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

Return By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Talent Search Application**



**Central College**

**Campus Box 0181**

**812 University Street**

**Pella IA 50219**

**1-800-527-4047**

**www.central.edu/talentsearch**

 **Educational Talent Search (ETS)** **at Central College**

is a free, educational program for students 11-27 years old who have completed fifth grade. ETS is designed to assist participants in their preparation for enrollment into any college of their choice.

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

 Last First MI Circle One

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is English your 1st Language? Yes No

 **\*\*Requested for Program Purposes\*\*** Circle One

Student Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City State Zip Code

Names of Parent(s)/Guardian(s) who lives at this address with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Cell: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residency:**

**Ethnicity & Race (answer both highlighted areas)**

**Do you identify as:** Hispanic/Latino \_\_\_\_Yes \_\_\_\_No

**With which racial group do you most identify with even if you also identify as Hispanic/Latino (please check all that apply)**

\_\_\_\_Asian

\_\_\_\_Black or African American

\_\_\_\_Native Hawaiian/Pacific Islander

\_\_\_\_ North/South American Native or Alaskan Native

\_\_\_\_White (origins in Europe, North Africa or Middle East)

\_\_\_ White (origins in Europe, North African, or Middle East

\_\_\_ Native Hawaiian/Pacific Islander

Na
Eu

\_\_\_Native Hawaiian/Pacific Islander

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Citizen of U.S.

\_\_\_ Permanent Resident of U.S.

\_\_\_ Becoming a citizen or permanent resident of U.S**.\***

**\***Please provide your USCIS 13 Digit case number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Needs Assessment: Please check the workshops and activities you believe will be helpful to you:**

\_\_\_ Money Management \_\_\_ College Information/Planning \_\_\_ Healthy Lifestyle Habits

\_\_\_ ACT Preparation \_\_\_ Academic Planning \_\_\_ Career Planning

**Parent/Guardian Information**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female (please circle one)

Check One: \_\_\_Parent (biological or adoptive) \_\_\_\_Guardian Do you live with him/her more than ½ the time? \_\_\_Yes \_\_\_No

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did he/she graduate from a 4-year college? \_\_\_Yes \_\_\_No If so, what college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female (please circle one)

Check One: \_\_\_Parent (biological or adoptive) \_\_\_\_Guardian Do you live with him/her more than ½ the time? \_\_\_Yes \_\_\_No

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did he/she graduate from a 4-year college? \_\_\_Yes \_\_\_No If so, what college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETS would like to keep you updated on events, newsletters and other materials occasionally *(no more than one email per month).* Please check if you do not wish to receive emails. \_\_\_\_\_

**To determine eligibility for ETS benefits, please answer the following questions. Questions refer to the parent/guardian income not the student, unless the student is independent. This information is only used to verify the ETS program is serving eligible students, should we be audited. This information will be kept confidential.**

**Complete ONE section A, or B, or C.**

**Submit a copy of Page 1 and 2 of your completed 2015 Federal tax form 1040A or 1040.**

**Family Income/Self Reported**

**Using your 2015 federal tax form (or 2014, if 2015 federal tax form is not yet completed), please indicate your taxable income. The table below indicates the particular lines from the 1040 and 1040A tax forms needed to answer the questions. Note: The tax form number is listed in the upper left-hand corner and lower right-hand corner of the tax forms. You DO NOT need to submit a copy of your tax forms if you choose this option.**

**Number in Family Unit\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxable Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Tax Form Used: \_\_\_\_\_2015**

**Financial Assistance**

 **Applicant resides in foster home**

 **Food Stamps**

 **FIP Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Section A Or Section B Or Section C**

\*The “Number in the Family Unit” includes all individuals in the household who are provided for, completely or more than 50%, by the family taxable income reported above. This includes college students age 21 or younger who may be living elsewhere while in school.

|  |  |
| --- | --- |
|  | **Taxable Income** |
| **Federal Tax Form 1040** | **Line 43** |
| **Federal Tax Form** **1040A** | **Line 27** |

Student is: \_\_\_\_Independent \_\_\_\_Dependent \_\_\_\_In Foster Care \_\_\_\_Ward of the Court

Your signature will certify as to the truth of the statements made on this form.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Photograph or Videotape ETS Participants Engaged in Program Activities**

ETS occasionally photographs or makes digital/video recordings of ETS participants while involved in program activities. These photos/videos may be used in the programs newsletters, publications, informational brochures and presentations, recruiting meetings, and program web pages.

Photographs and video clips will NOT be sold or used in any for-profit publications or presentations. Identifying information (such as names or home or school addresses) will NOT be included without first gaining the express consent of the student or his/her parent or legal guardian, if the student is under 18.

\_\_\_\_\_\_Yes, Permission is granted \_\_\_\_\_\_No, Permission is NOT granted

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document was developed under a grant from the US Department of Education (USDE). However, the contents do not necessarily represent USDE policy and you should not assume endorsement by the Federal Government. ETS is 100% funded through a grant in the amount of $419,520 from the USDE.

 **More on Back**

**Are you currently participating in any of the following programs?** (Please check all that apply)

\_\_\_\_\_Upward Bound \_\_\_\_\_Science Bound \_\_\_\_\_Gear Up \_\_\_\_\_\_None

**Permission to Release School Records**

**Student Permission**

I consent to the release of my school records including, but not limited to, demographic data/contact information, enrollment/school transfer information, transcripts, grades and report cards, test scores, disciplinary records and other information regarding my school performance to the Central College ETS program. I understand the information shared under the terms of this agreement shall be kept confidential and used for the following purposes:

1. Determining admission to the ETS program.
2. Developing an individualized plan and providing academic advising to support my growth, interpersonal development, and preparation for success in accessing and completing postsecondary education.
3. Providing data to the U.S. Department of Education and to Central College for the sole purpose of assessing the effectiveness of ETS in providing services to students.

I understand my records will be kept in a confidential file and will be used for the reporting purposes above. This release shall remain in effect from the date indication below until 12 months following the date of my graduation from high school. I understand that if I am not admitted to the program, this release shall be immediately null and void. I understand I may revoke this release at any time by submitting to Central College ETS a dated, signed statement denying the release of secondary school records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature (required)** Date:

**Parent Permission**

The school my student attends has my permission to release his/her school records to the Central College ETS program to be maintained and utilized as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (required)**  Date

**Release of Information: Academic Standing/Enrollment and Graduation Status**

**Student Permission**

I recognize ETS provides assistance to students preparing for and applying to postsecondary education programs and institutions. I understand the U.S. Department of Education and Central College have an interest in assessing the effectiveness of ETS in providing these services. I therefore consent to the release of information regarding my enrollment, financial aid, academic standing, and graduation status from my postsecondary institution, the National Student Clearinghouse, and/or state data system to Central College ETS. I understand my social security number will be used only to ensure ETS accurately identifies me when tracking my progress through the online data systems. I understand this information will be held in a confidential file and will be used only for the reporting purposes described above.

This release shall remain in effect for seven twelve-month periods (7 years) beyond the date of my planned graduation from high school. I understand that if I am not admitted to the program, this release shall be immediately null and void. I understand I may revoke this release at any time by submitting to Central College ETS a dated written statement denying the release of the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Planned date H.S. Graduation: Month \_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_

Student Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature (required)**  Date

**Parent Permission**

I reviewed and give my consent to the release of information as described above regarding the enrollment, financial aid, academic standing, and graduation status of my son/daughter from his/her postsecondary institution, the National Student Clearinghouse , and/or state data system to Central College ETS. I understand this information will be maintained and used for the sole purposes described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Legal Guardian (required)**  Date