



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000 ELIZABETH CAMPUS (908) 965-6000 PLAINFIELD CAMPUS (908) 412-3599 SCOTCH PLAINS CAMPUS (908) 709-7000

SUMMER SCHOLARS PROGRAM ENROLLMENT FORM

FOR HIGH SCHOOL STUDENTS TAKING COURSES DURING SUMMER SESSION II

The Summer Scholars Program provides high school students the opportunity to earn college credit and have access to important college and career readiness information.

TO APPLY:

- Meet with your high school guidance counselor to establish your academic goals and to discuss courses offered.
- Complete the Summer Scholars Program Enrollment Form and have it approved and signed by your parent/guardian and high school guidance counselor
- Email the form to Dualenrollment@ucc.edu or drop it off to Tawn Walker in the One Stop Center – Cranford Campus

TO QUALIFY FOR SPONSORSHIP THROUGH THE COLLEGE READINESS NOW GRANT. Sponsorships are scheduled on a first-come, first-served basis. Spaces cannot be reserved until a completed application is received.

- ✓ Be a rising Junior or Senior who resides in Union County
- ✓ Be eligible for free or reduced lunch (As determined by the United States Department of Agriculture 2023-24 Income Eligibility Guidelines).
- ✓ Be College English ready and/OR be able to place into college-level math based on the Directed Self-Placement Survey

Student's First Name				Last Name			
Date of Birth				Social Security Number			
Address				City		State	Zip Code
Student Personal Email				Phone			Eligible for free or reduced lunch?
						YES	NO
High School				10 th @ time of application		11 th grade @ time of application	
*If you are eligible for free or reduced lunch, please choose either MAT 119 Intro to College Algebra or ENG 101 English Composition.							
*See the list of courses. You can register for two three-credit courses or one four-credit math or science course.							
Course Code	Name of Course						

CONDUCT AND BEHAVIOR: Dual Enrollment students are responsible for their conduct and behavior and must understand and comply with the policies indicated in the UCNJ Handbook.

I permit UCNJ to release any information concerning my enrollment, including my grades in these courses, to my high school and/or parent/guardian. I certify that all the information I have supplied on this form is accurate and complete. I understand that any misrepresentation of facts may constitute cause for cancellation of my registration and/or dismissal.

Student's Signature: _____ Date: _____

I approve for _____ to enroll in the Summer Scholars Program at Union College of Union County, NJ

Parent/Guardian First Name		Last Name	
Email or Phone		Signature	

I certify that the applicant IS ELIGIBLE for free or reduced lunch IN NOT ELIGIBLE for free or reduced lunch

High School Representative Signature: _____ Date: _____

THE FOLLOWING QUESTIONS ARE REQUIRED BY THE U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, TITLE VI OF THE CIVIL RIGHTS ACT. **COMPLETION IS VOLUNTARY**

SEX: [] MALE [] FEMALE | ETHNICITY: [] HISPANIC [] NON-HISPANIC [] DECLINES TO ANSWER

RACE: [] AMERICAN INDIAN/ALASKAN NATIVE [] NATIVE HAWAIIAN/PACIFIC [] ISLANDER [] BLACK/AFRICAN AMERICAN [] ASIAN [] WHITE [] DECLINE TO IDENTIFY

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs

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