upon my heirs and successors.

I further agree that if a claim is filed by a third party in connection with any of my minor child's conduct or behavior while engaged in the activity, I will indemnify and hold harmless Released Parties against any such claims, including attorneys' fees incurred by Rowan College of South Jersey in defending such claims.

I hereby consent to and authorize the use and reproduction by Rowan College of South Jersey, or anyone authorized by Rowan College of South Jersey, of any and all photographs, videography, and audio recordings that have been taken of my minor child during the Activity, without compensation to me, my minor child, or assignees.

I also give permission for my minor child to receive any emergency medical treatment by healthcare professionals, including emergency medical transportation, which may be required for injuries sustained by my minor child. I further agree to be responsible for any medical bill incurred as a result of any personal illness or injury to my minor child.

If any portion of this Release and Waiver from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release and Waiver shall remain in full force and effect and the offending provision or provisions will be severed here from. By signing this Release and Waiver, I acknowledge that I understand its content and that this Release and Waiver cannot be modified orally.

I acknowledge that I have carefully read this Release and Waiver and fully understand that it is a release of liability. I affirm that I am 18 years of age and competent to sign this document on behalf of my minor child.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



NEW STUDENT APPLICATION

Student's Name: _____

Date of Birth: ____/____/____

AUTHORIZATION TO BE PHOTOGRAPHED and/or FILMED.

YES – I hereby give permission for myself/my child to be photographed, filmed, and/or interviewed by television, newspaper, and/or other designated media arranged by Rowan College of South Jersey and sponsorship affiliates for the purpose of promoting the GEAR UP Program. I agree to the use of my/my child's image, likeness, photograph (s), videotape, and/or film recording of my/my child's voice, conversation, and sounds during and in connection with the GEAR UP Program and/or sponsored events. The GEAR UP Program has permission to use my/my child's image in perpetuity and in all media now and hereafter devised.

I understand that these uses are for the sole promotion and support of the GEAR UP Program, a nonprofit organization striving to improve students' academic achievement as a means of successfully gaining admission into colleges and universities. I further give permission for the use of my image as the participating parent. I further acknowledge that I have read this release and I will indemnify the GEAR UP Program against any and all claims, liability, and expenses with respect to the above agreement. I agree to adhere to the agreement's provisions.

NO – I do not give permission.

Applicant's Name (Print)

Applicant's Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian signature

Date



STUDENT'S PERSONAL STATEMENT

Student's Name: _____

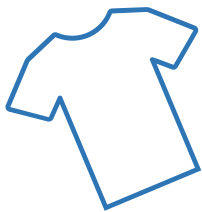
Date: _____

WHY DO YOU WANT TO BE A GEAR UP STUDENT?

Student's Signature: _____

Date of Birth: ____/____/____

PLEASE SELECT THE T-SHIRT SIZE YOU WOULD PREFER. (Men's sizing)



S	M	L	XL	2XL	3XL	4XL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION IS PROVIDED TO/FROM RCSJ CUMBERLAND CAMPUS

Transportation is provided to/from RCSJ Cumberland Campus and on all trips if selected; you will be provided with the bus route and schedule via email.

Please select your preferred bus stop:

- Bridgeton High School**
- ExCEL Program**
- Quarter Mile Lane School**
- My student will be picked up and dropped off:** *(If you selected this option please specify below)*

Who is picking up the student: _____ Relationship to student: _____

Phone number: _____ Cellphone Home Number



GEAR UP SCHOLAR ACCEPTABLE BEHAVIOR CONTRACT

All students will....

1. participate in and attend GEAR UP program activities and events when possible.
2. listen and follow the instruction on the bus, in classrooms, on campus, and on trips and college visits.
3. refrain from physical or verbal abuse/assaults of yourself, peers, and staff.
4. communicate with peers and staff respectfully and appropriately.
5. uplift and encourage one another with your words and actions therefore, teasing, taunting, fighting, and/or bullying are unacceptable behaviors for GEAR UP Scholars and will result in termination from the program.
6. respect for self, peers, and staff is an expectation at all times.
7. under no circumstance use or consume alcohol, drugs, or smoking (including vaping/e-cigarettes) or possess related paraphernalia. Possession or use of such substances will result in expulsion from the GEAR UP program.
8. take good care of school property and clean up after yourself.
9. modest dressing is acceptable; therefore, no students are allowed to wear revealing or inappropriate clothing (halter tops, shorts or skirts that are higher than the length of the arm at one's side, mid-drifts, belly-exposing tops, see-through clothing, offensive/obscene messages on clothing, etc....)
10. students must wear closed-in shoes when participating in all outdoor activities.
11. for safety and precautionary reasons, students should not wear excessive jewelry.
12. students are to be respectful and **PRESENT** in the classroom so no use of audio or visual equipment unless included in academic instruction (headphones, cell phone, iPad, etc.)
13. **ABSOLUTELY NO WEAPONS OF ANY KIND** (pocketknives, razor blades, box cutters, guns, slingshots, etc.) or any other device that can be used to inflict bodily harm.
14. abide by a zero-tolerance policy for harassment, threats, and fighting. This includes verbal, physical, and internet/cell phone.
15. under no circumstance participate in gang-related activities during or outside of the GEAR UP program.
16. do their best to be leaders in their communities and schools.
17. bring GEAR UP Energy to all activities, classes, and workshops by giving 100% dedication to the program by attending regularly, completing all assignments, attending college tours and educational field trips, and all resources designed to cultivate college readiness.



GEAR UP is here to provide academic and personal guidance to help you achieve your goals. Being a GEAR UP scholar is a privilege, so please remember that we must treat others the way we would like to be treated.

I have read the above rules and regulations. I understand that if I violate any of these rules I may be terminated from the program.

Applicant's Name (Print)

Applicant's Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



EMERGENCY CONTACTS

In the event that any problems arise while the student is participating in GEAR UP activities, parents will be notified, and the student will be returned home or to the designated other responsible adult(s) listed below. If a medical emergency arises, a GEAR UP staff member will take the student to the nearest hospital emergency room, and the parent or guardian will be notified as soon as possible.

GEAR UP will need two telephone numbers for all students (day & evening) and a telephone number for at least one other responsible adult in case the parent cannot be reached.

(Please print clearly below)

Student's Name: _____ Date of Birth: ____/____/____

Social Security #: ____/____/____ I do not have a social security number *(this does not affect eligibility)*

Parent/Legal Guardian's Signature: _____ Date: _____

Home Address:

_____ Street City State Zip Code

Telephone where a parent/guardian can be reached:

PARENT/GUARDIAN #1

Name: _____ Day: (____) _____ Evening: (____) _____

PARENT/GUARDIAN #2

Name: _____ Day: (____) _____ Evening: (____) _____

If your parent/guardian cannot be reached, name a designated other responsible adult whom we can contact:

EMERGENCY CONTACT #1

Person's name: _____

Relationship to Student: _____ Phone #: (____) _____

Home Address:

_____ Street City State Zip Code

EMERGENCY CONTACT #2

Person's name: _____

Relationship to Student: _____ Phone #: (____) _____

Home Address:

_____ Street City State Zip Code



AUTHORIZATION FOR TREATMENT

Student's Name: _____ Date of Birth: ____/____/____

(MUST BE SIGNED BY PARENT OR GUARDIAN)

To the best of my knowledge, the health history that I have provided is correct. I give my consent for medical treatment of my child in the Inspira Medical Center Vineland or the nearest hospital. In case of emergency, I consent to referral, transfer, and treatment in an emergency room or appropriate facility.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____/____/____

A copy of this form will be sent to the hospital at the time of transfer.

INSURANCE COMPANY: _____ **I DO NOT HAVE HEALTH INSURANCE**

NAME OF SUBSCRIBER: _____ RELATIONSHIP TO PATIENT: _____

INSURANCE POLICY NUMBER: _____

PRIMARY CARE PROVIDER: _____ PHONE #: (____) _____

Information MUST be provided

STANDING MEDICAL ORDERS

If your child is taking medications that are life-critical (inhalers, epi-pens, etc.) please provide the GEAR UP office with an extra in case your child loses theirs. Please sign to indicate that the GEAR UP program is permitted to provide the following to your student when needed:

- ⇒ **Bug Bites/Stings/Poison Ivy** May use Caladryl, Calamine lotion, Sting Kill Swabs, Ivy Kill, or Hydrocortisone cream 0.5%.
- ⇒ **Minor Burns (Sun Burn)** Bactine, Aloe, or burn cream may be used.
- ⇒ **Gastric Upset** Basic Antacid or Soda Crackers may be given.

Parent/Guardian Signature: _____ **Date:** _____

I give GEAR UP permission to care for my child in my absence.

Parent/Guardian Signature: _____ **Date:** _____

⇒ **Yes** **No** Does your student have any allergies or medical conditions we should be aware of (for example, food or medications) If yes, please list/describe:

IN THE EVENT OF ILLNESS OR INJURY EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN



----- Please retain for your information -----

Visit us online @ www.rcsj.edu/gearup

The GEAR UP Program at RCSJ is designed to support students and their families as they explore, prepare for, navigate, and pursue postsecondary education.

The GEAR UP Program serves students in grades 7-12 at Bridgeton City Public Schools to assist. We are actively recruiting students from our partner schools:

Bridgeton High School, ExCEL Program, Quarter Mile Lane School, and West Avenue School

There is no cost for participation in any GEAR UP service or activity. Transportation and meals are provided when necessary.

Any student in grade 7 through 12 in our target schools are eligible to participate. We do not ONLY select high-achieving students. The students we want in our program are highly motivated to pursue higher education and will participate in all the services we have to offer.

We provide services to parents/guardians by involving them in their child's education and hosting special postsecondary and financial aid workshops.

GEAR UP Scholars will have access to:

- After-school tutoring
- Academic Year and Summer enrichment programs on RCSJ Cumberland Campus
- Academic advising and personal counseling.
- Mentoring
- Leadership development activities
- Cultural and educational trips
- College visits and tours
- College application assistance
- Financial aid information workshops
- Scholarships
- PSAT and SAT preparation classes
- Parent activities

Rowan College of South Jersey Cumberland Campus

GEAR UP Program

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