

Educational Talent Search

Host Institution - Minnesota State University, Mankato

Application for Services

STUDENT INFORMATION – Please print with ink pen

Name _____		
Last	First	Middle Initial
Address _____		
City _____	State _____	Zip _____
Phone _____	Cell Phone _____	Soc. Sec. Number _____
Email _____		Date of Birth ____/____/____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate Permanent Resident Number _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Spouse's Name: _____)		
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently enrolled in an Upward Bound Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnic Background: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____		

EDUCATION INFORMATION

Current Student:		
<input type="checkbox"/> Current school _____	Grade _____	GPA _____
Other:		
<input type="checkbox"/> GED: <input type="checkbox"/> In Progress <input type="checkbox"/> Complete: Score _____		
<input type="checkbox"/> Out of school – Name and city of school last attended _____		
<input type="checkbox"/> Highest grade completed _____ in (year) _____		

ETS SERVICES

Please check ETS services needed or wanted.		
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Tutoring	<input type="checkbox"/> ACT/SAT Fee Waivers
<input type="checkbox"/> Career Information	<input type="checkbox"/> Time Management	<input type="checkbox"/> Financial Aid Information
<input type="checkbox"/> Reading/Writing Skills	<input type="checkbox"/> Communications Skills	<input type="checkbox"/> College Visits
<input type="checkbox"/> College Admissions Assistance	<input type="checkbox"/> Application Fee Assistance/Waiver	<input type="checkbox"/> Test Taking Skills
<input type="checkbox"/> ACT Workshop	<input type="checkbox"/> Succeeding in College	<input type="checkbox"/> Scholarship Information

If accepted into the ETS program, I agree to meet with Talent Search advisors, do my best academically and prepare to enter a Trade School, Technical College, 2-Year College or 4-Year College program after high school.

Student Signature _____

Date _____

CONFIDENTIAL ELIGIBILITY INFORMATION

PARENT/FAMILY INFORMATION

Mother/Stepmother's Name _____ Father/Stepfather's Name _____

Student lives with most of the time: Both Parents Mother Father Stepmother Stepfather
(Check all that apply) Guardian Foster Parents Spouse Self Other: _____

Language spoken in the home: English only English and _____
 A language other than English (specify) _____

Please list any other school age children (add last name if different than parents):

Name	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does Mother have a four-year college degree: _____ Yes _____ No

Does Father have a four-year college degree: _____ Yes _____ No

FINANCIAL INFORMATION

The Educational Talent Search program is funded to serve a percentage of students who meet the eligibility criteria of low-income, first generation potential college student status. In meeting this federal regulation we ask that you provide the following information used to determine eligibility. **The information you provide is strictly confidential and used solely for the purpose of determining eligibility.**

Total number of people in household (include yourself) _____

Taxable Income (from the most recent completed tax form – indicate range below with a check mark)

(2008 1040 [line 43] or 1040A [line 27] or 1040EZ [line 6])

_____ 0 – 16,245	_____ 16,246 – 21,855	_____ 21,856 – 27,465
_____ 27,466 – 33,075	_____ 33,076 – 38,685	_____ 38,686 – 44,295
_____ 44,296 – 49,905	_____ 49,906 – 55,515	_____ 55,516 – Over

Do you or your family qualify for: _____ Free Lunch _____ Reduced Lunch

I, the undersigned, confirm that all the information on this application is true to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Printed Name _____

Address _____

Telephone _____ Parent/Guardian or Family Email Address _____

AGREEMENTS AND RELEASES

▶ To participate in activities outside of the school, my child requires special accommodations. Yes No
 If yes, describe _____

▶ I authorize the use of my child's photo by ETS for publicity and recruitment purposes for the duration of the student's involvement in the ETS program. Yes No

RELEASE OF RECORDS

The "Release of Records" is essential to and required for program participation. Records will be used to assess student needs, monitor progress, document eligibility and for reporting purposes. This information is confidential and protected under the General Education Provision Act. Talent Search will not release any confidential information without your written consent.

To the officials of (name of school now attending) _____, I hereby grant permission for the EDUCATIONAL TALENT SEARCH program at Minnesota State University, Mankato, to have access to educational records of (name of student) _____ including grades, test scores, free and reduced lunch eligibility, class schedules, post secondary enrollment, and attendance for the duration of the student's enrollment in the MSU, Mankato Educational Talent Search program.

This also authorizes the postsecondary institutions to release to the Minnesota State University, Mankato Educational Talent Search program copies of college academic enrollment and student aid award information.

 Parent/Guardian Signature (if student is under 18) or Student Signature (if 18 or older)

 Date

FOR OFFICE USE ONLY:

_____ U.S. Citizen or Permanent Resident (Residency Number Included)	_____ Need
_____ Completed 5 th Grade or 11-27 years old OR meets criteria for adult participation	_____ Signatures

<input type="checkbox"/> LI/FG <input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> OTHER	_____ Verified

<input type="checkbox"/> Add <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending	<input type="checkbox"/> Not Eligible (Reason)

Technician's Initials _____ Date _____ Director's Initials _____ Date _____

Date Keyed _____

Notes _____
