



# ETS Application

<b>For Office Use Only</b> Date Received: _____ <input type="checkbox"/> LIFG <input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> Other Acceptance: <input type="checkbox"/> yes <input type="checkbox"/> no
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PO Box 967, Roseburg, OR 97470  
 (541) 440-4606 phone (541) 440-4612 fax

Please fill out both sides completely in ink.

## STUDENT INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last First Middle Initial

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student email: \_\_\_\_\_

Are you a citizen of the United States?  yes  no If no, give permanent resident ID#: \_\_\_\_\_

Gender:  Male  Female Birth date: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

**Cultural Background: Are you Hispanic/Latino?** Yes  No

Select one or more of the races below:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian                          |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Native Hawaiian/Pacific Island |
| <input type="checkbox"/> White                             | <input type="checkbox"/> Two or More Races              |

### ELIGIBILITY INFORMATION-TO BE COMPLETED BY PARENT

Educational Talent Search is a federally funded grant aimed to reach individuals with certain incomes and/or whose parents have not obtained a Bachelor's Degree. We are required to ask the following information for this purpose:

1. DOES EITHER PARENT HAVE A 4-YEAR COLLEGE DEGREE? Yes  No

2. Does the student qualify for the Free or Reduced Meal Program? Yes  No

3. Total Number in Household (as reported on tax return): \_\_\_\_\_

4. Annual taxable income (not gross) for family in 2018: (amount) \$ \_\_\_\_\_ do NOT leave this blank Please use tax form from person(s) student lives with 51% of the time. (Form 1040, Line 43 or Form 1040A, Line 27). If the answer is zero, write "0". If possible please include a copy of last year's tax return. If you do not file taxes please write "Do Not File".

2018 - 2019	
#Dep	Income
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,225
6	\$51,885
7	\$58,515
8	\$65,145

5. Student lives with:

- Both Mother and Father   
  Mother Only   
  Father Only   
  Foster Parents  
 Mother and Stepfather   
  Father and Stepmother   
  Other (describe): \_\_\_\_\_   
  Other Guardian: \_\_\_\_\_

6. IS THE APPLICANT A WARD OF THE COURT?  Yes  No Caseworker Name: \_\_\_\_\_ Number: \_\_\_\_\_

7. Parent/Legal Guardian I/Other

7. Parent/Legal Guardian II/Other

Full Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Student lives with me \_\_\_\_\_% of the time  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Student lives with me \_\_\_\_\_% of the time  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

8. Please list names of all the siblings who live in the student's primary household (use additional paper if needed).

Name	Age	Relationship	School/Grade (if in grades K - 12)

## RELEASE OF INFORMATION

I/we authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of school transcripts, report cards, test scores, ACT/SAT or GED scores, and school lunch program eligibility. I/we authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other), a copy of my award notification from the financial aid office, and college admission information. I/we authorize ETS to release to or obtain information from any agency or program providing supplemental services. We would like to be part of the ETS program. I hereby give my permission for my child to participate in all ETS activities.

**Your signatures below testify to the accuracy of all information provided on this application.**

Parent Signature \_\_\_\_\_ Parent Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Student Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Please check: Yes \_\_\_ No \_\_\_ I give permission for my son/daughter to be interviewed, photographed or videotaped by Educational Talent Search for use on radio, TV, in printed news media, or in program promotional materials and documentation.

## STATEMENT OF CONFIDENTIALITY

The information you provide in this application is confidential according to the Family Rights and Privacy Act. The US Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized Educational Talent Search staff.

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## LEARNING ASSISTANCE PLAN – TO BE FILLED OUT BY STUDENT

**I need help with:**

**(List from 1 – 7 with 1 being the area you most need help in)**

- \_\_\_ Study skills and habits
- \_\_\_ Organization/time management
- \_\_\_ Tutoring (Subject: \_\_\_\_\_)
- \_\_\_ PSAT/SAT preparation
- \_\_\_ Planning high school/college classes
- \_\_\_ Career exploration
- \_\_\_ College scholarships, financial aid, admissions

1. Do you plan to go to college after you graduate?  Yes  No  Not sure
2. Will you attend ETS meetings with your coordinator?  Yes  No  Not sure
3. Do you plan on attending college visits?  Yes  No  Not sure
4. Do you plan on attending cultural events?  Yes  No  Not sure
5. What careers and jobs interest you the most? \_\_\_\_\_