



GEAR UP

Rowan College of South Jersey

NEW STUDENT APPLICATION WITH SUMMER ACADEMY 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)**



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, Student Statement

⇒ 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)

⇒ Summer Academy Forms

- Page 8 – Summer Academy Permission Release
- Page 9 – Student Acceptance Contract and Transportation
- Page 10 – Emergency Contact
- Page 11 – Standing Medical Orders and Authorization for Treatment
- Page 12 – Acceptable Behavior Contract

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

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



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

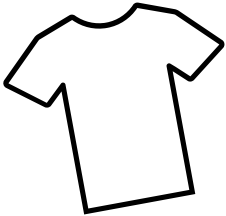
 Date

 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

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



NEW STUDENT APPLICATION

GEAR UP SUMMER ACADEMY

July 5 – August 11

**Monday through Thursday from 9 am – 2 pm*
at Rowan College of South Jersey Cumberland Campus**

Meals and Transportation Provided

Current 6th-11th graders from:

Bridgeton High School - Quarter Mile Lane School - West Avenue School - ExCEL Program

Students will participate in academic enrichment classes in subjects including Math, ELA, Humanities and Science. We strive to make our classrooms interactive, hands-on and project-based. Students will also visit college campus and experience educational field trips.

Parents are invited to attend the Summer Academy Closing event on August 11.

More information will be available at the Student and Parent Orientation in June

Please complete the following forms if you are interested in attending the GEAR UP Summer Academy.

Applicant's Name: _____

PERMISSION RELEASE

I give my consent for my child to participate in the 2022 GEAR UP Summer Academy. I am aware that in registering my child for participation in the GEAR UP Summer Academy I am waiving and releasing all claims for injuries my child might sustain out of participation in program activities as well as transportation to and from program activities. Every effort is being made to provide for safety and conduct of the student during classes, field trips and transport. Staff should not be expected however to go beyond reasonable limits to check on student behavior. Students are expected to conduct themselves in such a way as not to require the undue attention of staff.

The discipline codes of Rowan College of South Jersey are in effect and will be strictly enforced. By signing the permission slip, you will hold harmless the GEAR UP Program and Rowan College of South Jersey for any accidents, injuries, losses or damages, which may occur during program activities as well as transportation to and from classes, activities and field trips.

I consent to my son/daughter's GEAR UP application and agree to the above authorization, release and participation.

Print Applicant Name

Applicant Signature

Print Parent/Guardian Name

Parent/Guardian Signature

*Tentatively



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

ACCEPTANCE CONTRACT

I, _____(student), pledge that upon my acceptance into the GEAR UP summer program I will abide by all rules and regulations. I will attend all classes and complete all classroom and homework assignments as part of my contract and will not have more than **two lateness and/or absences**. In the event that I may miss more than two days, I understand that I can be dismissed from the program.

Rowan College of South Jersey is an institution of higher learning and I must conduct myself accordingly. If I should violate any of the rules and regulations, I am aware that I may be dismissed from the summer program.

Parents and students must read and sign the contract to make it valid.

Upon signing this acceptance contract, I verify that I have read and understood the above conditions and agree to the same.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION IS PROVIDED TO/FROM RCSJ CUMBERLAND CAMPUS

My child will board the bus at:

- Bridgeton High School
- ExCEL Program School
- Quarter Mile Lane School
- My child will **NOT** use the provided transportation and will be dropped off and picked up at RCSJ's Cumberland Campus.
 - ⇒ Morning drop offs must arrive on campus between 8:30am-9:00am
 - ⇒ Afternoon pick ups will be at 2:00pm



Student's Name: _____ **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



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



GEAR UP SUMMER ACADEMY Acceptable Behavior for GEAR UP Scholars

1. Daily attendance and punctuality are mandatory.
2. ALL STUDENTS **MUST** ATTEND THE CLOSING CEREMONY ON August 11th, 2022.
3. Refrain from physical or verbal abuse/assaults of yourself, peers or staff.
4. Communicate with peers and staff respectfully and appropriately.
5. Uplift and encourage one another with your words and actions therefore, teasing, taunting, and/or bullying are unacceptable behaviors for GEAR UP Scholars and will result in termination from the program.
6. Respect of Self, Peers, and Staff is an expectation at all times.
7. Food and drinks are allowed in the cafeteria. Only water can be brought into classroom.
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 College Bound instruction (cell – phone, I - pad, etc.)
13. **ABSOLUTELY NO WEAPONS OF ANY KIND** (pocketknives, razor blades, box cutters, guns, sling shots, etc.) or any other device that can be used to inflict bodily harm.
14. Water guns, water balloons or any device used to spray water is not allowed on campus.
15. Complete all assignment within the timeframe allotted for each course.
16. Give 100% dedication to the program by attending the academy regularly, completing all assignment, attending college tours and educational field trips, and all resources designed to cultivate college readiness.

GEAR UP is here to make your **summer enjoyable** and **educational**. Let's remember that we must treat others the way we would like to be treated. If we try to remember this, our summer will be a lot more fun.

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.

Print Student's Name: _____ **Student's Signature:** _____

Parent's Signature: _____



NEW STUDENT APPLICATION

----- 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**
- **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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