Educational Talent Search

Minnesota State University, Mankato 356 Wiecking Center Mankato, MN 56001 Phone: 507-389-5175 Fax: 507-389-6904 www.mnsu.edu/ets

Educational Talent Search provides support and information to enable students to complete high school and thereafter enter postsecondary providing equal opportunities in education.

Our Mission is YOUR College Admission

TRIO

Educational Talent Search Application for Services

Host Institution - Minnesota State University, Mankato

The Educational Talent Search (ETS) 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	Z	ip			
Phone Ce	ell Phone	Soc. Sec. Numbe	er			
Student Email		Date of I	Birth / /			
Gender: 🗖 Male 🗖 Female Marital Status: 🗖 Single 🗖 Married (Spouse's Name:)						
Are you a U.S. Citizen? 🗖 Yes 🗖 No						
lf No, indicate Permanent Resident Numbe	er:	AND you must attac	ch a copy of your Green Card.			
Are you currently enrolled in an Upward Bound Program? 🗖 Yes 🗖 No Veteran: 🗖 Yes 🗖 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 IndianAsian-American						
African American/African (Black)	African American/African (Black)Caucasian (White)					
Hawaiian/Pacific Islander						
🖵 Current School	Grade (20) 22-23 Academic Year)	GPA			
🗅 Out of school 🗅 Dropout 🗅 GED 🗅 Other Highest grade completed						
How did you learn about the ETS program	? 🛛 Classroom presentatic	n 🛯 School Counselor				
	Referral from friend	🗅 Info in mail 🛛 🕻	Other			
ETS SERVICES						
After finishing high school, what do you plan to do? Four year college (public OR private) Two year college (Community OR Technical) Vocational OR Trade OR Private Institute Other:						
Please check ETS services needed or want Study Skills (time management, test takin Reading/Writing Skills Career Planning Application Fee Assistance/Waiver ACT/SAT Fee Waivers		formation Cc ion Sc	oring areer Choices ollege Visits holarship Information cceeding 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.

CONFIDENTIAL ELIGIBILITY INFORMATION

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HOUSEHOLD INFORMATION

Parent/Guardian #1 Name	_ Parent/Guardian #	#2 Name
Address(if different than student)		
Home Phone	Cell Phone	
Email address (important for ETS communication and follow	w-up)	
Student lives with most of the time (Check all that apply): 🛛 🖬 Both F		n same household)
	Mother	🗅 Father
	Guardian	Foster Parents
	• Other:	
Language spoken in the home: \square English only \square English o	and	
\Box Language other than En	glish (specify)	
Please list any other school and college aged children (ad	ld last name if differen	ent than parents):
Name Age School/College Attending Grade		
Does Mother have a four-year college degree? 🗖 Yes 🗖 N	No	
Does Father have a four-year college degree? 🗅 Yes 🗅 N	10	
FINANCIAL INFORMATION **Please complete for the hous	sehold in which stude	ent resides the majority of the time.
Total number of people in household (include yourself)		
Taxable Income (from the most recent completed tax form	– indicate range belc	low with a check mark)
(1040 [line 15])		
0 - 20,3852	20,386 – 27,465	27,466 – 34,545
34,546 - 41,625 4	11,626 – 48,705	48,706 – 55,785
55,786 - 62,865 6	52,866 - 69,945	69,946 – Over
Do you or your family qualify for free lunch? 🗆 Yes 🛛 No	D	
TUR	N OVER	PAGE PLEASE

ACKNOWLEDGMENTS AND RELEASES

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

\blacktriangleright I authorize the use of my child's photo by ETS for publicity and recruitment purposes for the \Box Ye	s 🗖 No
duration of the student's involvement in the ETS program.	

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 or schools to which they might transfer 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 and access enrollment records from the National Student Clearinghouse 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).

I, the undersigned, confirm that all the information on this application is true to the best of my knowledge. I grant ETS the right to obtain verification of my child's free or reduced lunch status from the school named in this application. I understand that eligibility for services takes into consideration current academic progress. To expedite processing, please enclose a current school transcript.

Student Name (Please print clearly)

Parent/Guardian Name (Please print clearly)

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

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. Citiz	Need			
Completed 5th Grade or 11-27 years old OR meets criteria for adult participation Signature				
*************** LI/FG	***************************************	**************************************	**************************************	

Technician's Init	ials Date	Director's Initials	Date	
Date Keyed	Data Base ID	Recru	uitment Code	
Notes				

Date