EDUCATIONAL TALENT SEARCH TRIO Program-US Department of Education CALIFORNIA STATE UNIVERSITY, LONG BEACH

HIGH SCHOOL PROGRAM

## STUDENT INFORMATION

1

ETS/Educational Talent Search

LAST NAME			FIRST NAME MIDDLE NAME						
		(i.e. nickname)			שוואו				
Street Ad				Apt.#	City		7in		
Sileer Ad	uless			Date of Birth		Zip			
E-mail Ad	dross			Dule of bill	Home Phone#	F	de		
	e(s) spoken at	homo		Cell Phone#	nome mone#				
Languag		nome		Cell I Horie#					
Gender	Male	Female	Marital Status	Single	Married	Veteran	Yes	No	
Citizenshi	p Status								
	U.S. Citizen					-			
	U.S. Perman	ent Resident—							
	Other (SPEC	IFY)							
Educatio	n								
High s	chool you curr	ently attend							
Currer	nt grade level	Trac	ck	Year ye	ou will graduate from	n high school			
Schoo	I ID Number								
List an	y brothers/siste	ers you have that are	in grades 9-12 and	are currently a	attending school.				
Name				chool		Grade			
Name			Sc	chool		Gr	ade		
Colleges	you are intere	sted in attending:		Majors/Car	eers you are interest	ed in :			
1	)			1)					
2				2)					
3	)		3)						
How did y	you hear abou	+ FTS2							
	Teacher/Co		Brochure/Info Tab	le	Class Presentation				
	Participant,	/Friend	Summons		Other				
Are you p	presently a par	ticipant of an educo	itional program suc	h as:					
Anothe	er Talent Searc	h - Location		Upv	ward Bound - Locatic	on			
Cal SO	AP	GEAR UP	Ot	her (specify)					
STAFF U	JSE ONLY								
Student R	Referred by								
Commer									
-1-1 /00									
ets-hs/2011									



Part 2

#### ETHNICITY

To conform to the new guidelines from the Federal Government, we must collect detailed information about the participant's ethnic and racial backgrounds. This information will not affect the student's application for program acceptance.

#### IF THE APPLICANT IS A MINOR, WE MUST HAVE THE STUDENT'S PARENT OR GUARDIAN COMPLETE THIS SECTION:

1. With regard to ethnicity, do you consider the STUDENT Hispanic or Latino? (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

YES

NO

2. If you answered NO to question 1 above, please select below one or more of the following groups in which you consider the STUDENT to be a member:

#### If you answered YES, please select below if applicable:

- 2a. American Indian or Native Alaskan A person having origins in any of the original peoples of America and who maintains a tribal affiliation or community attachment.
- 2b. **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand, and Vietnam.
- 2c. Black /African American A person having origins in any of the Black racial groups of Africa.
- 2d. White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 2e. **Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii or other Pacific islands such as Samoa and Guam.

#### PARENT INFORMATION

#### Check who student lives with:

Father (natural or adoptive) Mother (natural or adoptive) Stepfather Stepmother

Guardian—relationship Foster Care/Ward of the Court

#### Educational level for parent(s) student lives with:

 

 Enter Father's (natural or adoptive) highest grade level completed
 Enter Mother's (natural or adoptive) highest grade level completed

 Grade 1 2 3 4 5 6 7 8 9 10 11 12
 Grade 1 2 3 4 5 6 7 8 9 10 11 12

 College 1 2 3 4 4+
 UNKNOWN

 Does your father have a bachelor's (4-year) degree? Yes
 Yes

 Yes
 No

# CERTIFICATION

I give my consent to Educational Talent Search (ETS) to secure and review information that may be needed to verify my income, to complete applications to postsecondary institutions and financial aid programs. I hereby grant permission to the personnel of my child's school to provide copies of transcripts, test scores, and academic progress reports to the ETS staff. I certify that the above information is correct to the best of my knowledge. I understand that all the information will be held in the strictest of confidence and used for statistical purposes only. Student Signature

Parent or Guardian Name (please print)	Relationship
Parent or Guardian Signature	Date



# **INCOME ELIGIBILITY FORM**

# **STUDENT INFORMATION**

Last Name		First Name	Middle Name
Date of Birth		School	Grade
The Education determination		nt Search Program is federally funded, therefore we must document your ses ONLY.	family's income for eligibility
YES	NO	As of today, are you, <b>the STUDENT,</b> married?	
YES	NO	Are both of <b>the STUDENT'S</b> parents deceased, or are you (or were you until ag	ge 18) a ward/dependent of the court?
YES	NO	Do you, the STUDENT, have dependents who live with you and who receive m	nore than half of their support from you?
YES	NO	Are you, <b>the STUDENT</b> , 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 Married, filing separately

NO						
		<u>Father/Stepfather</u> rk Title/ cupation:		<u>Mother/Stepmoth</u> Work Title/	INDEPENDENT STUDENT ONLY	
				Occupation:		
Employment (Work)	\$	pery	year	\$	per year	
Unemployment	\$ per			\$ per year		
Disability	\$   per year			per year		
Social Security Benefits	\$ per year			\$ 1		
<b>Public Assistance</b> (i.e. Cal Works, TANF)	\$ per year			\$ per year		
Child Support \$		per year		\$ per year		
Veteran's Benefits \$		pery	year	\$ per year		
Other	\$	pery	year	ar \$ per year		
Total Family Yearly Income (Tax filers -1040 line 7b)		\$		<b>xable Income</b> lers -1040 line 11b)	\$	
Total Number of Family Mem	<b>I</b> a a wa	1			<u>I</u>	

4. Total Number of Family Members including student

2.

If parents file an income tax form, *PLEASE* verify the totals in #2 and #3 are accurately copied from your latest tax form. 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 for statistical information only.

Parent or Guardian Name (please print)

EDUCATIONAL TALENT SEAR TRIO Program-US Department of Educa CALIFORNIA STATE UNIVERSITY, LONG BEA HIGH SCHOOL PROGRAM	tion	INDIVIDUAI ASSESSMENT PLAN				
STUDENT INFORMATION						
Last Name	First Name	Middle Name				
Date of Birth	School	Graduation Year				
PROGRAM SERVICES REQUESTE	D					
Please check below the areas in white enroll in postsecondary education.	ch you will need assistance to grac	duate from high school and				
Academic Planning		rmation on high school graduation requirements and college entrance requirements (a–g uirements). Initial postsecondary course selection, if applicable.				
Postsecondary Advisement	Assistance in researching options in high Independent, Trade/Vocational, and/or ou	her education (i.e. community college, CSU, UC, private/ ut of state college).				
College Entrance Exams	Information and registration assistance college placement tests; test prep reso	with PSAT, SAT Reasoning, SAT Subject, ACT, and urces.				
Financial Aid Information and Financial Literacy	Information on the financial aid proce information, and connections to finar	ess and paying for college, scholarship ncial literacy education.				
Tutoring	Provide tutoring or tutorial referral. Subject area(s)					
Postsecondary Exposure	College campus tours and visits.					
<b>College Application</b> (Service provided in 12 <sup>th</sup> grade)	Assistance in completing college app independent, trade/vocational, and/	plications for community college, CSU, UC, private/ /or out of state colleges.				

**Financial Aid Application** (Service provided in 12<sup>th</sup> grade) Assistance completing the Free Application for Federal Student Aid (FAFSA), Cal Grant, CSS Profile, scholarships, and other related documents.

# EDUCATIONAL PLANS

# What are your plans AFTER graduating from HIGH SCHOOL?

Attend a 2-year community college (i.e. Cerritos College, El Carnino College, Long Beach City College, etc.)	Join the military
Attend a 4-year college/university (i.e. UCLA, USC, Harvard, CSU Long Beach, etc.)	Work ONLY will not attend college after high school graduation
Attend a Trade/Vocational school (i.e. FIDM, DeVry, American Career College, UTI, Westwood College etc.)	Other
Student Signature	Date
STAFF USE ONLY	

The above named student: demonstrates a need for one or more ETS services does not demonstrate a need for ETS services I verify that I have reviewed the student's IEP and will provide the requested services in a timely manner.									
Advisor			Eligibility #		Date				
Approval	Acce	ept Date		1	2	3	3	4	
Grad. Year		GPA Overall			GPA a-g				
Enter Date	Initials	Ltr. Sent Date		Cl	osed Out				

STUDENT INFORMATION		
Last Name	First Name	Middle Name
Date of Birth	School	Graduation Year

I understand that I am making a commitment to enroll in and participate in the Educational Talent Search (ETS) program from this time until I have graduated from a postsecondary institution.

My commitment includes:

EDUCATIONAL TALENT SEARCH

RiO Program-US Department of Education CALIFORNIA STATE UNIVERSITY, LONG BEACH

HIGH SCHOOL PROGRAM

- + taking the initiative to meet and communicate with my ETS College Advisor Mentor as needed to discuss my high school courses and my college plans;
- + participating in program sponsored activities such as college, career, personal development and academic enrichment workshops, and college visits, to the best of my ability;
- + making every effort to complete all 'a-g' courses with a 'C' or better;
- + maintaining the ETS GPA requirement for my grade level;
- + attending tutorial sessions if required;
- + using all the resources provided to me by ETS, my school, and my community; and
- + preparing to enter a postsecondary institution after graduation.

Student Signature

## AUDIO/VISUAL RELEASE

I grant permission to ETS and CSU, its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Neither ETS nor CSU will materially alter the original images. I agree ETS and CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university sponsored web sites, publications, promotions, broadcasts, advertisements, posters, and theater slides, as well as for nonuniversity uses. I waive any right to inspect or approve the furnished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release ETS and CSU and its employees and agents, including any authorized firm to publish and/or distribute a finished product containing the images from any claims, damages or liability which I may ever have in connection with the taking of and/or use of the images or printed material used with the images.

## I consent to the audio/visual release.

## I do not consent to the audio/visual release.

# STUDENT AGREEMENT and RELEASE FORM

Date