



State of New Jersey  
NEW JERSEY HIGHER EDUCATION

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BRIAN BRIDGES  
SECRETARY OF HIGHER EDUCATION

Dear Potential NJ GEAR UP Mentor:

Thank you for expressing interest in becoming a NJ GEAR UP mentor. NJ GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) provides educational support and assistance to middle and high school students to help them prepare for and enroll in college. Mentoring is an integral part of the program, allowing college students to share the benefits of attending college with NJ GEAR UP students in Atlantic City, Pleasantville, Asbury Park, Bridgeton, Camden, Elizabeth, Jersey City, New Brunswick, Newark, Paterson, Penns Grove-Carneys Point, and Trenton.

The recruitment, selection, and training process will include the following steps:

1. **Application**--Interested candidates must complete the attached application.
2. **Background check**--Applicants must complete the New Jersey SBI 212B form so that a state background check can be performed. [Criminal Records 212B](#)
3. **Interview**--Selected applicants will be called for individual interviews.
4. **Training**--Applicants who are accepted into the program must attend training sessions.

The emphasis of NJ GEAR UP is primarily academic; therefore, your grade point average may be considered in the selection process. Mentors should be able to demonstrate the importance of academic performance to NJ GEAR UP students.

I encourage you to share this opportunity with friends and other college students. Please feel free to contact me if you have any questions or concerns. Thank you for your interest.

Sincerely,

Errol Bruce  
NJ GEAR UP State Director  
Phone (609) 341-3807  
[errol.bruce@oshe.nj.gov](mailto:errol.bruce@oshe.nj.gov)

P.S. Remember, you can complete the application online at <http://www.state.nj.us/highereducation/mentor-application.htm>.



# NJ GEAR UP Mentor Application

Please print or type.

## Part A: Personal Information

Name: \_\_\_\_\_  
First Middle Initial Last

Campus Address: \_\_\_\_\_

\_\_\_\_\_

Campus Phone Number: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_ Can you be reached at home? (Check one) ☐ Yes ☐ No

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: (Check one) ☐ Male ☐ Female

Are you employed? (Check one) ☐ Yes ☐ No How many hours per week are you working? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

## Part B: Academic Information

University or College: \_\_\_\_\_

Number of Credits completed: \_\_\_\_\_ Cumulative G.P.A: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year in college: (Check one) ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Have you participated in the EOF (Educational Opportunity Fund) program? (Check one) ☐ Yes ☐ No

If yes, at what institution? \_\_\_\_\_

## Part C: Mentoring Preferences

Indicate your age group preference: (Check one or more)

☐ 12-13      ☐ 14-15      ☐ 16-18      ☐ Does not matter

Indicate the geographical area in which you are available to mentor: (Check one or more)

☐ Trenton      ☐ Jersey City      ☐ Camden      ☐ Atlantic City/Pleasantville  
☐ Newark      ☐ Paterson      ☐ Bridgeton      ☐ Penns Grove-Carneys Point  
☐ Asbury Park      ☐ Elizabeth      ☐ New Brunswick      ☐

Do you need transportation to attend mentoring events? (Check one)    ☐ Yes    ☐ No

### Days/Hours Available

What month are you available to start? \_\_\_\_\_

Is your schedule flexible? (Check one)    ☐ Yes    ☐ No

Write in the times you are available (e.g., 10-12 a.m., after 2 p.m.).

Day	January	February	March	April	May	June
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Day	July	August	September	October	November	December
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

## Part D: Volunteer Experience

Have you ever been a mentor? (Check one) ☐ Yes ☐ No  
If yes, please describe your experience.

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Have you had volunteer or work experience with youth? (Check one) ☐ Yes ☐ No  
Please explain.

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What other volunteer experience have you had?

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## Part E: Interests and Special Skills

Are you involved in any extracurricular activities on your campus? (Check one) ☐ Yes ☐ No  
Please describe.

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What are your special skills (e.g., computer, math, leadership)?

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What are your interests (e.g., photography, music, hiking, theater, sports)?

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What are your career goals?

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Please indicate any language other than English in which you are fluent: \_\_\_\_\_

## Part F: Background

Have you ever had an alcohol or drug abuse problem? (Check one) ☐ Yes ☐ No

If yes, please explain.

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Have you ever been convicted of an offense other than a minor traffic infraction? (Check one) ☐ Yes ☐ No

If yes, please explain.

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## Part G: References

List two references who have known you for more than one year who can provide a personal reference (e.g., teacher, college counselor, employer). Please do not use your relatives.

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Part H: Your Reasons for Becoming a NJ GEAR UP Mentor

Why do you want to become a NJ GEAR UP mentor?

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What do you think you can bring to the mentoring relationship?

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As a NJ GEAR UP mentor, I agree to the following conditions:

- To undergo a criminal background check.
- To spend five hours per week with NJ GEAR UP students.
- To make an initial six-month commitment.
- To work with NJ GEAR UP students under supervised conditions at all times until given permission to do otherwise.
- To participate in NJ GEAR UP scheduled activities with NJ GEAR UP students.
- To work with NJ GEAR UP students during a probationary period until the criminal background check is completed.
- To understand that I can be dismissed if the criminal background check reveals a criminal offense that can adversely affect the program or NJ GEAR UP students.
- To ask for assistance when I need help with the mentoring relationships.
- To work closely and cooperatively with NJ GEAR UP staff members during all phases of the program.
- To notify NJ GEAR UP staff members and NJ GEAR UP students when I am unable to keep my weekly commitments.
- To be on time for scheduled events.
- To attend training sessions.
- To maintain a good academic standing.

I do hereby understand and agree to the above commitments and responsibilities. I further understand all information will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Where did you hear about the NJ GEAR UP mentoring opportunity? \_\_\_\_\_

Thank you very much for your interest in becoming a NJ GEAR UP mentor. We appreciate your thoughtful attention to these questions, and we will schedule an interview with you if your application is accepted. Applicants not selected will be notified by mail. We regret that we cannot guarantee placement of all applicants.

Please mail or email the completed application to:

Yasmin Robinson  
GEAR UP State Program Specialist  
NJ Office of the Secretary of Higher Education  
P.O. Box 542  
Trenton, NJ 08625-0542  
Fax (609) 292-6190  
[yasmin.robinson@oshe.nj.gov](mailto:yasmin.robinson@oshe.nj.gov)

*Administered by the Office of the Secretary of Higher Education  
Funded by the United States Department of Education*

*Program sites at Brookdale Community College, Kean University, Mercer County Community College, New Jersey City University, New Jersey Institute of Technology, Passaic County Community College, Rowan University, Rowan College of South Jersey, Rutgers University, Salem Community College and Stockton University*