

CHAMP/GEAR UP Program
2024-2025
Student Interest 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 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-Counselor/Teacher Recommendation
- Copy of Student's Social Security Card
- Copy of Student's Transcript
(Must include current grades and standardized test scores)

Send the completed application to:

**Rowan University
CHAMP/GEAR UP Program
129 North Broadway
Camden, NJ 08102
Phone: (856) 361-2920**

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.

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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

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

3. Please list the students NJSLA Scores: Test Date: _____

- a) Math _____
- b) Language Arts _____
- c) Science _____

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

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

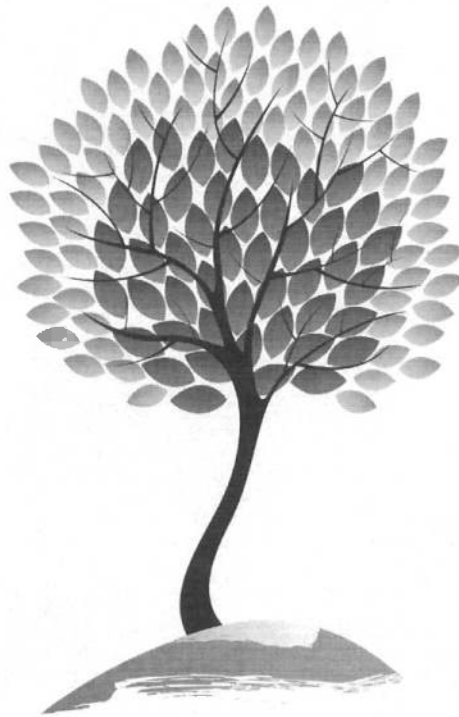
Counselor Print Name

Counselor Signature

Date

Believe in yourself, learn, and never stop wanting to build a better world.

Mary McLeod Bethune



129 North Broadway

CHAMP/GEAR UP PROGRAM
Camden, New Jersey 08102

PHONE: (856) 361-2920