

Educational Talent Search Application for Services

Host Institution - Minnesota State University, Mankato

The Educational Talent Search program is funded to serve students who meet the eligibility criteria of low-income and/or first generation potential college student status. In meeting this federal regulation we ask that you provide the following information used to determine eligibility. You are not legally required to provide the information ETS is requesting; however ETS will not be able to consider your application if you do not provide sufficient information. The information you provide is private information and used solely to determine eligibility, report aggregate data and to track student success.

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	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Spouse's Name: _____)	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate Permanent Resident Number _____		
Are you currently enrolled in an Upward Bound Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please answer the following questions about your ethnic and cultural background:		
A. Do you identify yourself as Hispanic/Latino? _____Yes _____No		
B. Which of the following best describes your ethnic/cultural background? Please check ALL that apply to you:		
_____Native American/American Indian	_____Asian-American	
_____African American/African (Black)	_____Caucasian (White)	
_____Hawaiian/Pacific Islander		
<input type="checkbox"/> Current School _____	Grade (2011-12 Academic Year)_____	GPA _____
<input type="checkbox"/> Out of school <input type="checkbox"/> Dropout <input type="checkbox"/> GED <input type="checkbox"/> Other _____	Highest grade completed _____	
How did you learn about the ETS program? <input type="checkbox"/> Classroom presentation <input type="checkbox"/> School Counselor		
<input type="checkbox"/> Referral from friend	<input type="checkbox"/> Info in mail	<input type="checkbox"/> Other _____

ETS SERVICES

After finishing high school, what do you plan to do?		
<input type="checkbox"/> Four year college (public OR private)	<input type="checkbox"/> Two year college (Community OR Technical)	
<input type="checkbox"/> Vocational OR Trade OR Private Institute	<input type="checkbox"/> Military Service (Branch): _____	
<input type="checkbox"/> Other: _____		
Please check ETS services needed or wanted.		
<input type="checkbox"/> Study Skills (time management, test taking, communication skills, etc.)	<input type="checkbox"/> Academic Planning	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Reading/Writing Skills	<input type="checkbox"/> Career Choices	
<input type="checkbox"/> Career Planning	<input type="checkbox"/> College Admissions Information	<input type="checkbox"/> College Visits
<input type="checkbox"/> Application Fee Assistance/Waiver	<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Scholarship Information
<input type="checkbox"/> ACT/SAT Fee Waivers	<input type="checkbox"/> ACT Workshop	<input type="checkbox"/> Succeeding in College

If accepted into the ETS program, I agree to meet with Talent Search advisors, and do my best to academically 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

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PARENT/FAMILY INFORMATION

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

Student lives with most of the time: Both Parents (in same household) Mother Father

(Check all that apply)

Stepmother Stepfather

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

Total number of people in household (include yourself) _____

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

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

Please indicate the Tax Year Used: _____

_____ 0 – 16,335	_____ 16,336 – 22,065	_____ 22,066 – 27,795
_____ 27,796 – 33,525	_____ 33,526 – 39,255	_____ 39,256 – 44,985
_____ 44,986 – 50,715	_____ 50,716 – 56,445	_____ 56,446 – 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. I understand that eligibility for services takes into consideration current academic progress. **To expedite processing, please enclose a current school transcript.**

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 in order for ETS staff to determine eligibility and provide appropriate services. The information requested will be relative to and consistent with my (or my child's) education. Such information may include, but is not limited to: a copy of school transcript, test scores, free and reduced lunch eligibility, class schedules, attendance and financial aid information for as long as I (or my child) is enrolled in the Educational Talent Search program. I authorize the representatives of my (or my child's) secondary school to release said records to the Educational Talent Search staff for purposes said above.

Further, I/we authorize ETS representatives to communicate with representatives from postsecondary institutions on my (my child's) behalf for up to six years post high school graduation. This also authorizes the postsecondary institution in which said student is enrolled to release information about admissions, college academic enrollment and financial aid information including award letters.

This information is used to best determine program services specific to your (your child's) needs, educational progress and for program reporting and verification of postsecondary completion. This information is private and protected under the General Education Provision Act as well as the Family Education Rights and Privacy Act. Should you choose not to sign the release of information, program services may be limited or ETS may not be able to serve you (your child).

 Student Name

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

 Date

Federal and state laws do authorize release of private information without your consent to school officials who have legitimate educational interests in the information; the US Department of Education for the purposes of program compliance; evaluation; in connection with a subpoena; if necessary to protect your health or safety or the health or safety of others; or if required by a court order.

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 _____	Recruitment Code _____
Notes _____ _____	
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