



Our Mission

The Talent Search Program provides academic, career, and financial counseling to its participant and encourages them to graduate from high school and continue on to complete postsecondary education.

Part I: Background and Contact Information

(Please complete all portions in blue or black ink and return application to your TS Coordinator or the address above)

Student's Last Name: _____ First Name: _____ MI: _____
Social Security No. _____ Birthdate: _____
Mailing Address: _____ City/State/Zip: _____
Phone: _____ School: _____ Grade Level: _____

Ethnic Background (optional):

- 1. Are you Hispanic/Latino? [] Yes [] No
2. Please choose the race(s) with which you identify:
[] American Indian/Alaskan Native [] Asian [] Black/African American
[] White [] Native Hawaiian/Pacific Islander [] More than one ethnicity (mark all that apply)

Gender (Optional): [] Male [] Female [] Other: _____

Part II: Eligibility Information Based on Federal Regulations

(This section must be completed by parent or legal guardian)

Is the student a U.S. Citizen? [] Yes [] No If no, is the student a legal resident of the United States? [] Yes [] No

Is the student foster care? [] Yes [] No

Family Taxable Income: _____ Number living in household: _____
(Taxable income can be found on IRS 1040 line 43, IRS 1040EZ line 6, or IRS 1040A line 27)

Signature of Parent or Guardian providing income information: _____

Highest Level of Education obtained by (circle one):

Mother: Bachelor's Degree or Higher Father: Bachelor's Degree or Higher
Associate's Degree Associate's Degree
High School Diploma or GED High School Diploma or GED

Part III: Parent/Guardian Information

Name: _____ Relationship: _____
Address: _____ City/State/Zip _____
Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Phone Number: _____ Email: _____

This person is authorized to drop off/pick up student from activities. [] Yes [] No Parent/Guardian Initials: _____

Part IV: Needs Assessment

Please mark any of the following areas of need:

- Tutoring (Circle one or more): Reading Writing Math Science Other: _____
 - Advice/Assistance in Course Selection Understanding HS Graduation Requirements
 - Assistance preparing for: College entrance examinations & admission applications
 - ACT/PSAT/SAT Test Preparation Workshops Scholarship Applications
 - College Search College visit Information about Financial Aid FAFSA Assistance
 - Access to information about financial and economic literacy/financial planning (for student & parent)
- Assistance in:
- Returning to high school Finishing GED program Alternative Education Programs

Part V: Permission and Consent to Release Records

I _____ understand that, if accepted, participation in the program is a privilege and that the rules and regulations of the program must be adhered to during all occasions related to program activities or I may be dismissed from the program. I also confirm that the information on this application is true to the best of my knowledge. Specifically, I confirm that all eligibility information provided in part II is accurate.

Consent to release school records for limited purposes: I understand the application and other data (grades, test scores, income, social security number, etc.) are requested and maintained to be used for eligibility, needs assessment, service delivery, and federal reporting purposes. At no time will my name be identified or linked to published data without written permission.

Permission to use images (please mark yes or no at the end of this statement): I authorize the program to interview me and to use my picture for publication such as newsletters, news releases, recruiting presentations, and other forms of communications not listed. I may elect to withdraw this permission at any time without penalty or denial of services. Yes No

Applicant Printed Name: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:

Intake completed by: _____ Date: _____

Eligibility to participate in the program:
___ Low-income/First Generation ___ Low-income ___ First-gen only

Intake Reviewed by: _____ Date: _____

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