



NJ GEAR UP/College Bound Student Success Story



You may use additional pages if needed

Today's Date _____

Name _____ Hometown _____

Phone _____ Email _____

Which middle school did you attend? _____

From which high school did you graduate? _____

High school graduation year _____

College _____ Major/degree program _____

List degrees that you have earned _____

What grade were you in when you started NJ GEAR UP? _____

At what college campus did you participate in NJ GEAR UP? _____

What did you enjoy most about the program?

How did NJ GEAR UP change your academic expectations?

What have you achieved personally or academically as a result of your participation in NJ GEAR UP?

What are your future career/academic goals?

What would you tell students from your old middle and high schools about NJ GEAR UP and college life?

What should people know about the challenges that you and others from your hometown had to overcome to be successful?

Thank you for helping spread the word about NJ GEAR UP! Please return this form with any additional pages to:

NJ GEAR UP, NJ Commission on Higher Education

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