



ETS Application

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| For Office Use Only 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:

- American Indian or Alaskan Native
- Black or African American
- White
- Asian
- Native Hawaiian/Pacific Island
- 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:

- DOES EITHER PARENT HAVE A 4-YEAR COLLEGE DEGREE? Yes No
- Does the student qualify for the Free or Reduced Meal Program? Yes No
- Total Number in Household (as reported on tax return): _____

| 2019 - 2020 | |
|-------------|----------|
| #Dep | Income |
| 1 | \$19,140 |
| 2 | \$25,860 |
| 3 | \$32,580 |
| 4 | \$39,300 |
| 5 | \$46,020 |
| 6 | \$52,740 |
| 7 | \$59,460 |
| 8 | \$66,180 |

4. Annual taxable income (NOT GROSS) for family in 2019: (amount) \$ _____
do NOT leave this blank Please use tax form from person(s) student lives with 51% of the time. 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".

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

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

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: _____

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) |
|------|-----|--------------|------------------------------------|
| | | | |
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| | | | |

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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| 2. Will you attend ETS meetings with your coordinator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Do you plan on attending college visits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| 4. Do you plan on attending cultural events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| 5. What careers and jobs interest you the most? _____ | | | |