



AIM HIGH ACADEMY

Submit Application by Monday, May 4th, 2015

| | Name: | | | | | | |
|---------------------|--|--------------------|---------------------------------|----------------|------------------|--|--|
| | Last F | ïrst | | | Middle | | |
| OI | Social Security #: (Require | d by DOE) | Student Sch | nool ID #: _ | | | |
| Student Information | Date of Birth:/ Age: | | Gender: | □ M ale | \square Female | | |
| for | Home Address: | treet | | | Apt. # | | |
| I | | | | | - | | |
| lent | City Email address: | State | | | Zip Code | | |
| Stuc | Ethnicity: \Box Black \Box Hispanic/Latino \Box Asian \Box White \Box Am. Indian \Box Other: (Specify) | | | | | | |
| | Are you a US citizen? \Box Yes \Box No (If not, d | o you have a greei | n card?) \square \mathbf{Y} | es, #: | | | |
| | What language(s), other than English, is spoken in your home? | | | | | | |
| | | | | | | | |
| | School Name: | _ City where scho | ool is located | : | | | |
| ioi | What grade level will you be entering in September 20 | 15? Exp | pected gradu | ation date: _ | / | | |
| Education | Current HS Cumulative GPA: Current Class Rank | | | | | | |
| du | Guidance Counselor's Name: | I | Phone Numb | er: | | | |
| | Do you want to go to college? ☐ Yes ☐ No If yes, what is your career goal? | | | | | | |
| | | ٠ | 9 | | | | |
| | Please indicate Parent/Guardian(s) you live with: | | | | | | |
| | Mother's Name: | Father's | s Name: | | | | |
| | Do you live with: ☐ Both Parents ☐ Mother Only | | | | | | |
| lon | If you live with a guardian, please state relationship & name (i.e., Aunt, etc.): | | | | | | |
| nt Informati | Home Phone #: Alternate or Cell Phone #: | | | | | | |
| | | | | · 1 | | | |
| | Marital Status of Parent/Guardian: \square Single \square Married \square Separated \square Divorced \square Widowed | | | | | | |
| | $\label{eq:mothers} \text{Mother's level of education completed: } \square \text{ Elementary School } \square \text{ High School } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square \text{ AD/AS } \square \text{ BA/BS } \square \text{ Grad School } \square \text{ AD/AS } \square AD/AS $ | | | | | | |
| | $Father's \ level \ of \ education \ completed: \ \Box \ Elementary \ School \ \Box \ High \ School \ \Box \ AD/AS's \ \Box \ BA/BS \ \Box \ Grad \ School$ | | | | | | |
| arent | Number of people in household: H | Family Yearly Inco | me Average: | \$ | | | |
| Pa | Is your child currently eligible for free or reduced lunch at school? \Box Yes \Box No | | | | | | |
| | In case of an emergency, contact: | | | | | | |
| | Emergency Contact Phone #s: (1) | | | tionship to S | | | |
| | Enthergeticy Contact I Hotic πs. (1) | 1101116 | (4) | | Cell | | |



AIM HIGH ACADEMY

SUMMER EARTH ECOLOGY PROGRAM

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| Other | SHIRT SIZE: What t-shirt size do you wear? FOOD: Are you a vegetarian? Do you have a special food require Will you be fasting during the prog If yes, will you need spec *Note 1: If you require Kosh **Note 2: If you check "No" | ram? | □ No □ No ons? Please Specify: you must check "Yes' | ☐ Large ☐ XXX-Large 2 for vegetarian. | |
|---------------|--|--|---|--|----------------------|
| Certification | (Please Check Boxes Below) ☐ I certify that this information is tre this application is being made in that Organization Officials may vortical I approve and authorize my child | ue and correct to the connection with the erify this information | ne best of my knowled e receipt of Federal an on. | ge. I understand that d State funds, and | |
| Cer | PARENT/GUARDIAN SIO | SNATURE | | DATE | |
| Please in | clude the following information wi A short essay of at lea Academy: Summer E A recommendation formation with the following information with the fol | th your application is 125 words explain the factoring arth Ecology Progrom from a teacher recent report card e verification (i.e. for other, if applications ent Form | n: ining; "Why you are in ram?" r or guidance counseloe/transcript rederal tax forms, a pay | ion into Aim High Academy. nterested in becoming a partici r v stub, award letter from the we | pant in the Aim High |

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 1* 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:

<u>aim.high.rutgersnewark@gmail.com</u> geneva.paul@rutgers.edu

Aim High Academy is sponsored by the New Jersey Department of Education and Rutgers University-Newark.





SUMMER EARTH ECOLOGY PROGRAM

DATE

Submit Application by Monday, May 4th, 2015

Student Recommendation Form

| | There is no charg | ge to participate for | students or th | neir families. | | |
|-----------------------|----------------------------|-----------------------|----------------|-------------------|------------|------------|
| applicant's Name | | | | | | |
| rppireum 5 Tvarrie: | Last | First | | | Middle | |
| . 1.6 | /D | : 11 DOE) | C 1 . C | 1 1115/ | ı | |
| ocial Security #: | | quired by DOE) | Student So | chool ID # | ‡ : | |
| Recommender's Name | e: | | | | | |
| ecommencer 5 1 vani | Last | First | | | N | Iiddle |
| | | | | | | |
| | | | | | | |
| ccupation: | | Relationship t | o the Appli | cant: | | |
| How long have you kn | nown the applicant? | How well d | o vou knou | the applic | cant? | |
| low long have you ki | lown the applicant: | How wen q | o you know | ине аррис | .an: | |
| n what capacity do ha | ve you known the applicant | p. | | | | |
| 1 , | | | | | | |
| | Areas | Excellent | Good | Fair | Poor | |
| | Intellectual | | | | | |
| | Initiative | | | | | |
| | Creativity | | | | | |
| | Leadership | | | | | |
| | Dependability | | | | | |
| | Interpersonal Relations | | | | | |
| | Diligence | | | | | |
| | Team Work | | | | | Ī |
| | | | | | | _ |
| dditional comments: | | | | | | |
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Once your recommendation is completed submit to: Aim High Academy: Summer Earth Ecology Program Rutgers University-Newark Academic Foundations Center

RECOMMENDER SIGNATURE

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# | | | | |
|--|---|---|--|--|--|--|
| | s University-Newark Aim High Acaden order to participate in all program spon | ny requires that all students submit a signed permission slip by a parent or asored activities and field trips. | | | | |
| to participat Rutgers, Th claims for b | te in the Rutgers-Newark three-week res te State University of New Jersey, its gov | aughter, | | | | |
| | □ 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 | | | | |
| Health Insu Policy Num | hysician Name: ırance Company: | MEDICAL RELEASE Telephone #: | | | | |
| Allergies to | medications or foods: | Does the student carry an epi pen? ☐ Yes ☐ No | | | | |
| List any me | dications 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.

| ast Name | First Name | | | | | |
|---|--|-----------------|--|--|--|--|
| (Please Print) | | | | | | |
| Address | | | | | | |
| City Sta | te Zip | | | | | |
| Birth Date | Graduation Date | · (| | | | |
| Name of School | School City | (High School On | | | | |
| Grade | School ID | | | | | |
| student's Signature | Date (| <u>)</u> | | | | |
| Parent's Signature (If student is not yet 18 years old) | Date (| <u>)</u> | | | | |
| OR OFFICE USE ONLY | | | | | | |
| Forms Completed: Parental Consent For Transcript Release Behavior Agreement Folder Completed: Yes, No | M Accepted: □ Yes □ No Denied: □ Yes □ No Waiting List: □ Yes □ No | | | | | |

Completed by: