

CHAMP/GEAR UP PROGRAM

ROWAN UNIVERSITY

2022-2023

New Student Application

CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102
Phone: (856) 361-2920

Dear Parent:

Thank you for your interest in the Creating Higher Aspirations & Motivation Project/Gaining Early Awareness for Undergraduate Programs. The program is designed to encourage and support 6th-12th grade students to improve their performance in school and prepare to attend 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. CHAMP/Gear Up is a federally funded program that requires certain documentation to prove eligibility. All pages must be completed and submitted together within **two weeks**. 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.

Complete and return the following:

- Page 1-Application's Information and Family Information
(ALL information must be provided for your application to be considered.)
- Page 2-Student Records Release
(Must be signed and dated.)
- Page 3-Rowan University Release and Waiver
- Page 4-Teacher Recommendation
- Page 5-Counselor Recommendation
- Authorization to Be Photographed
- Copy of Student's Social Security Card
- Copy of Student's Transcript
(Must include current grades and standardized test scores)

Please turn in your completed application to your school counselor or CHAMP representative.

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

BUS PICKUP LOCATIONS (IF TRANSPORTATION IS AVAILABLE)

My child would like to board the bus at:

- _____ Camden High School Complex
- _____ Camden's Promise Charter
- _____ Cooper's Poynt School
- _____ Morgan Village Academy
- _____ Woodrow Wilson High School
- _____ H.B. Wilson Family School
- _____ Rowan University at Camden

CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102

APPLICANT'S INFORMATION

Application'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 #: _____ - _____ - _____ Place of Birth: _____
(REQUIRED)

Email Address: _____@_____.

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

Are you of Hispanic/Latinx 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, Anglo Caucasian
 Asian Other: _____

Current School: _____

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

FAMILY INFORMATION

Mother/Female Guardian Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Email: _____

Father/Male Guardian Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Parent's Email: _____ -

Highest Level of Education

	8th Grade	Some High School	Completed High School	GED	Some College	Associate Degree	Bachelors Degree	Masters Degree	Doctorate Degree
Mother	<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"/>
Father	<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 (Required): \$ _____ 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 CHAMP/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 the statements contained in this document are accurate and true to the best of my knowledge.

 Print Parent/Guardian Name

 Parent/Guardian Signature

 Date

Rowan University
CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102
Phone: (856) 361-2920

STUDENT RECORD RELEASE FORM

Application's Legal Name: _____
First Middle Last

Address: _____
Street City/State Zip Code

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

Student ID# (Found on report Card) #: _____ - _____ - _____

School: _____
Name City

I consent to my son/daughter's CHAMP participation and authorize release of any and all records including standardized test scores and attendance records to:



**129 North Broadway
Camden, NJ 08102
Phone: (856) 361-2920**

Print Applicant's Name

Applicant's Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102
Phone: (856) 361-2920 Fax: (856) 361-2932

COUNSELOR RECOMMENDATION (To be completed by student's Guidance 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/504 Plan? Yes No
 - c) Been expelled from school? Yes No
 - d) Been suspended from school? Yes No
 - e) Been in trouble with the law? Yes No

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

<input type="checkbox"/> Displays interest	<input type="checkbox"/> Frequent tardiness	<input type="checkbox"/> Assumes responsibility	<input type="checkbox"/> Accepts criticism
<input type="checkbox"/> Disruptive in class	<input type="checkbox"/> Has positive sense of self	<input type="checkbox"/> More effort needed	<input type="checkbox"/> Poor attendance

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

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

Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encounters in my career
------------------	---------	-------------------------	-----------------------------------	------------------------	--

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Academic Achievement			
Extracurricular Accomplishments			
Personal Qualities & Character			
Creativity			

Comments:

Counselor Print Name

Counselor Signature

Date

Please submit this form with a copy of the student's transcript including current grades and standardized test scores.

Please return to CHAMP Program . All recommendations will be kept confidential.

CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102
Phone: (856) 361-2920

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

Applicant's Name: _____

1. I have know the applicant for:
- Less than one year One to two years More than two years
2. How are this applicant's academic work habits?
- Good working habits
 Shows potential for more advanced study
 Needs additional preparation and study time
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:

Has a foundation in basic skills	No basis for Judgment	Low	Average	High
Completes Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasps fundamental ideas/concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Attendance	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please return to the CHAMP PROGRAM. All recommendations will be kept confidential.

CHAMP/GEAR UP PROGRAM

129 North Broadway Camden, NJ 08102
Phone: (856) 361-2920

Applicant's Name: _____

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 University and Subaru of America Foundation, Inc. for the purpose of promoting the CHAMP 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 CHAMP Program and/or sponsored events. The CHAMP 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 CHAMP 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 CHAMP Program against any and all claims, liability and expense with respect to the above agreement. I agree to adhere to the agreement's provisions.

DISSECTION PARTICIPATION

The CHAMP Program believes that the primary purpose of science education is to provide students with the conceptual understanding and scientific process skills required to function effectively in a scientific, technology oriented society. We aim to provide for the appropriate use and care of organisms and to establish guidelines that promote respect for life and help develop an understanding of all living things which will extend beyond the applications of the classroom laboratory.

The CHAMP Program has a deep appreciation for living things and expects dissection to be approached in a respectful and purposeful way. All experiments shall be carried out under the supervision of a classroom science teacher. However, those students not wishing to participate in dissection may refrain from the participation in, or observation of, a dissection.

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.



S	M	L	XL	2XL	3XL



Rowan University

ROWAN UNIVERSITY RELEASE AND WAIVER

Parent/Guardian Approval for Participation in CHAMP/GEAR UP Program at Rowan University

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 CHAMP/GEAR UP Program ("Activity") at Rowan University, to be held: September 2022 – August 2023.

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 University. 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 University to use my minor child's personal information to create a user account to access the educational platform. I hereby grant Rowan University my consent to collect, use and disclose my minor child's personal information as explained in Rowan University's Web Privacy Policy (<http://go.rowan.edu/privacy>), 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 Rowan's Acceptable Use Policy (<https://go.rowan.edu/aup>).

I agree to release and discharge Rowan University, 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 University 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 University in defending such claims. I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University, 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 assigns.

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



**The function of education is to teach one to think intensively and to think critically.
Intelligence plus character - that is the goal of true education.**

Martin Luther King, Jr.