

Submit Application by Monday, May 4th, 2015

Student Information

Name: _____
Last First Middle

Social Security #: _____ - _____ - _____ (Required by DOE) Student School ID #: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Home Address: _____
Street Apt. #
City State Zip Code

Email address: _____

Ethnicity: Black Hispanic/Latino Asian White Am. Indian Other: (Specify) _____

Are you a US citizen? Yes No (If not, do you have a green card?) Yes, #: _____

What language(s), other than English, is spoken in your home? _____

Education

School Name: _____ City where school is located: _____

What grade level will you be entering in September 2015? _____ Expected graduation date: ____/____

Current HS Cumulative GPA: _____ Current Class Rank _____

Guidance Counselor's Name: _____ Phone Number: _____

Do you want to go to college? Yes No If yes, what is your career goal? _____

Parent Information

Please indicate Parent/Guardian(s) you live with:

Mother's Name: _____ Father's Name: _____

Do you live with: Both Parents Mother Only Father Only Guardian: _____

If you live with a guardian, please state relationship & name (i.e., Aunt, etc.): _____

Home Phone #: _____ Alternate or Cell Phone #: _____

Marital Status of Parent/Guardian: Single Married Separated Divorced Widowed

Mother's level of education completed: Elementary School High School AD/AS BA/BS Grad School

Father's level of education completed: Elementary School High School AD/AS's BA/BS Grad School

Number of people in household: _____ Family Yearly Income Average: \$ _____

Is your child currently eligible for free or reduced lunch at school? Yes No

In case of an emergency, contact: _____
Name Relationship to Student

Emergency Contact Phone #s: (1) _____ Home (2) _____ Cell

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Other

SHIRT SIZE:

What t-shirt size do you wear?

- Small Medium Large
 X-Large XX-Large XXX-Large

FOOD:

- Are you a vegetarian? Yes No
 Do you have a special food requirement? Yes No
 Will you be fasting during the program? Yes No

If yes, will you need special accommodations? Please Specify: _____

*Note 1: If you require Kosher or Halal meals, you must check "Yes" for vegetarian.

**Note 2: If you check "No" for vegetarian, you may not opt for the vegetarian meals if the meal is not to your liking.

Certification

(Please Check Boxes Below)

- I certify that this information is true and correct to the best of my knowledge. I understand that this application is being made in connection with the receipt of Federal and State funds, and that Organization Officials may verify this information.
- I approve and authorize my child's application for the Rutgers University-Newark Aim High Academy.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Only completed applications will be considered for admission into Aim High Academy.

Please include the following information with your application:

- A short essay of at least 125 words explaining; "Why you are interested in becoming a participant in the Aim High Academy: Summer Earth Ecology Program?"
- A recommendation form from a teacher or guidance counselor
- Attach student's most recent report card/transcript
- Attach copy of income verification (i.e. federal tax forms, a pay stub, award letter from the welfare, unemployment, or social security office, or other, if applicable)
- Completed Parental Consent Form
- Completed Transcript and Report Card Release Form

Mail, fax or return completed application to office address below:

Aim High Academy: Summer Earth Ecology Program
 Rutgers University-Newark
 Academic Foundations Center
 Attn: Geneva Paul
 110 Warren Street, Bradley Hall 1st Floor/Room 122
 Newark, New Jersey 07102
 Telephone: (973) 353-3428 Fax: (973) 353-5700
 For questions or more copies of the applications go to:
<http://www.ncas.rutgers.edu/afc/aha>
 or email us at:
aim.high.rutgersnewark@gmail.com
geneva.paul@rutgers.edu

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Student Recommendation Form

There is no charge to participate for students or their families.

Applicant's Name: _____
Last
First
Middle

Social Security #: _____ - _____ - _____ *(Required by DOE)* Student School ID #: _____

Recommender's Name: _____
Last
First
Middle

Occupation: _____ Relationship to the Applicant: _____

How long have you known the applicant? _____ How well do you know the applicant? _____

In what capacity do have you known the applicant? _____

Areas	Excellent	Good	Fair	Poor
Intellectual				
Initiative				
Creativity				
Leadership				
Dependability				
Interpersonal Relations				
Diligence				
Team Work				

Additional comments:

RECOMMENDER SIGNATURE

DATE

Once your recommendation is completed submit to:
Aim High Academy: Summer Earth Ecology Program
 Rutgers University-Newark
 Academic Foundations Center
 Attn: Geneva Paul
 110 Warren Street, Bradley Hall 1* Floor/Room 122
 Newark, New Jersey 07102
 Telephone: (973) 353-3428 Fax: (973) 353-5700
 Email: aim.high.rutgersnewark@gmail.com
Geneva.paul@rutgers.edu

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**Aim High Academy: Summer Earth Ecology Program
Program Parental Consent Form**

Name _____

SS# _____

The Rutgers University-Newark Aim High Academy requires that all students submit a signed permission slip by a parent or guardian in order to participate in all program sponsored activities and field trips.

I hereby voluntarily grant permission for my son/daughter, _____, to participate in the Rutgers-Newark three-week residential Aim High Academy and do waive, release, and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees, and agents from and against all claims for bodily injury, death or property damage, arising in any manner out of the presence or activity of the participant in connection with this program.

- I give permission for my son or daughter to participate in the Aim High Academy.
- I do not give permission for my son or daughter to participate in the Aim High Academy.

Full Name of Parent/Guardian _____

Home Phone (____) _____ Cell Phone (____) _____

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

Student's Physician Name: _____ Telephone #: _____

Health Insurance Company: _____

Policy Number: _____

History of significant health problems:

Allergies to medications or foods: _____ Does the student carry an epi pen? Yes No

List any medications student will be taking:

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Aim High Academy: Summer Earth Ecology Program Transcript and Report Card Release Form

As a requirement of participation in the Aim High Academy grant program, we must receive a record of your final grades. Please complete and sign this form. If possible, please also include your School ID (or Social Security Number).
Transcripts may be unofficial.

I hereby grant permission for my school to release my transcript/report card to Aim High Academy grant program to Rutgers University-Newark for the purposes of program evaluation. *Please PRINT in ink!*

Last Name _____ First Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Birth Date _____ Graduation Date (_____)
(High School Only)

Name of School _____ School City _____

Grade _____ School ID _____

Student's Signature _____ Date (_____)

Parent's Signature _____ Date (_____)
(If student is not yet 18 years old)

FOR OFFICE USE ONLY

Forms Completed: <input type="checkbox"/> Parental Consent Form <input type="checkbox"/> Transcript Release <input type="checkbox"/> Behavior Agreement Folder Completed: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No Denied: <input type="checkbox"/> Yes <input type="checkbox"/> No Waiting List: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: 	
Completed by: _____ Date: _____	