

# Rowan University's Aim High Junior Academy (non-residential)

Summer Science and  
Technology Program  
for Rising Juniors  
(Current 10th Graders)

July 7, 2014 - July 24, 2014  
(Monday-Thursday; 9:00 am- 3:30 pm)

## STUDENT APPLICATION

**Due: May 28, 2014**



Rowan University

# Aim High Junior Academy

Dr. Kara Ieva . Counseling in Educational Settings . Rowan University; 201 Mullica Hill Rd. . Glassboro, NJ 08028  
Phone: (856) 256-4500 (ext. 3827) . Fax: (856) 256-5677

Thank you for your interest in the Rowan University Aim High Junior-Academy. The program is funded in part by AT&T and Rowan University. The program is designed to help diverse first generation and low-income high school juniors gain access and exposure to college and STEM education from a systemic and developmental approach.

The attached pages are the application for new students who wish to participate in the Academy. All pages must be completed and submitted together by **May 28h, 2014**. 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-Authorization to be Photographed and/or Filmed, Dissection Participation, and T-Shirt Size  
*(Must be signed and dated.)*
- ☐ Page 3-Records Release  
*(ALL information must be provided for your application to be considered.)*
- ☐ Page 4-Permission Release and Emergency Numbers  
*(ALL information must be provided for your application to be considered.)*
- ☐ Page 5-Counselor Recommendation  
*(Must include copy of transcript including current grades and standardized test scores.)*
- ☐ Page 6-Teacher Recommendation

Send the completed application to:

**Dr. Kara Ieva  
Rowan University  
Counseling in Educational Settings  
201 Mullica Hill Road  
Glassboro, NJ 08028**

Applicants applying by the deadline will be notified of admission to the program by June 6th.  
Applicants applying after the deadline will be notified of admission only if space is available.

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.

Rowan University  
**Aim High Junior Academy**

**APPLICANT'S INFORMATION**

Application's Legal Name: \_\_\_\_\_ Sex: ☐ M ☐ F  
FirstMiddleLast

Address: \_\_\_\_\_  
StreetCity/StateZip Code

Home 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 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: \_\_\_\_\_

School you will attend in September: \_\_\_\_\_

Upon graduation do you plan to attend college? ☐ Yes ☐ No

Do you have a sibling that attended an Aim High Program ? ☐ Yes ☐ No If yes, which year? \_\_\_\_\_

**FAMILY INFORMATION**

Print Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Print Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

	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"/>

Highest Level of Education of: ☐ 8th Grade ☐ Some High School ☐ Completed High School ☐ GED ☐ Some College ☐ Associate Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Doctorate Degree  
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)

My child qualifies for free, and/ or reduced lunch: YES NO

I attest the statements contained in this document regarding financial information are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Rowan University

# Aim High Junior Academy

Applicant's 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 Rowan University for the purpose of promoting the Aim High Junior Academy. 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 Academy and/or sponsored events. The Academy 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 Rowan University Aim High Junior Academy, a grant funded program 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 Rowan University Aim High Junior Academy against any and all claims, liability and expense with respect to the above agreement. I agree to adhere to the agreement's provisions.

## DISSECTION PARTICIPATION

The Rowan University Aim High Junior Academy believes that the primary purpose of the science and technology 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 Rowan University Aim High Junior Academy 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.

\_\_\_\_\_  
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.



S	M	L	XL	2XL	3XL

Rowan University

# Aim High Junior Academy

## RECORDS RELEASE

Application's Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City/State Zip Code

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

High School (you plan to attend): \_\_\_\_\_  
Name City

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I consent to my son/daughter's Rowan University Aim High Junior Academy participation and authorize release of any and all records including standardized test scores and attendance records to:

**Rowan University**  
**Attn: Dr. Kara Ieva**  
**Counseling in Educational Settings**  
**Glassboro, NJ 08028**  
**(856) 256-4500 (ext. 3827)**

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Rowan University

# Aim High Science Technology Academy

Dr. Kara Ieva; Counseling in Educational Settings; Rowan University, 201 Mullica Hill Road; Glassboro, NJ 08028

Applicant's Name: \_\_\_\_\_

## PERMISSION RELEASE

I give my consent for my child to participate in the 2014 Rowan University Aim High Junior Academy. I am aware that in registering my child for participation in the Academy, I am waiving and releasing all claims for injuries my child might sustain out of participation in program activities as well as transportation to and from program activities.

Every effort is being made to provide for safety and conduct of the student during classes, field trips and 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 Rowan University are in effect and will be strictly enforced. By signing the permission slip, you will hold harmless the Academy and Rowan University for any accidents, injuries, losses or damages, which may occur during program activities as well as transportation to and from classes, activities and field trips.

I consent to my son/daughter's Rowan University Aim High Junior Academy application  
and agree to the above authorization, release and participation.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## IN THE EVENT OF AN EMERGENCY, WHOM SHOULD WE CONTACT?

#1

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
Street City Zip Code

Contact Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

#2

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
Street City Zip Code

Contact Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Rowan University

# Aim High Junior Academy

Dr. Kara Ieva; Counseling in Educational Settings; Rowan University; 201 Mullica Hill Rd.; Glassboro, NJ 08028

## 2014 Aim High Junior Academy

### COUNSELOR RECOMMENDATION

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 classification? ☐ 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? ☐ No If yes: ☐ Free Lunch ☐ Reduced lunch

Compared to other students in his/her class, how do you rate this student in terms of:

	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encounters in my career
Academic Achievement						
Extracurricular Accomplishments						
Personal Qualities & Character						
Creativity						

I recommend this student: ☐ With reservation ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Comments:

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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

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Telephone Number

# Aim High Junior Academy

Dr. Kara Ieva; Counseling in Educational Settings; Rowan University; 201 Mullica Hill Rd.; Glassboro, NJ 08028

## 2014 Aim High Junior Academy

### TEACHER RECOMMENDATION (Math, or Science teachers are strongly encouraged)

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)

- |  |   |
|--|---|
| <input type="checkbox"/> Displays interest   | <input type="checkbox"/> Constant tardiness         |
| <input type="checkbox"/> Disruptive in class | <input type="checkbox"/> Has positive sense of self |
| <input type="checkbox"/> More effort needed  | <input type="checkbox"/> Accepts criticism          |
| <input type="checkbox"/> Poor attendance     | <input type="checkbox"/> 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"/>

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

Course: \_\_\_\_\_