



Rowan College of South Jersey

# NEW STUDENT APPLICATION

## 2022-2023

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 (habla español)**



# NEW STUDENT APPLICATION

## 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 the 7th through their first year in college to improve their performance in school and prepare to attend and succeed in college, by providing mentoring, tutoring, counseling, 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 as soon as possible. **Any incomplete applications will not be considered and returned.** 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 and Family Information
- ☐ Page 4 – Student Records Release
- ☐ Page 5 – Rowan College of South Jersey Release and Waiver
- ☐ Page 6 – Free/Reduced Lunch Eligibility Form
- ☐ Page 7 – Authorization to be Photographed/Video Release, T-Shirt Size
- ☐ Page 8 – Student Statement
- ☐ Page 9 – Emergency Contact
- ☐ Page 10 – Standing Medical Orders and Authorization for Treatment

### ⇒ Attach

- ☐ Current Proof of Address (Copy of utility bill or phone bill)
- ☐ Copy of Student’s Transcript (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 (habla español)**

**Email: [gearup@rcsj.edu](mailto:gearup@rcsj.edu)**

After we receive this information, we will be contacting you and your son/daughter with their application status. 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.



# NEW STUDENT APPLICATION

## APPLICANT'S INFORMATION

Applicant's Legal Name: \_\_\_\_\_ Sex: M F  
First Middle Last

Address: \_\_\_\_\_  
Street City/State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ No Social Security # Place of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

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

### 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

## FAMILY INFORMATION

Language(s) Spoken at home: ☐ English Only ☐ Spanish Only ☐ English/Spanish ☐ Other: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

### Highest Level of Education of:

	8th Grade	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 ☐ Father ☐ Mother & Step-parent ☐ Father & Step-parent  
☐ 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 release of all necessary information, including grades and test scores. I attest the statements contained in this document are accurate and true to the best of my knowledge.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



# NEW STUDENT APPLICATION

## STUDENT RECORD RELEASE FORM

**Applicant's Legal Name:** \_\_\_\_\_

First

Middle

Last

**Address:** \_\_\_\_\_

Street

City/State

Zip Code

**Home Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

☐ **No Social Security #**

**School:** \_\_\_\_\_

Name

City

I consent to my son/daughter's GEAR UP participation and authorize release of any and 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 (habla español)**

**Email: gearup@rcsj.edu**

\_\_\_\_\_  
**Print Applicant's Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**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):** \_\_\_\_\_

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 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 includes, without limitation, all injuries which may occur as a result 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, Canvas, 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 a 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 herefrom. 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.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**



## NEW STUDENT APPLICATION

### FREE/REDUCED LUNCH ELIGIBILITY FORM

#### Statement from School Concerning Eligibility for Free/Reduced Lunch

I certify that \_\_\_\_\_ ☐ is / ☐ is not eligible for the  
(Print Student's Name)

Free or Reduced Lunch Program for the current school year as dated below at

\_\_\_\_\_ school.  
(School Name)

\_\_\_\_\_  
(Authorized Signature) (Title) (Date)



## NEW STUDENT APPLICATION

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **AUTHORIZATION TO BE PHOTOGRAPHED and/or FILMED**

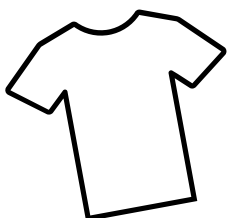
I hereby give permission for myself/my child to be photographed, filmed and/or interviewed by television, newspaper, and/or other designated media arranged by Rowan College of South Jersey and sponsorship affiliates for the purpose of promoting the GEAR UP Program. I agree to the use of my/my child's 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 expense with respect to the above agreement. I agree to adhere to the agreement's provisions.

\_\_\_\_\_  
Print Applicant's Name                      Applicant's Signature                      Date

\_\_\_\_\_  
Print Parent/Guardian Name                      Parent/Guardian Signature                      Date

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



S	M	L	XL	2XL	3XL



## NEW STUDENT APPLICATION

**Student's Name:** \_\_\_\_\_

**STUDENT STATEMENT:** WHY DO YOU WANT TO BE A GEAR UP STUDENT?

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**Student's Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_





**IN THE EVENT OF AN EMERGENCY, WHOM SHOULD WE CONTACT?**

***Emergency Numbers***

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 listed below by a GEAR UP Counselor. 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 of another responsible adult in case the parent cannot be reached.

**(Please print clearly below)**

**Student's Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ☐ **No Social Security #**

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Telephone where your parent/guardian can be reached:**

Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

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

Person's name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



## NEW STUDENT APPLICATION

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### STANDING MEDICAL ORDERS

\*\*\* If your child is taking medications that are life critical (inhalers, epi-pens, etc.) please give us an extra in case your child loses theirs.

**Bug Bites/Stings/Poison Ivy** May use Caladryl, Calamine lotion, Sting Kill Swabs, Ivy Kill, or Hydrocortisone cream 0.5% Signature \_\_\_\_\_

**Minor Burns (Sun Burn)** Bactine, Aloe, or burn cream may be used Signature \_\_\_\_\_

**Gastric Upset** Basic Antacid or Soda Crackers may be given Signature \_\_\_\_\_

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

\_\_\_\_\_  
(Parent/Guardian) Signature                      Date

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

### AUTHORIZATION FOR TREATMENT (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. 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 time of transfer.**

INSURANCE COMPANY: \_\_\_\_\_

NAME OF SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

INSURANCE POLICY NUMBER: \_\_\_\_\_

PRIMARY CARE PROVIDER: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

\*Information MUST be provided\*



## NEW STUDENT APPLICATION

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

Visit us online @ [www.rcsj.edu/gearup](http://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 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

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**GEAR UP Program**

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

**Email: [gearup@rcsj.edu](mailto:gearup@rcsj.edu)**