Educational TALENT SEARCH
PARIS JUNIOR COLLEGE

I. PERSONAL INFORMATION:

DATE: _____

Please Print

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

Address _____ City/State/Zip _____

Home Phone #_____ Student Cell Phone # _____Parent Cell 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 ☐ Asian ☐ White

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander Other _____

Are you a ☐ U.S. Citizen ☐ Eligible non-citizen # _____ Country of Birth_____

School Name_____ Grade _____

Emergency Contact _____ 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.

Heads of Household	***Relation to Student***	***Work Phone***
Name _____	_____	_____
Name _____	_____	_____

Does Mother/Female Guardian have a 4 year degree ☐ Yes ☐ No
Does Father/Male Guardian have a 4 year degree ☐ Yes ☐ No

Does student live with ☐ Both Parents ☐ One Parent ☐ Guardian ☐ Foster Parent(s) ☐Other
Number of people living at home: Adults _____ Children _____

FAMILY TAXABLE INCOME:
PLEASE USE **2013** INCOME TAX RETURN IF AVAILABLE, OTHERWISE USE YOUR **2012** RETURN:

If you filed a **2013** TAX FORM 1040, report from line #43 $_____
If you filed a **2013** TAX FORM 1040A, report from line #27 $_____
If you filed a **2013** TAX FORM 1040EZ, report from line # 6 $_____

IF YOU DID NOT FILE AN INCOME TAX RETURN, PLEASE INDICATE YOUR SOURCE OF INCOME AND ANNUAL AMOUNT Source: _____ Amount: _____

IF AVAILABLE, PLEASE ATTACH A COPY OF LAST YEARS FEDERAL INCOME TAX FORM

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, _____give my permission for _____ 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 son/daughter 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 accident or injuries. I give my son/daughter permission to be interviewed and/or photographed by digital, still photo film or video recorder by 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 Signature _____ ***Date*** _____

IV. STUDENT COMMITMENT STATEMENT:

If selected as a member of Educational Talent Search of Paris Junior College, 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***_____

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 COUNSELOR REFERRAL STATEMENT:

Statement of Need:

Statement of Academic Potential:

Signature of Evaluating School Official _____ ***Date***_____

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