

Please be sure to complete the ENTIRE application for immediate consideration. Incomplete applications will delay the application process. **Print clearly in BLUE or BLACK ink only.**

**SECTION 1: STUDENT INFORMATION**

Legal Name: \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 (First) (Last) (MI) *\*SSN is required for your application, and kept confidential.*

Mailing Address: \_\_\_\_\_  
 (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Sex:  Male  Female Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_ High School Graduation Year: \_\_\_\_ GPA: \_\_\_\_

Are you of Hispanic or Latino descent?  Yes  No

Ethnic Background:  American Indian  Asian  Black/African American  Hispanic/Latino  
 White  Pacific Islander  Other (specify) \_\_\_\_\_

Are you currently enrolled in any of the programs listed below:  
 AVID  Upward Bound (UB)  Early Academic Outreach Program (EAOP)

Names of siblings currently in Educational Talent Search: \_\_\_\_\_

Are you foster youth?  Yes  No Are you a Ward of the Court?  Yes  No

**SECTION 2: PARENT INFORMATION**

**Student Resides with:**  Both Parents  Mother Only  Father Only  Parent and Stepparent  
 Foster Parent(s) or Legal Guardian(s)  Other: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**What is the primary language used in the home?** \_\_\_\_\_

List **ALL** persons currently living in student's home:

Name	Age	Relationship to Student	Name of School or Job
		<b>SELF</b>	

**TO BE COMPLETED BY PARENT or GUARDIAN ONLY**

*\*Funding is provided by the US Department of Education and requires specific documentation of household income level and educational background for enrollment into the Educational Talent Search Program. The information is protected by the Family Rights and Privacy Act. The information is used to determine if the student is eligible to participate in the ETS Program.*

Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

**SECTION 3: ELIGIBILITY CRITERIA**

A. **Student Citizenship Status:** Is your student a:

US Citizen: SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR  Permanent Resident: Alien Registration # A \_\_\_\_\_

B. **Number of People in Household:** \_\_\_\_\_

C. **Family Income Status:**

**Taxable Income (not Adjusted Gross Income) see 1040 tax form, line 43/1040A tax form line 27/1040EZ form, line 6)**

\$0-\$17,505  \$29,686-\$35,775  \$47,956-\$54,045

\$17,506-\$23,595  \$35,776-\$41,865  \$54,046-\$60,135

\$23,596-\$29,685  \$41,866-\$47,955  \$60,136 or above

Did Not File Taxes What is the family's income earned from work? \_\_\_\_\_

D. **Parent Education Level:**

Please check highest level of education completed by **biological/adoptive father**

No Formal Education  Elementary School  Jr. High  High School  Associate's Degree  Bachelor's Degree

**Has biological/adoptive father received a four-year degree from a college or university in the USA?**  Yes  No

**If so, please list degree(s) earned, year and institution where earned:** \_\_\_\_\_

Please check highest level of education completed by **biological/adoptive mother**

No Formal Education  Elementary School  Jr. High  High School  Associate's Degree  Bachelor's Degree

**Has biological/adoptive mother received a four-year degree from a college or university in the USA?**  Yes  No

**If so, please list degree(s) earned, year and institution where earned:** \_\_\_\_\_

**SECTION 4: PARENT/GUARDIAN AUTHORIZATION**

**Medical Release:** Should my student require medical attention while participating in ETS activities and I cannot be contacted, I give my consent to medical examination and treatment deemed necessary by the attending medical professional.

**Mandated Reporting:** Most information shared between participants and Program Representatives is held completely confidential. Please be aware of the few exceptions. Information shared regarding abuse (physical, mental, or sexual) and/or harm to oneself or others must be reported by law to the appropriate individuals.

**Permission to Access School Records:** I hereby give TRIO/ETS Program staff permission to have access to grades, progress reports, school transcripts, assessment test scores, school lunch program eligibility, and updated contact information from the school administration. I authorize ETS to obtain information related to my child's application for college admission and acceptance status, financial aid application (FAFSA), and award letter at any and all colleges and universities.

**Media Release:** I hereby give permission to the TRIO/ETS Program Staff to photograph my child for promotional purposes and/or file records related to the TRIO/ETS Program and/or statements to be used by ETS for promotion, publicity, or instructional purposes.

**Participation:** I give permission for my child to participate in ETS activities. I agree to encourage my child to do well in high school and pursue post-secondary education.

**By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I acknowledge and give consent to the requests of the ETS Program.**

\_\_\_\_\_  
**Parent Signature** (Sign in Ink)

\_\_\_\_\_  
**Date**

**Office Use Only:**

Eligibility:  LI  HI  FG  NFG Program Admit:  Yes  No  WL Transcript:  Yes  No

Advisor Review: \_\_\_\_\_ Date: \_\_\_\_\_ Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT ONLY**

Name: \_\_\_\_\_ School: \_\_\_\_\_

**SECTION 5: NEEDS ASSESSMENT**

**What are your plans after you graduate from high school?**

4-Year College    Community College    Technical/Vocational School    Work    Military    Other \_\_\_\_\_

**What are your top three college choices?**

\_\_\_\_\_

**What are your top three career choices?**

\_\_\_\_\_

**What do you see as your strengths (academically or socially)?** \_\_\_\_\_

\_\_\_\_\_

**What areas would you like to improve in (academically or socially)?** \_\_\_\_\_

\_\_\_\_\_

**What services do you need in order to prepare yourself for college?**

- Tutoring in: \_\_\_\_\_
- Information on high school and college requirements.
- Information about the benefits of going to college and earning a degree.
- Information on college costs and help completing financial aid applications.
- Information on the college admissions process and help completing college applications.
- Information on how to strengthen my study and test taking skills.
- Help preparing for college entrance exams.
- Assistance with the college enrollment process.

**SECTION 6: STUDENT CONTRACT**

I, \_\_\_\_\_ agree that if I am accepted into the Educational Talent Search Program I will:

1. Strive continually to improve my school grades and maintain at least a 2.0 GPA;
2. Follow the recommendations of my ETS Advisor to attend tutoring sessions when my grades are not meeting appropriate standards;
3. Attend all ETS workshops and activities unless they conflict with other academic, extracurricular activities, obligations or responsibilities and prior notification is given to the my ETS Program Advisor;
4. Remain an active participant in the ETS Program through my high school graduation;
5. Follow the instructions and complete required documentation while participating in ETS activities and traveling on official ETS approved trips;
6. Communicate with my ETS Program Advisor about my educational and personal goals;
7. Graduate from high school;
8. Make every attempt to enter and complete a post-secondary educational program after high school graduation;
9. Provide follow-up information to the ETS Program concerning my success in obtaining a post-secondary degree.

*By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I have read, reviewed and understood the preceding material.*

\_\_\_\_\_  
**Student Signature** (Sign in Ink)

\_\_\_\_\_  
**Date**