



STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth ____/____/____ School _____ Grade _____

The Educational Talent Search Program is federally funded, therefore we must document your family's income for eligibility determination purposes ONLY.

- YES NO As of today, are you, **the STUDENT**, married?
- YES NO Are both of **the STUDENT'S** parents deceased, or are you (or were you until age 18) a ward/dependent of the court?
- YES NO Do you, **the STUDENT**, have dependents who live with you and who receive more than half of their support from you?
- YES NO Are you, **the STUDENT**, a veteran of the U.S. Armed Forces?

FAMILY INCOME INFORMATION

If you (the STUDENT) answered "No" to all questions above, complete income information below for your Father/Stepfather and Mother/Stepmother. If you answered "Yes" to ANY of the above questions, complete income information below for INDEPENDENT STUDENT ONLY.

1. Do you, the parent/stepparent, file income taxes?

- YES Indicate your status when filing : Married/Joint Filing Head of Household
- NO

SOURCE OF FAMILY INCOME FROM THE YEAR 200_____	<u>Father/Stepfather</u> Job title	<u>Mother/Stepmother</u> Job title	INDEPENDENT STUDENT ONLY
<input type="checkbox"/> Employment (Work)	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Unemployment	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Disability	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Social Security Benefits	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Public Assistance (i.e. Cal Works, TANF)	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Child Support	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Veteran's Benefits	\$ _____ per year	\$ _____ per year	
<input type="checkbox"/> Other	\$ _____ per year	\$ _____ per year	

2. Total Family Yearly Income

\$ _____

3. Total Number of Family Members, including student

I certify the above information and income data is accurate to the best of my knowledge. I further understand that my records will be kept confidential in the Educational Talent Search office and will be used used for statistical information only.

Parent or Guardian Name (please print) _____ Relationship _____

Parent or Guardian Signature _____ Date _____