

**NEW STUDENT APPLICATION**

**2022-2023**

**G**aining **E**arly **A**wareness and **R**eadiness for **U**ndergraduate **P**rograms (**GEAR UP**)

is a pre-college program designed to guide middle and high school students on the

path to college as well as provide tools for academic success.

*There is no cost to participate in any GEAR UP activities or services.*

**Mercer County Community College**

**GEAR UP Program**

**102 North Broad Street, Trenton, NJ 08608**

**Gearup@mccc.edu**

**609-570-3234**

**New Student Application**

**Dear Parent/Guardian:**

Thank you for your interest in Gaining Early Awareness for Undergraduate Programs at Mercer County Community College. The program is designed to encourage and support students beginning in the 7th through their first year in college to improve their performance in school and prepare to attend and succeed in 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. GEAR UP is a federally funded program that requires certain documentation to prove eligibility. All pages must be completed and submitted together as soon as possible. **Any incomplete applications will not be considered and returned.** Use the checklist below to ensure a complete application.

**Complete and return the following pages 3-12**. ALL information must be provided for your application to be considered.

* Page 3 Applicant’s Information
  + - (All information must be provided for your application to be considered)
* Page 4 Family/Household Information
* Page 5 Contract of Participation and Student Records Release
  + - (Must be signed and dated)
* Page 6 Unofficial Standardized Test Scores
* Page 7 Mercer County Community College Release and Waiver
* Page 8 Media Release Waiver / Authorization to be Photographed / Video Release, T-Shirt Size
* Page 9 Emergency Contact Form
* Page 10 Counselor Recommendation
* Page 11 Teacher Recommendation
* Page 12 Student Statement “Why?”
* Page 13 Program Overview (your copy to keep)

**⇒ Attach**

* Current Proof of Address (Copy of utility bill or phone bill)
* Copy of Student’s Transcript (Must include current grades and standardized test scores)

A completed application can be returned to your school or sent directly to the GEAR UP Program:

**Mercer County Community College**

**GEAR UP Program**

**102 North Broad Street**

**Trenton, NJ 08608**

[**Gearup@mccc.edu**](http://?)

**609-570-3234**

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**

**Please Print All Information in Blue or Black Ink Only!**

Name of Student:

Last Name First Name Middle Initial

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_/\_\_/ Age: \_\_\_\_\_\_\_\_\_\_Gender:  Male  Female

Home Address: Number Street Apt. # City State Zip

Race:  Black  Hispanic/Latino  Asian  Other:

Are you a U.S. Citizen?  Yes  No (If no, do you have a green card?  Yes, what’s the #:

Parent Email Address: Parent Cell Phone #: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Student Email Address: Student Cell Phone #: / /

What is your current grade level:  6  7  8  9  10  11  12

Please check () which school in the Trenton Public School District do you attend:

* Trenton’s 9th Grade Academy  Trenton Central High School
* Dr. MLK Jr. Middle School  Grace A. Dunn Middle School
* Arthur J. Holland Middle School

Do you plan to attend college upon graduation of High School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an IEP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor’s Name: Guidance Counselor’s Phone #: / /

Do you participate in the subsidized lunch program at your school?  Yes  No If yes, please indicate your eligibility:  Free  Reduced

I authorize my child’s school to release my Family Income Verification for participation in the Mercer County Community College GearUp Program.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY/HOUSEHOLD INFORMATION**

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

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

Parent Marital Status:  Single  Married  Separated  Divorced  Widowed

Level of education of Mother: Elementary School  High School  College  Grad School

Level of education of Father: Elementary School  High School  College  Grad School

Number of people in household: Family Yearly Income Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Proof of Income Required)*

I agree that the above information is correct to the best of my knowledge.

Does/did any relative participate in the GEARUP Program? Yes\_\_ No \_\_

If yes, please provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to my son/daughter’s 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**

**CONTRACT OF PARTICIPATION AND STUDENT RECORD RELEASE FORM**

**Contract of Participation**

I would like to be a participant in the MERCER COUNTY COMMUNITY COLLEGE GEARUP Program because it will provide me with the encouragement and preparation I need to pursue higher education. I realize that participation in the program will ensure that I have access to tutoring services in academic subjects, and preparation for the PARCC, PSAT, and SAT/ACT tests. I will also have the opportunity to visit colleges, businesses and other educational industries. In the summer, I will have the opportunity to participate in a summer enrollment program including staying on a college campus.

I will, as well as my parent(s)/guardian(s), make a commitment to become involved in tutoring, mentoring, and college and career workshops on topics such as the admission process, financial aid, and choosing the right college. I will also commit to reviewing with my child and signing a Personal Education Plan (PEP) when requested by MERCER COUNTY COMMUNITY COLLEGE GEARUP Program personnel. In addition to these activities, I will also have the opportunity to interact with other College Bound students across the state.

**STANDARDIZED TEST SCORES**

As a requirement of participation in the MERCER COUNTY COMMUNITY COLLEGE GEARUP Program, we must receive a record of your final grades and standardized test scores as needed. This includes a copy of my report card/transcript *(transcripts may be unofficial)* for every marking period and test results when they become available.

I hereby grant permission for my school to release my transcript/report card and SAT and other test scores to the

**MERCER COUNTY COMMUNITY COLLEGE GEARUP PROGRAM**

**102 North Broad Street, Trenton, NJ 08608**

[**Gearup@mccc.edu**](http://?)**, 609-570-3234**

**Application’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Middle Last

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

House # / Apt # Street City State Zip Code

**Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_**

(Required, IF NONE WRITE NONE)

**School ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(ie: 2022-2023 etc)

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_Trenton, NJ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Applicant’s Name Applicant’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent/Guardian Name Parent/Guardian Signature Date**

***Unofficial Standardized Test Scores***

*Note: Official copy of scores must be submitted at a later date.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TEST TAKEN** | **Date Taken** | **Mathematics Score** | **Language Arts Score** | **Writing Score** | **Critical Reading Score** |
| **PARCC** |  |  |  |  |  |
| **PSAT** |  |  |  |  |  |
| **SAT**/**ACT** |  |  |  |  |  |

**MCCC RELEASE AND WAIVER**

***Parent/Guardian Approval for Participation in GEAR UP Program at Mercer County Community College***

**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 GEAR UP Program (Activity) at Mercer County Community College, beginning on the date indicated below. 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. 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 Mercer County Community College to use my minor child’s personal information to create a user account to access the educational platform. I hereby grant Mercer County Community College my consent to collect, use and disclose my minor child’s personal information 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.

I agree to release and discharge Mercer County Community College, 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 Mercer County Community College 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 attorney’s fees incurred by Mercer County Community College in defending such claims.

I hereby consent to and authorize the use and reproduction by Mercer County Community College or anyone authorized by Mercer County Community College, 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 assignees. 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 here from. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDIA RELEASE WAIVER**

**Student**’**s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Mercer County Community College and sponsorship affiliates for the purpose of promoting the GEAR UP 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 GEAR UP Program and/or sponsored events. The GEAR UP 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 GEAR UP 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 GEAR UP Program against any and all claims, liability and expense with respect to the above agreement.

I agree to adhere to the agreement’s provisions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.**

(Adult Sizing)

SMALL\_\_\_\_ MEDIUM\_\_\_\_ LARGE\_\_\_\_

X-LARGE\_\_\_\_ XX-LARGE\_\_\_\_ XXX-LARGE\_\_\_\_

**EMERGENCY CONTACT FORM**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name:

Physician Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of health conditions:

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for her/him to participate in all activities organized by the MERCER COUNTY COMMUNITY COLLEGE GEARUP Program.

In case of an injury, I grant permission for her/him to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he/she (listed within) is participating in the MERCER COUNTY COMMUNITY COLLEGE GEARUP Program.

**PARENT:** Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of the MERCER COUNTY COMMUNITY COLLEGE GEARUP Program to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Student or Parent/Guardian *(If Student Is A Minor)* Date

**MERCER COUNTY COMMUNITY COLLEGE’s program staff is charged with applying all MERCER COUNTY COMMUNITY COLLEGE and Gear Up policies and procedures to students in our programs. By signing this program application, students and parents/guardians are agreeing to abide by MERCER COUNTY COMMUNITY COLLEGE’s policies and procedures.**

Mail and return completed enrollment package with the two required attachments to office address below:

**Mercer County Community College GEAR UP Program**

**102 North Broad Street, Trenton, NJ 08608,** [**Gearup@mccc.edu**](http://?)**, 609-570-3234**

**COUNSELOR RECOMMENDATION**

(To be completed by student’s Guidance Counselor)

Applicant’s Name: \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We 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. Does the applicant receive free or reduced lunch? Yes \_\_ 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Counselor Print Name Counselor Signature Date

**Please return to GEAR UP Program. All recommendations will be kept confidential.**

**Mercer County Community College**

**GEAR UP Program**

**102 North Broad Street**

**Trenton, NJ 08608**

**Gearup@mccc.edu**

**609-570-3234**

**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?

\_\_\_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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No basis for Judgement | Low | Average | High |
| 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Print Name Teacher Signature Date

**Please return to GEAR UP Program. All recommendations will be kept confidential.**

**Mercer County Community College**

**GEAR UP Program**

**102 North Broad Street**

**Trenton, NJ 08608**

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**609-570-3234**

**STUDENT STATEMENT**

Why would you like to be accepted into the MCCC Gear Up Program?

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student/Applicant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

------------------ Please retain for your information ------------------

The GEAR UP Program at MCCC is designed to support students and their families as they explore, prepare for, navigate, and pursue postsecondary education.

The GEAR UP Program serves students in grades 7-12 at Trenton Public Schools to assist. We are actively recruiting students from our partner schools:

* **Trenton Central High School (TCHS)**
* **The Ninth Grade Academy (TNGA)**
* **Grace A. Dunn Middle School**
* **Martin Luther King Jr. Middle School**
* **Arthur J. Holland Middle School**

There is no cost for participation in any GEAR UP service or activity.

Transportation and meals provided when necessary.

Any student in grade 7 through 12 in our target schools are eligible to participate. The students we want in our program are highly motivated to pursue higher education and will participate in all the services we have to offer.

We provide services to parents/guardians by involving them in their child's education and hosting special postsecondary and financial aid workshops.

GEAR UP Scholars will have access to:

* After-school tutoring
* Academic Year and Summer enrichment programs on MCCC Campus
* Academic advising and personal counseling
* Mentoring
* Leadership development activities
* Cultural and educational trips
* College visits and tours
* College application assistance
* Financial aid information workshops
* Scholarships
* PSAT and SAT preparation classes
* Parent activities

**Mercer County Community College**

**GEAR UP Program**

**102 North Broad Street**

**Trenton, NJ 08608**

**Gearup@mccc.edu**

**609-570-3234**