

Colorado State University

EDUCATIONAL TALENT SEARCH APPLICATION

Mailing Address:
The Access Center
Colorado State University
8200 Campus Delivery
Fort Collins, CO 80523 – 8200

Office Location:
TRIO House
1405 South College Avenue
Colorado State University
Office 970.491.6473 Fax 970.491.1077

Please complete all **FOUR** pages - incomplete applications will not be accepted - Completion of this application does not guarantee acceptance - All information reported on this application is kept confidential

Por favor de llamar al (970) 491-6473 si necesita ayuda con esta aplicacion

STUDENT INFORMATION

1. Name _____
First _____ Middle _____ Last _____
2. Home Address _____
_____ City _____ State _____ Zip Code _____
3. Parent Phone _____ Parent Email _____
4. Student Cell _____ Student Email _____
5. Facebook/Twitter _____
6. Gender _____ Date of Birth _____ Student SSN _____
7. School _____ Grade _____ Expected Year of High School Graduation: _____
8. US Citizen? Yes
 No → ***If No, you must attach a copy of the student's Permanent Resident Card***
9. Ethnicity: Are you Hispanic or Latino? Yes No
10. Please select the race(s) you identify with:
Asian Black or African American Hispanic or Latino Native American
White Other
11. Please select any other programs you participate in: Educational Opportunity Center GEAR UP
Upward Bound Upward Bound Math/Science Talent Search Other: _____
12. Are you in foster care or considered a Ward of the State? ***If YES, skip to page three*** Yes No

FAMILY INFORMATION

13. List names of all people living in your home and provide the highest grade completed:

NAME	AGE	RELATIONSHIP TO YOU	WORK	GRADE

FAMILY INCOME INFORMATION (to be completed and signed by Parent/Legal Guardian)

Required by US Department of Education

1. **Did you, as natural parent, stepparent or legal guardian, file a 2020 Income Tax Return?**

Yes → Number of exemptions claimed: _____ Gross Income: \$ _____ Taxable income: \$ _____

Adjusted Gross Income and Taxable Income are different numbers. Taxable Income is the amount on line 10 on form 1040 (or line 24 on Form 1040-SR) of your 2020 income tax return. Please call (970) 491-6473 if you would like help with this question.

No → List total amounts received in 2020 for the following sources:

Wages/Salary	\$ _____	Spouse/Partner or Parent	\$ _____
Public Assistance/TANF	\$ _____	Social Security Income	\$ _____
Unemployment Insurance	\$ _____	Other:	\$ _____

Number of family members supported with this income: _____

- | | | |
|---|-----|----|
| 2. Did your student qualify for free lunch at school | Yes | No |
| 3. Are you currently homeless or receiving McKinney-Vento Assistance? | Yes | No |
| → If yes, please provide a copy of verification of services by a certified coordinator or liaison. | | |
| 4. Has any <u>natural parent, stepparent or legal guardian</u> of this student received a <u>four-year college degree</u> ? | Yes | No |

Certification: I certify that the above information is true and correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date

Office Use Only: 1-19,320 2-26,130 3-32,940 4-39,750 5-46,560 6-53,370 7-60,180 8-66,990 +

ACADEMIC INFORMATION & ASSESSMENT

1. What kind of college/university are you interested in attending (check at least one box below)?

vocational/ technical college/ trade school/ technical institute

two-year community college and/or transfer program (public or private)

four-year university (public or private)

2. What are you interested in studying in college?

3. List 3 things you are doing to earn good grades.

4. List 3 things that are keeping you from earning good grades.

5. List school activities (sports, clubs, band, etc.) you are involved in this year.

6. Why do you want to be in the Educational Talent Search Program?

7. Please **select** the services you need:

college selection

motivation

college admissions/application

financial aid/scholarships

field trips to colleges

course selection

academic support/study skills

career exploration

8. HIGH SCHOOL STUDENTS, please provide cumulative GPA: _____

9. ALL STUDENTS: Have your teachers record your current grades or attach a current progress report

PERIOD/SUBJECT	GRADE	DATE	COMMENTS: effort, commitment	TEACHER'S INITIALS
1				
2				
3				
4				
5				
6				
7				
8				

OVER →

SIGNATURES AND RELEASE OF RECORDS

Our signatures below indicate that to the best of our knowledge, the information given on this application is true, complete, and accurate. We authorize any public school, educational program, and/or postsecondary institution to release to Colorado State University Educational Talent Search, upon their request, information pertaining to my academic, enrollment and financial assistance records.

With my signature below (parent, or student if 18 or over), I hereby grant permission to the staff of the Colorado State University Educational Talent Search Program, to access my (my child's) school records, including **grades, test scores, and free or reduced lunch eligibility**. These records will be used to assess student needs, monitor student progress, document eligibility for the program, and for reporting purposes.

I (parent, or student if 18 or over) hereby authorize post-secondary institutions to release to Talent Search copies of **college academic, enrollment, and student aid award** at the college/university I will be attending after high school graduation.

As a parent or legal guardian signing this form, I give permission for my child to participate in all program-sponsored activities. I also give permission for the use of my (my child's) name and/or photograph for editorial, promotional, recruitment, or educational purposes.

If accepted into the program, I agree to attain personal, academic, and career goals that I and Educational Talent Search set for myself. I also agree to treat myself, other Educational Talent Search students, and staff with respect, and be a positive representative of the program.

_____	_____	_____
Student Signature	Date	Student School ID #
_____	_____	_____
Parent/Legal Guardian Signature	Printed Name	Date

This form complies with the Family Educational Rights and Privacy Act of 1974 (Public Law 93-80, Section 513 (b)(4)(a))

All information will be kept confidential. The information shall only be transferred to a third party outside The Access Center and the Educational Talent Search Program on the condition that written consent of the parents or guardians (or applicant, if over 18) is first obtained.

Office use only: Date of Entry _____ Grade___ Gender _____ Elig_____ Eth____ School_____
Eligible Participant: Yes___ No___ Student demonstrates need for ETS services: Yes___ No___
Reviewed for Admission Date _____ By _____ Letter of Acceptance Date _____