



RUSH _____ RUSH CTE _____

Student Application

Date: _____

Name: _____ Student ID#: _____
Last First MI

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Home Phone #: _____ Emergency Cell #: _____

RUSH Eligibility Criteria, Check all that apply:

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Rural Area	<input type="checkbox"/> First-time Freshman
<input type="checkbox"/> Disability	<input type="checkbox"/> Low Income	<input type="checkbox"/> First Generation College Student
	<input type="checkbox"/> Science, Technology, Engineering or Math (STEM) Major	<input type="checkbox"/> Employed- FT/PT

High School Graduation Date: _____ FDTC Enrollment Date: _____

Prior Upward Bound, GEAR, or Talent Search Participant? Y/N (Circle one) If yes, where? _____

How did you learn about RUSH? _____

Major/Program of Study _____ Anticipated Graduation Date: _____

Student Signature: _____ Date: _____

RUSH and Florence-Darlington Technical College, are equal opportunity institutions and do not discriminate on the basis of race, color, religion, national or ethnic origin, creed, marital status, veteran status, disability, sex, or age in its admission policies, programs, activities, or employment practices. RUSH is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

To be completed by RUSH Staff Only

Intake Date: _____ RUSH Enrollment Date: _____ Cohort Year: _____

Applicant Verified By RUSH Counselor: _____ Date: _____

Signature

Approved Denied RUSH Coordinator: _____ Date: _____

Signature



Eligibility Statement

Statement of First Generation College Student Status

I do hereby certify that neither my father nor my mother has earned a four-year Bachelor's Degree.

Student Signature

Date

Release of Information

In order to determine academic need (grades), student progress, and financial aid status, it is necessary to obtain information from student records at Florence-Darlington Technical College. It may also be beneficial for **RUSH PROGRAM** staff to discuss your needs and progress with your instructors. We ask that you indicate your authorization for us to do so by signing the following statement.

I, _____, Student ID#: _____
Consent to the release of my academic performance records and my financial aid records, if applicable. I understand that **RUSH PROGRAM** staff may discuss my progress with my instructors and any applicable staff, mentors, and tutors associated with **RUSH**.

I also give permission for **RUSH PROGRAM** staff to discuss my progress with the following people:

Name

Relationship

Name

Relationship

Student Signature

Date

RUSH Staff Signature

Date



Release of Liability

For all activities of & associated with the RUSH program

Acknowledgement and Statement of Release of Liability of RUSH

I, _____ Student ID _____
(Print Student Name)

Agree to attend activities as part of my contract to participate in the **RUSH** program. In the event of an unforeseen circumstance, resulting in injury or personal loss, I hereby release the RUSH Program and/or staff of Florence-Darlington Technical College from any liability.

I also understand that I am responsible for my personal properties while utilizing all **RUSH** facilities, and while on both overnight and day trips (*whenever applicable*).

Student Signature

Date

RUSH Staff Signature

Date

Participation Agreement

As a participant in the R.U.S.H Program, I agree to the responsibilities listed below.

I, _____ agree to:
(Print Student Name)

_____ Check my **college/personal email**, **D2L**, and the **RUSH Facebook** page regularly for special dates of RUSH activities.

_____ Participate in tutoring if my GPA is **less than a 2.0**.

_____ Discuss with my RUSH Counselor plans for dropping, adding, or withdrawing from classes/school prior to taking action.

_____ Meet with my RUSH Counselor on a monthly basis, as arranged by my Counselor and myself.

_____ Attend at least two workshop per semester.

_____ Provide new phone number, email, and mailing address every time it changes and prior to exiting the program.

Failure to execute all these responsibilities may result in termination from the RUSH Program

Student Signature _____ Date _____

RUSH Staff Signature _____ Date _____