



NEW STUDENT APPLICATION

Gaining Early Awareness and
Readiness for Undergraduate Programs

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.

APPLICANT'S INFORMATION

Applicant's Legal Name: _____
First Middle Last

Sex: Male Female Non-binary

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: _____

Are you of Hispanic/Latinx origin? No Yes If YES, please check one:
Puerto Rican Mexican Dominican Cuban Central/South American Other: _____

Race:
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: _____

Unique Priority Student Designations

Do you have any of the following designations?

IEP (Individualized Education Plan)?	Yes	No
Do you have an LEP?	Yes	No
Disabilities?	Yes	No
Homeless?	Yes	No
Foster Care?	Yes	No
Participation in Trio program?	Yes	No

NEW GEAR UP SCHOLAR APPLICATION

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: _____

Level of Education Guardian # 1

8th grade

High School

GED

Some College

Associates Degree

Bachelor's Degree

Master's Degree

Trade

Other

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

Occupation: _____ Employer: _____ Work Phone: _____

Relationship to Student: _____ Email: _____

Level of Education Guardian # 2

8th grade

High School

GED

Some College

Associates Degree

Bachelor's Degree

Master's Degree

Trade

Other

Do any relatives participate in GEAR UP? Yes No

If yes, please provide name(s): _____

Total Taxable Family Income (Required): \$ _____

Family Size: _____

(1040 Line 43, 1040A Line 27, 1040EZ Line 6-For previous calendar year) (For statistical purposes only)

FREE/REDUCED LUNCH ELIGIBILITY FORM

Statement from School Concerning Eligibility for Free/Reduced Lunch

I certify that _____ is / is not eligible for the Free or
(Print Student's Name)

Reduced Lunch Program for the current school year as dated below at _____ school.
(School Name)

(Authorized Signature)

(Title)

(Date)

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.

Telephone where your parent/guardian can be reached:

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

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

Person's name: _____

Relationship: _____ Phone #: (____) _____

Home Address: _____

City

State

Zip Code

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%

Minor Burns (Sun Burn) Bactine, Aloe, or burn cream may be used

Gastric Upset Basic Antacid or Soda Crackers may be given

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 (Example: 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: _____

PRIMARY CARE PHONE #: (____) _____

Information MUST be provided

CONSENT TO RELEASE GRADES/ TEST SCORES

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 the statements contained in this document are accurate and true to the best of my knowledge.

Yes, I give consent

No, I don't give consent

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

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

Attach Required Documents

If you have any of the documents listed below, attach with the application.

- Current Report Card
- Final Report Card
- Transcript
- Standardized test scores: SAT, ACT, NJSLA

Ready to Submit?

Please ensure you have provided all necessary information before submitting the application. Once submitted program staff will reach out for next steps.