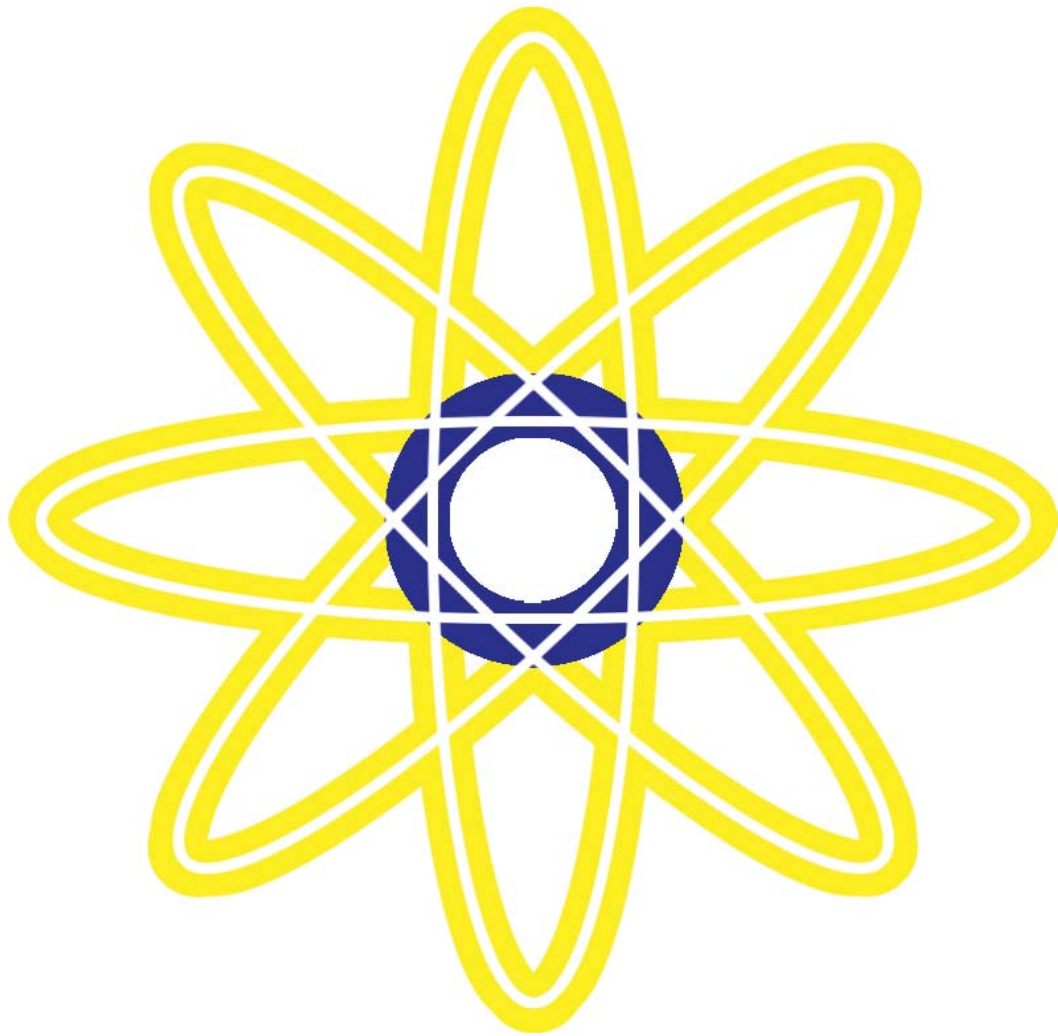


COLLEGE BOUND STEM

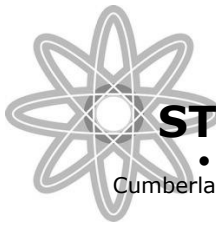
› SCIENCE › TECHNOLOGY › ENGINEERING › MATHEMATICS ›



*"What ever the mind can
conceive and believe, it can
achieve." - Napoleon Hill
(1883 - 1970)*

Cumberland County College's College Bound STEM Careers Pathways Project
is funded in part by a grant from the NJ Commission on Higher Education.

CAREERS PATHWAYS PROJECT



College Bound

STEM Careers Pathways Project

• Science • Technology • Engineering • Mathematics •

Cumberland County College, College Bound STEM Careers Pathways Project

PO Box 1500, Vineland, NJ 08362-1500

Telephone: 856-691-8600 ext. 483

FAX: 856-205-1587

Dear Prospective Applicant,

Thank you for your interest in the College Bound STEM Careers Pathways Project. The program is funded by the New Jersey Commission on Higher Education and Cumberland County College to provide supplemental support to participants in their preparation for college entrance. The attached pages are the application for admission to the program. All pages must be completed and submitted together by the deadline: **April 16, 2010**. 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.

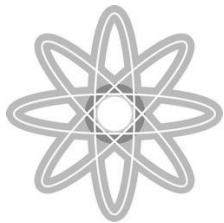
Complete and return the following application pages:

- Page 1- Applicant's Information and Family Information
(ALL information must be provided for your application to be considered.)
- Page 2- Essay and Agreement
(Write neatly and check for any spelling errors.)
- Page 3- Records Release
(ALL information must be provided for your application to be considered.)
- Page 4- Authorization To Be Photographed and/or Filmed, Transportation Permission Release, and Dissection Participation
(Must be signed and dated.)
- Pages 5 and 6- Counselor Recommendation
(Ask you counselor to please remember to enclose a transcript, standardized test scores, and attendance reports in a sealed envelope, with page 6.)
- Page 7- Teacher Recommendation
(Recommendation can only be from a mathematics or science teacher and must be returned in a sealed envelope.)
- Page 8- General Information

Send the completed application to:

Cumberland County College
College Bound STEM Careers Pathways Project
PO Box 1500
Vineland, NJ 08362-1500
Attn: Dr. Adrian DeWindt-King

Applicants applying by the deadline will be notified of admission to the program by June 1, 2010. Applicants applying after the deadline will be notified of admission only if space is available.



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APPLICANT'S INFORMATION

Applicant's Legal Name: _____ Sex: M F

Address: _____
 Street City/State Zip Code

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

Social Security #: _____ - _____ - _____ Are you a U.S. Citizen: Yes No
 (REQUIRED)

Are you of Hispanic 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 Asian

Middle School: _____ Grade: _____
 Name City

High school you will attend in September: _____

FAMILY INFORMATION

Print Mother's Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Print Father's Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Highest Level of Education of:

	8 th 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

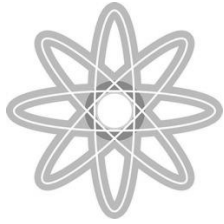
Total Taxable Family Income **(Required)**: \$ _____ Family Size: _____
 (1040 Line 43, 1040A Line 27, 1040EZ Line 6 -For previous calendar year)

I consent to my son/daughter's College Bound STEM Careers Pathways Project 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.

 Parent/Guardian Print Name

 Parent/Guardian Signature

 Date



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Applicant's Legal 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 Cumberland County College for the purpose of promoting College Bound STEM Careers Pathways Project's organization and/or programs. 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 College Bound STEM Careers Pathways Project's programs and/or sponsored events. College Bound STEM Careers Pathways Project 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 College Bound STEM Careers Pathways Project, 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 College Bound STEM Careers Pathways Project and Cumberland County College against any and all claims, liability and expense with respect to the above agreement. I agree to adhere to the agreement's provisions.

TRANSPORTATION PERMISSION RELEASE

I am aware that in registering yourself or your minor child for participation in College Bound STEM Careers Pathways Project, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the transportation to and from the indicated activity/event/trip.

Every effort is being made to provide for the safety and conduct of the student during transport. Staff should not be expected however to go beyond reasonable limits to check on student behavior. Students are expected to conduct themselves in such a way as not to require the undue attention of staff.

The discipline codes of Cumberland County College covering behavior are in effect and will be strictly enforced. By signing the permission slip, you will hold harmless College Bound STEM Careers Pathways Project and Cumberland County College for any accidents, injuries losses or damages, which may occur during transportation to and from the indicated activity/event/trip.

DISSECTION PARTICIPATION

The College Bound STEM Careers Pathway Project 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 College Bound STEM Careers Pathway Project 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.

I consent to my son/daughter's College Bound STEM Careers Pathways Project application and agree to the above authorization, release, and participation.

Applicant's Print Name

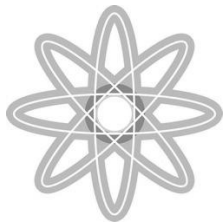
Applicant's Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date



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COUNSELOR RECOMMENDATION

Applicant's Name: _____ Date: _____

Records Release: I approve of my son/daughter's College Bound STEM Careers Pathways Project participation application and authorize release of any and all records to: Cumberland County College, College Bound STEM Careers Pathways Project, PO Box 1500, Vineland, NJ 08362-1500.

Parent/Guardian Print Name	Parent/Guardian Signature	Date
----------------------------	---------------------------	------

We would appreciate your answers to the following questions that relate to the applicant.

- To the best of your knowledge has the applicant ever?
 - Been referred to anyone for academic evaluation, special testing or remedial instruction? Yes No
 - Had an IEP classification? Yes No
 - Been expelled from school? Yes No
 - Been suspended from school? Yes No
 - Been in trouble with the law? Yes No
- 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
- Current attendance record: The applicant has been absent _____ days out of a total _____ day's school was in session.
- Previous school year attendance record: Grade: _____ Total number of days absent: _____
- Does the applicant receive free or reduced lunch? : No If yes: Free lunch Reduced lunch
- Has it been recommended that the applicant take Algebra I or Geometry during freshman year in high school? Yes No
- Recommendation:

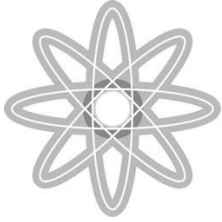
	No basis for Judgment	Low	Average	High
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Additional counselor information is required on the following page.

Counselor Print Name	Counselor Signature	Date
----------------------	---------------------	------

Title	Telephone Number
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Applicant's Name: _____

Date: _____

COUNSELOR RECOMMENDATION

Please remove this page and return to student with the requested documents in a sealed envelope.

PLEASE ATTACH A COPY OF THE FOLLOWING:

- Transcript with previous year's grades and attendance
- Previous year's standardized test scores
- Current year-to-date grade report and attendance report

IF ANY OF THE ABOVE RECORDS ARE UNAVAILABLE, INDICATE WHY BELOW:

- 7th grade attendance: _____
- 8th grade attendance: _____
- Previous year's standardized test scores: _____
- Current year-to-date grade report: _____

Please be advised applications will not be considered without standardized test scores.

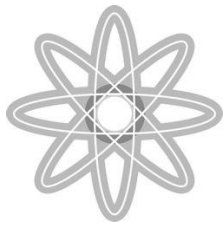
Counselor Print Name

Counselor Signature

Date

Title

Telephone Number



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TEACHER RECOMMENDATION (To be completed by either a mathematics or science teacher only.)

Applicant's Name: _____

Date: _____

- I have known the applicant for:
 - Less than one year
 - One to two years
 - More than two years
- How are this applicant's academic work habits?
 - Good working habits
 - Shows potential for more advanced study
 - Needs additional preparation and study time
- How is the attitude and behavior of this applicant? (Check all that apply)
 - Displays interest
 - Disruptive in class
 - More effort needed
 - Poor attendance
 - Constant tardiness
 - Has positive sense of self
 - Accepts criticism
 - Assumes responsibility

4. Please evaluate the applicant on each characteristic by checking the appropriate rating:

	No basis for Judgment	Low	Average	High
Has a foundation in basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

- Relative to most applicants at his/her level, I consider the above applicant:
 - Below Average
 - Average
 - Above Average

Additional Comments: _____

PLEASE RETURN TO STUDENT IN A SEALED ENVELOPE.

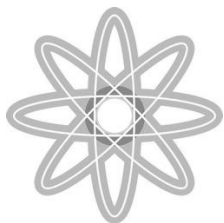
 Teacher Print Name

 Teacher Signature

 Date

Course: _____
 Mathematics Teacher Science Teacher

 Telephone Number



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Applicant's Name: _____

Date: _____

PLEASE SELECT THE T-SHIRT SIZE YOU WOULD PREFER.



S	M	L	XL	2XL

ADDITIONAL CONTACT INFORMATION (PRINT CLEARLY)

Student's Email Address: _____

Parent's Name: _____

Parent's Email Address: _____

PLEASE COMPLETE ALL FIELDS AND CHECK YOUR PREFERRED METHOD OF CONTACT

Home Number: _____

Work Number: _____

Cell Number: _____

In the event of an emergency whom should we contact?

Contact Name: _____ Contact Phone Number: _____

Contact Relation to Student: _____