



Dear Parent/Guardian,

Thank you for your interest in the Salem Community College NJ College Bound/Gear UP Program. The program is designed to encourage, support and help improve student and school performance by providing mentoring, tutoring, test prep, counseling, college preparation and visits, cultural trips, and a Summer Enrichment program for Penns Grove Middle and High School Students. Parent Workshops are also part of this program.

NJ College Bound/Gear UP is a state funded program that requires certain documentation to prove eligibility. All pages must be completed and submitted to your child's **school counseling or Salem Community College** office by _____.

Any incomplete applications will not be considered.

Use the checklist below to ensure a complete application.

- Page 2—**Application Information** – *SNN is REQUIRED*
- Page 3 – **Family Information**
- Page 4 – **Essay**
- Page 5 – **Student Record Release & Parents' Consent**
- Page 6 – **Emergency Contact**
- Page 7 **Oath**
- Page 8- **School Counselor Recommendation & Teacher's Recommendation**

All information is confidential and will be submitted by the teacher and school counselor to the School Counselor's office. The recommendations will be added to the application once the completed student application is submitted. **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.**

Once all information is received, someone will contact you and your son/daughter concerning the application status.

All completed applications can be submitted to the School *Counseling office or mailed to:*

Salem Community College
NJ College Bound Program
460 Hollywood Avenue
Carneys Point, NJ 08069



APPLICANT INFORMATION

Applicant's Legal Name _____
First Middle Last

Sex: M F

Address: _____
Street City/State Zip Code

Home Phone #: _____ Date of Birth: ____/____/____

Age: _____ Place of Birth: _____

Social Security #: _____
(REQUIRED)

Email Address: _____@_____

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

Are you of Hispanic origin? No Yes Please check one: Puerto Rican Mexican
 Dominican Cuban Central/South American Other: _____

Race: American Indian/Alaska Native African-American Native Hawaiian/Pacific Islander

White, Caucasian Asian Other: _____

Current School: _____

Upon graduation from high school do you plan to attend college? Yes No

Are you eligible to participate in the Free/Reduced Lunch Program at your school? Yes No



FAMILY INFORMATION

Print Mother's/Guardian 1 Name: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____ Employer: _____

Print Father's/Guardian 2 Name: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____ Employer: _____

Student lives with: Both Parents Mother Father Mother & Step-parent Father & Step-parent Grandparent Aunt or Uncle Legal Guardian Other

Please check Highest Level of Education of:

	8th Grade	Some High School	Completed High School	GED	Some College	Associate Degree	Bachelors Degree	Masters Degree	Doctorate Degree
Mother Guardian 1									
Father Guardian 2									

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

Family Size: _____

Does/did any relative participate in the College Bound/Gear UP Program? Yes No

If yes, please provide name: _____

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



Print Parent/Guardian Name

Parent/Guardian Signature

Date

Essay

What is one personal and one academic goal you would like to achieve this academic year?
What makes these goals significant?

Lined area for writing the essay.



Student Records Release Form

I consent to my son/daughter's College Bound participation and authorize release of any and all records including standardized test scores and attendance records to Salem Community College, College Bound/Gear UP Program:

Print Applicant's Name Applicant's Signature Date

Print Parent/Guardian Name Parent/Guardian Signature Date

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 Salem Community College for the purpose of promoting the College Bound/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 College Bound's programs and/or sponsored events. The College Bound/Gear UP Program has permission to use my/my child's image in perpetuity and in all media now and hereafter devised.

I further acknowledge that I have read this release and I will indemnify College Bound and Salem Community College against any and all claims, liability and expense with respect to the above agreement.

ACTIVITY, TRIP, AND TRANSPORTATION RELEASE

As either the parent or legal guardian of _____, permission is granted for my child to attend and participate in all activities and field trips under the guidance and direction of College Bound staff. I am aware that this release form must be signed below, in order for my child to board a bus or participate in the College Bound/Gear UP Program.

I am aware that in registering myself or my minor child for participation in College Bound, I will be waiving and releasing all claims for injuries I or myself might sustain arising out of the participation and transportation to and from College Bound sponsored events.

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

Print Applicant's Name Applicant's signature Date

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date



EMERGENCY RELEASE FORM

1st Emergency Contact Person: _____

Phone Number: _____

Relationship to Student: _____

2nd Emergency Contact Person: _____

Phone Number: _____

Relationship to Student: _____

1. Please check off any medical condition the student has been or is subject to?

- Asthma
- Diabetes
- Fainting Spells
- High/Low Blood Pressure
- Contact Lenses/Glasses
- Hearing Problems
- Allergy or reaction to any medication, food, plants, animals, etc.
 - o Explain: _____

2. Any other condition that may require emergency or special care, medication, or knowledge?

Yes No
Explain: _____

3. Student is restricted from participation in:

- Hiking, Camping
- Competitive sports
- Water Sports
- Other: Explain: _____

To the best of my knowledge, the information give above is correct and complete. I know of no reason to restrict the applicant's involvement and I give my permission for participation in all activities except those I have specifically stated. In the event that I cannot be reached in an emergency, I give my permission to the physicians, selected by the program director, to hospitalize and/or secure proper treatment for my child.

Parent Signature

Date



COUNSELOR RECOMMENDATION (To be completed by student's School Counselor)

Applicant's Name: _____

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Comments:

Counselor Print Name

Counselor Signature

Date

TEACHER RECOMMENDATION (To be completed by student's teacher)

Applicant's Name:

1. Relative to most applicants at his/her level, I consider the above applicant:

Below Average Average Above Average

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Comments:

Teacher Print Name

Teacher Signature

Date