



Salem Community College New Student Application



Dear Parent,

Thank you for your interest in the Salem Community College NJ GEAR UP Program. For Year One, 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 students in grades 7, 8, and incoming grade 9 students. Parent Workshops are also part of this program. Year Two will expand to include students in grades 10, 11 and 12.

NJ GEAR UP is a federally funded program that requires certain documentation to prove eligibility. The application for new students who wish to apply to the program are on pages 2 through 7. All pages must be completed and submitted to your child's **school counseling** office by **June 10, 2016**.

All applications received after the deadline will only be considered, if space is available. **Any incomplete applications will not be considered.**

Use the checklist below to ensure a complete application.

- Page 2— **Student Records Release - *Must be signed and dated***
- Page 3 – **Applicant Information**
- Page 4 – **Family Information**
- Page 5 - **Essay**
- Page 6 - **School Counselor Recommendation**
- Page 7- **Teacher 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 GEAR UP Program
460 Hollywood Avenue
Carneys Point, NJ 08069
NJ GEAR UP Records Release Form**



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Student Records Release Form

Applicant's Legal Name: _____
First Middle Last

Address: _____
Street City/State Zip Code

Home Phone #: _____ Cell Phone #: _____

Date of Birth: ____/____/____

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:

**Salem Community College
GEAR UP Program
460 Hollywood Avenue
Carneys Point, NJ 08069**

Print Applicant's Name

Applicant's Signature Date

Print Parent/Guardian Name

Parent/Guardian Signature Date



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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 Rica Mexican
 Dominican Cuban Central/South American Other: _____

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



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FAMILY INFORMATION

Print Mother's Name: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____ Employer: _____

Print Father's 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									
Father									

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 GEAR UP Program?
 Yes

 No

If yes, please provide name: _____

I consent to my son/daughter's CHAMP/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



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CONFIDENTIAL INFORMATION

NJ GEAR UP Recommendation Form

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

Applicant's Name: _____

We would appreciate your answers to the following questions that relate to the applicant.

1. To the best of your knowledge has the applicant ever:

- a) Been referred to anyone for academic evaluation, special testing or remedial instruction?
 Yes No
- b) Had an IEP classification? Yes No
- c) Been expelled from school? Yes No
- d) Been suspended from school? Yes No
- e) Been in the juvenile justice system? Yes No

2. How is the attitude and behavior of this applicant? (Check all that apply)

- Displays interest Frequent tardiness Assumes responsibility Accepts criticism
- Disruptive in class Has positive sense of self More effort needed Poor attendance

3. Does the applicant receive free or reduced lunch? No If yes: Free Lunch Reduced lunch

4. Compared to other students in his/her class, how do you rate this student in terms of:

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encounters in my career
Academic Achievement						
Extracurricular Accomplishments						
Personal Qualities & Character						
Creativity						

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Comments:



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Counselor Print Name _____

Counselor Signature _____

Date _____

CONFIDENTIAL INFORMATION

NJ GEAR UP Recommendation Form

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

Applicant's Name: _____

1. I have known the applicant for:
 - Less than one year
 - One to two years
 - More than two years
2. How are this applicant's academic work habits?
 - Needs additional preparation and study time
 - Good working habits
 - Shows potential for more advanced study
3. How is the attitude and behavior of this applicant? (Check all that apply)
 - Displays interest
 - Constant tardiness
 - Disruptive in class
 - Has positive sense of self
 - More effort needed
 - Accepts criticism
 - Poor attendance
 - Assumes responsibility

4. Please evaluate the applicant on each characteristic by checking the appropriate rating

	No basis for Judgement	Below Average	Average	Above Average
Has a foundation in basic skills				
Completes Assignments				
Intellectual Ability				
Creativity/Ingenuity				
Grasps fundamental ideas/concepts				
Oral Expression				
Cooperation				
Classroom Attendance				

5. 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

Additional Comments:

Teacher Print Name

Teacher Signature

Date