

Educational Talent Search Student Application 2008-2009

DIRECTIONS:

- Print clearly in ink.
- Be sure to answer all questions.
- Remember your parent/guardian's signature is required.
- Please submit your completed application to the Talent Search Outreach Specialist at your school.

Mail or fax your complete application to: Rogue Community College
Table Rock Campus
TRIO/Educational Talent Search
7800 Pacific Ave
White City, OR 97503
Ph. 541-245-7747 fax: 541-245-7850

PART 1 - STUDENT APPLICANT INFORMATION (To be completed by the student):

Date:		Name:	
Social Security #:		School ID #:	Email Address:
School:		Current Grade Level:	
Mailing Address: Street and Apt. No.			
City		State	Zip
Home Phone Number:		Alternative Phone Number:	
Date of Birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO – Are you a Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Alien Registration Number (ARN): _____			
Ethnic Background:			
African American or Black		American Indian	Asian/Pacific Islander
Hispanic		White	
Other _____			
What are you favorite school subjects?		What are your least favorite school subjects?	
What grades do you usually get?		What classes (if any) do you think that you will need tutoring in?	
What extracurricular activities are you involved in?			

What college or university do you plan to attend? <div style="text-align: right;"><input type="checkbox"/> Undecided</div>	What do you plan to major in? <div style="text-align: right;"><input type="checkbox"/> Undecided</div>
What type of degree do you plan to obtain? You can check more than one.	
<input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational or Technical School Certificate <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> 4 Year College Degree <input type="checkbox"/> Masters Degree	
<input type="checkbox"/> Undecided	
What kind of career or job would you like to have?	
<input type="checkbox"/> Undecided	
How did you find out about Educational Talent Search?	
Whom do you live with? <div style="display: flex; justify-content: space-around; text-align: center;"> Mother & Father Father Mother Guardian Other </div>	
Name of Guardian if you do not live with one of your parents: _____	
If Other, please describe: _____	
What language is the primary language used at home?	
<div style="display: flex; justify-content: space-around; text-align: center;"> English Spanish Other _____ </div>	

RELEASE OF SCHOOL RECORDS

I authorize the **Educational Talent Search Project (ETS)** at Rogue Community College to access and/or receive copies of my student's academic transcripts, grade reports, report cards, and any other academic information necessary to complete the program's application process. I hereby grant the ETS Project at Rogue Community College full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose, all photographs (together with descriptive text or statements), in which I or my property or my child appear.

Parent's Signature

Date

Student's Name

Student's School

Student's Signature

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. The University and Outreach Programs-TRIO and GEAR UP will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.

PART II – ETS PARENT APPLICATION (To Be Completed by Parent/Guardian):

Student's Name:	School & Current Grade Level:
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mother's Home Phone Number:	Father's Home Phone Number:
Mother's Cell Phone/Pager Number:	Father's Cell Phone/Pager Number:

Educational & Household Income Information (Please note the following information is mandatory):

- Did the parent(s) or legal guardians(s) that the student resides with (prior to the age 18) earn a Bachelors degree at a 4-year college or university? NO YES
- What is the household's **taxable income** (this is the amount after all deductions) from your most recent filing; (IRS 1040 line 43, IRS 1040A line 27, IRS 1040EZ line 6) _____?

<input type="checkbox"/> \$0- \$16,245 (1)	<input type="checkbox"/> \$27,466- \$33,075 (4)	<input type="checkbox"/> \$44,296- \$49,905 (7)
<input type="checkbox"/> \$16,246- \$21,855 (2)	<input type="checkbox"/> \$33,076- \$38,685 (5)	<input type="checkbox"/> \$49,906- \$55,515 (8)
<input type="checkbox"/> \$21,856- \$27,465 (3)	<input type="checkbox"/> \$38,686- \$44,295 (6)	<input type="checkbox"/> over \$55,515 (9)
- Number of family members living in your household supported by this income? _____
- Household Funding Sources (check all that apply)

	<u>Student</u>	<u>Parent1</u>	<u>Parent2</u>
Wages/Salary			
Unemployment			
TANF			
SSI or SSDI			
Social Security			
Other			

I hereby certify that this information is correct to the best of my knowledge. With my signature, I am granting all TRiO EOC personnel access to the information contained on this form for the purposes of program recording, tracking, and reporting as required by the U.S. Department of Education. I allow TRiO EOC personnel to conduct research pertaining to my educational outcomes as they relate to the TRiO EOC program using phone, email or other digital mediums.

Parent's Signature

Date

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