Student Application

What is Educational Talent Search?

Educational Talent Search (ETS) is a federally funded program by the Department of Education. It has the goal of helping youth, grades 6th-12th, to complete high school and enroll in a postsecondary educational institution of their choice. ETS provides both group and one on one mentor sessions with a pre-college advisor who informs, educates, advises and encourages students on career and college choices.

Educational Talent Search participants receive educational tutoring, guidance on middle and high school course selection, career counseling, financial aid resources, college and scholarship information. Participants have the opportunity to attend college tours, educational field trips and learn about different career opportunities.

Montana Educational Talent Search has more than 25 years experience assisting students reach their goals for higher education. We serve eligible students in the Blackfeet, Crow, Flathead, Great Falls and Northern Cheyenne Target Areas.

Applicants are selected for the program in compliance with section 427 of the U.S. Department of Education’s General Education Provisions Act (GEPA). This ensures that an applicant will not be denied program services based on gender, race, national origin, color or disability.

Personal Information is required of both parents and students in accordance with the United States Department of Education regulations. This information will be securely handled and protected by the Family Educational Rights & Privacy Act (FERPA). No one outside of ETS program has access to the personal data you provide. Great care is taken to maintain your confidential information and no information is given away without additional permission from participants and their parent or legal guardian. Please sign and date the remainder of the application in order to comply with confidentiality policies.

This program is funded by a grant from the U.S. Department of Education: Grant Number PO44A111028

Jeannie Origbo, Director  406.444.0334  jorigbo@montana.edu
Aspen Herndon, Assistant Program/Data Manager  406.444.0335  aherndon@montana.edu
Joe Jessepe, Browning Area Pre-college Advisor  406.338.2745  jjessepe@montana.edu
Michael Leadercharge, Flathead Area Pre-college Advisor  406.275.4871  mleadercharge@montana.edu
Chelsea Freeman, Flathead Area Pre-college Advisor  406.275.4871  cfreeman@montana.edu
Dugan Coburn, Great Falls Area Pre-college Advisor  406.268.6609  dcoburn@montana.edu
Shirley Bollich, Great Falls Area Pre-college Advisor  406.268.6199  sbollich@montana.edu
Danetta Fisher, Northern Cheyenne Area Pre-college Advisor  406.477.8607  dfisher@montana.edu
Lauren Stites, Crow Advisor, Pre-college Advisor  406.639.2385  lstites@montana.edu
Student Application

Legal Name

First                  Middle Initial                Last

Address

Street/ PO Box

City                  State                  Zip

Social Security Number - -  Male_______  Female_______

Birth Date  /  /  Are you a U.S. Citizen?  Yes______  No______

Home Phone

Student Cell Phone

Email Address

Ethnicity:  Hispanic/ Latino______  Not Hispanic/Latino______

Race: (Check all that apply)

White_______  Asian_______  African American_______

Native Hawaiian______  Pacific Islander_______  American Indian_______

Additional Information you would like us to know:_____________________________________

Please describe any disability you have:_______________________________________________

Please circle your current grade level:

7  8  9  10  11  12

What school do you currently attend? _______________________________________________

Please complete the required student information with a parent or legal guardian.  For additional guidance or information please contact your local Pre-College Advisor.  The information listed below is required for Federal Grant purposes and information is only shared with those involved in the Talent Search Program.  Parents or legal guardians should complete the following information.  For additional guidance or information please contact your local Pre-College Advisor.  The information listed below is required for Federal Grant purposes and information provided is only shared with those involved in the Talent Search Program.
Student Application

Please provide information on who the student currently lives with:
Guardian #1

_________________________________________________________
First Name                       Middle Initial                       Last Name

Employer                      Work Phone                      Cell Phone

U.S. Citizen?   Yes_____   No____  Email______________________________

Relation to Student: ____________________________________________

Circle Guardian #1 level of education completed:
No HS or GED   HS or GED   Associates Degree   Bachelors Degree or Higher

Guardian #2

_________________________________________________________
First Name                       Middle Initial                       Last Name

Employer                      Work Phone                      Cell Phone

U.S. Citizen?   Yes_____   No____  Email______________________________

Relation to Student: ____________________________________________

Circle Guardian #2 level of education completed:
No HS or GED   HS or GED   Associates Degree   Bachelors Degree or Higher

Parent’s Marital Status (Please circle all that apply)

Married     Divorced     Living Apart     Separated

Father Remarried     Father Deceased     Mother Remarried     Mother Deceased

Does student reside with the Natural Father?   Yes_____   No____

Does the student reside with the Natural Mother? Yes_____   No____

If No, please indicate who student resides with: __________________________

Total number of family members in the student’s household: ______________
Parents or legal guardians should complete the following information. For additional guidance or information please contact your local Pre-College Advisor. The information listed below is required for Federal Grant purposes and information provided is only shared with those involved in the Talent Search Program.

In order to verify income for Federal Grant purposes please complete one of the following sections:

Attach a signed copy of your most recent Federal Tax form 1040, 1040A or 1040EZ.
(If you attach a copy you do not need to complete the rest of this page) OR Complete the following family income verification and sign at the bottom.

If a federal income tax form was filed during the last calendar year please indicate your taxable income amount on the following line and sign at the bottom of the page. (This information can be found on Line 43 from form 1040, Line 27 from form 1040A or Line 6 from form 1040EZ.)

TAXABLE INCOME: Last Year $_____________________________ (after deductions).

If you DID NOT or were NOT REQUIRED to file an income tax return for the last calendar year, use the following chart to help verify your income.

Would you be willing to be a Chaperone for ETS student events: Yes   No

Would you be willing to serve on the ETS Parent Advisory Board: Yes   No

I certify that all the above information is correct and complete to the best of my knowledge.

____________________________  __________________________  __________________________
Parent/Guardian's Signature  Social Security Number  Date

____________________________  __________________________  __________________________
Parent/Guardian's Signature  Social Security Number  Date

<table>
<thead>
<tr>
<th>SOURCE (Please check all that apply)</th>
<th>AMOUNT (Please write in amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Veteran's Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Welfare/ Social Services</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Retirement</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>
Student Application

Please complete the required student information with a parent or legal guardian. For additional guidance or information please contact your local Pre-College Advisor. The information listed below is required for Federal Grant purposes and information is only shared with those involved in the Talent Search Program.

I, ______________________________ (student), agree that if I am accepted into the Montana Educational Talent Search Program I will:

Work to continually improve my grades through good attendance, class participation, homework completion and other requirements.

Agree to meet regularly with my Pre-College Advisor and will ask for help when needed.

Follow instructions and complete documentation while meeting with my Pre-College Advisor, on Educational Talent Search (ETS) Field Trips and other ETS approved activities.

Listen to and abide by rules and policies provided by my Pre-College Advisor and ETS staff.

Strive to continually improve my school and community work.

Make every effort to pass all my school classes and will ask for help from my Pre-College Advisor if I am struggling to pass a class.

Cooperate with my Pre-College Advisor, other ETS Staff and other students participating in the ETS Program.

Contact my Pre-College Advisor as soon as I start having trouble in school or at home.

Enter a post-secondary educational program after I graduate high school and the ETS Program.

Provide follow-up information to my Pre-College Advisor and the ETS Program Staff concerning my success in obtaining a post-secondary degree or certificate.

_______________________________________                  ________________________
Student’s Signature                                                                  Date

______________________________________                   _________________________
Parent/ Guardian’s Signature                                                                         Date

Please complete the required student information with a parent or legal guardian. For additional guidance or information please contact your local Pre-College Advisor.

To Parents/ Guardians:

The law requires that your permission be obtained before medial services can be performed on your child. In the event of an emergency every effort to contact you will be made. However, in the case that immediate attention is required, we request authorization for treatment by a physician or medical professional. This form authorizes ETS authorized Staff to carry out actions regarding the medical care of your daughter/son. This authorization is in effect any time your daughter/son is participating in ETS sponsored activities.
Medical History and Information

Student’s Name_______________________________________________________________________

Parent/Guardian’s Name______________________________________________________________

Address____________________________________________________________________________

Parents Home Phone__________________________  Work Phone______________________________

Cell Phone____________________________________________________________________________

Student’s Birth Date________________    Student’s Height___________   Student’s Weight___________

Date of last Physical Exam_________________________

Does student wear: glasses?_________ contacts?__________ or both?_____________

Please explain any conditions that would interfere with student’s ability to do school work, sports or physical
activities:________________________________________________________________________

____________________________________________________________________________________

Is student under a doctor’s care or taking any prescription medicine?  Explain:____________________

____________________________________________________________________________________

Please list any allergies:________________________________________________________________

____________________________________________________________________________________

Other information we should know in regards to student’s health:____________________________

____________________________________________________________________________________

For more information please contact: