I. PERSONAL INFORMATION:
Please Print

DATE: _____

Name _____ Social Security Number _____ - _____ - _____
        Last   First   Middle

Address _____ City/State/Zip _____

Student Phone # _____ E-mail _____

Date of Birth _____ Age _____ Gender: ☐ Male ☐ Female

Is English your second language? ☐ Yes ☐ No   Are you Hispanic or Latino? ☐ Yes ☐ No

Ethnic Origin (select one or more)
☐ Black or African American   ☐ White   ☐ American Indian or Alaska Native   ☐ Native Hawaiian or Other Pacific Islander
☐ Asian   ☐ Two or More Races

Are you a U.S. Citizen? ☐ Yes ☐ No
If no, are you a Permanent Resident? ☐ Yes ☐ No   If yes, Resident # _____

School Name _____ Grade _____

Emergency Contact Name _____ Phone # _____

II. FAMILY INFORMATION:
(TO BE COMPLETED BY PARENT/GUARDIAN)

ETS is required to verify that our participants meet federal criteria based on educational background and household income level. This information is required of all applicants and may need to be verified in order for students to qualify for participation. The information provided will be kept confidential.

Parent(s)/Guardian(s) Name	*Relationship to Student*	*Phone #*

Does the student's birth/adoptive Parent 1 have a Bachelor's degree or higher?   ☐ Yes ☐ No
Does the student's birth/adoptive Parent 2 have a Bachelor's degree or higher?   ☐ Yes ☐ No

Student lives with: ☐ Both Parents   ☐ One Parent   ☐ Guardian(s)   ☐ Foster Parent(s)   ☐ Other

Number of people living in the home (including student):   Adults _____   Children _____

*IF AVAILABLE, PLEASE ATTACH A SIGNED COPY OF LAST YEARS FEDERAL INCOME TAX FORM
FAMILY TAXABLE INCOME:
PLEASE USE **2022 INCOME TAX RETURN**:
TAX FORM **1040**, report from line #15 $_____

IF YOU **DID NOT FILE AN INCOME TAX RETURN**, PLEASE INDICATE YOUR SOURCE OF INCOME AND **ANNUAL** AMOUNT

     Source: _____   Annual Amount: $_____

Do you receive any of the following benefits?
If so, please check those that apply and attach a copy of the latest benefits notification letter (if available).

☐ Government Housing   ☐ Social Security   ☐ Food Stamps   ☐ TANF
☐ Unemployment   ☐ School Lunch Program   ☐ Child Support   ☐ None

III. PARENT/GUARDIAN PERMISSION AUTHORIZATION STATEMENT:

I, _____ (parent/guardian name) give my permission for _____ (student name) to receive any medical attention, including preventive routine and/or emergency care and dental services as deemed necessary by qualified medical personnel in the event such treatment is necessary during the entire time my student is participating in an Educational Talent Search planned activity. I further agree and understand that the Educational Talent Search Program staff members CANNOT and WILL NOT be held responsible for accidents or injuries. I give my student permission to be interviewed and/or photographed by digital, still photo film or video recorder by the Educational Talent Search Program for use on radio, TV, printed media, or in project documentation and promotional materials. Educational Talent Search Program staff members may request and receive any educational records and/or other required documentation for the above named applicant to participate in the Educational Talent Search Program. With my signature, I certify that all information given is true and correct.

Parent/Guardian Signature _____ *Date* _____

IV. STUDENT COMMITMENT STATEMENT:

If selected as a member of Paris Junior College's Educational Talent Search, I agree to participate in the program and conduct myself in a way to bring credit to myself, my family, my school, and the Educational Talent Search Program. I agree to attend planned meetings during the academic year and attend selected field trips.

Student Signature _____ *Date* _____

Student Personal Statement:
Please write a brief statement indicating why you want to participate in the Educational Talent Search Program. You may also include what you expect to gain from your participation in the program.

_____
_____
_____
_____
_____
_____

V. SCHOOL OFFICIAL REFERRAL STATEMENT:

Statement of Need/Academic Potential:

_____
_____
_____
_____
_____
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_____
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_____
_____
_____

Signature of Evaluating School Official _____ *Date* _____

****Please attach a copy of student's most recent report card or transcript****