



Application

STUDENT INFORMATION

| Last Name: | First Name: | MI: | |
|---|---------------------------------------|-------------------------------|--|
| Mailing Address: | City: | Zip: | |
| Phone Number: | Student Phone: | Text?: Yes No | |
| Student Email Address: | | | |
| Gender: Male Female | Birth Date: | Current grade level: | |
| What school do you currently attend | ?: | | |
| Ethnic Background: (Check all that ap | ply) American Indian or Alaska Native | Black or African American | |
| Hispanic or Latino Native Hawai | iian or Other Pacific Islander Asian | Caucasian or White | |
| Do you have siblings currently in the | ETS program? Yes No If so, wha | t is his/her name? | |
| PARENT INFORMATION | | | |
| Parent/Guardian #1 First Name: | Last Name | :: | |
| Email: | Phone: | | |
| U.S. citizen: Yes No Relationship to student: | | | |
| Circle highest level of education com | pleted: None HS diploma/equivalent | Associate Bachelors or Higher | |
| Parent/Guardian #2 First Name: | e: Last Name: | | |
| Email: | Phone: | | |
| U.S. citizen: Yes No Re | lationship to student: | | |
| Circle highest level of education com | pleted: None HS diploma/equivalent | Associate Bachelors or Higher | |
| With whom does the student live: | | | |
| FOR OFFICE USE Acceptance Date Comments: | LI FG Dire | ector | |





Application

**THIS SECTION MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE CONSIDERED! **

FINANCIAL INFORMATION

Educational Talent Search is a federally funded program that requires verification of every participant's income and other eligibility information. Please check your TAXABLE income for the previous year (line 43 on 1040 form, line 27 on 1040A form, line 6 on 1040EZ form).

| line 6 on 1040EZ form). | |
|---|--|
| YES NO A parent with w | hom the student lives has a baccalaureate/bachelor's degree. |
| How many in your household: | |
| Income (please check one): | |
| PLEASE CHECK ONE: | |
| \$18,735 AND BELOW 18,736 – 25,364 25,365 – 31,994 31,995 – 38,624 | 38,625 - 45,254 45,255 - 51,884 51,885 - 58,514 58,515 - 65,144 |
| | 65,145 AND ABOVE |
| services provided. I hereby certify that the information college, or other educational institution to release acchild's educational goals. I also authorize ETS to release to aid in my child's education. Also, I give permission participating. Please note that program photos may brochures, slide shows, videos, press releases, and ET participate in scheduled Zoom sessions (if opting into | three Rivers College Educational Talent Search Program and receive the free on provided is correct to the best of my knowledge. I release any school, cademic and/or financial aid records or other information to assist in my ase academic and/or financial aid records or other information as necessary for ETS to take photos of the activities in which my child may be be used in ETS newsletters or other TRIO promotional materials (i.e., TS social media and Web page). And, I grant permission for my child to be virtual learning to accommodate your district's policy). Zoom will be seto opt out of ETS using your child's image, please indicate below: |
| Student Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| Yes, my child's photos may be used No | , my child's photo may not be used |
| Yes, my child may participate in Zoom sessions and u | pload videos/photos |
| No, my child may not participate in Zoom sessions or | upload videos/photos |
| | |





STUDENT AGREEMENT

| involved in the Talent Search Program. | |
|---|---|
| l, | (student), agree that if I am accepted into the Three |
| Rivers College Educational Talent Search Pro | ogram I will: |
| Agree to meet regularly with my Outreach S | Specialist, seeking additional help when I need it. |
| Follow instructions and complete paperwor experiences and other ETS approved activition | k my Outreach Specialist needs so I can participate in tripies. |
| Work to maintain good grades, including a r Social Sciences, Foreign Language). | minimum 2.0 GPA in my core classes (English, Math, Science, |
| Cooperate with my Outreach Specialist, oth | er ETS Staff and other students participating in the ETS Program. |
| Diligently work towards entering a degree s | eeking program after I graduate high school. |
| Allow my Outreach Specialist access to my a succeed in my educational goals. | academic information while in middle/high school to help me |
| Student's Signature | Date |
| | |

The information listed below is required for Federal Grant purposes and information is only shared with those

Confidential Information

Personal Information is required of both parents and students in accordance with the United States Department of Education regulations. This information will be securely handled and protected by the Family Educational Rights & Privacy Act (FERPA). No one outside of ETS program has access to the personal data you provide. Great care is taken to maintain your confidential information and no information is given away without additional permission from participants and their parent or legal guardian. Please sign and date the application to comply with confidentiality policies.

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