



Student Application

Montana Educational Talent Search Mission

The mission of METS is to advise low-income, first generation participants to complete high school credentials, while preparing them for post-secondary education and a successful career.

Helena Office	406-444-0335
Blackfeet Target Area Office	406-338-2745
Crow Target Area Office	406-639-2385
Flathead Target Area Office	406-275-4871
Great Falls Target Area Office (Middle School)	406-268-7470
Great Falls Target Area Office (High School)	406-268-6609

Confidential Information

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 PO44A160310



Student Application

Student Name _____

Legal Name _____
First Middle Initial Last

Nickname _____

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 _____ Non-Hispanic/Non-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 check your current grade level:

6th 7th 8th 9th 10th 11th 12th

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 diploma/GED HS diploma/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 diploma/GED HS diploma/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: _____



Student Application

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.

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

 Parent/Guardian's Signature
 Date

 Social Security Number

 Parent/Guardian's Signature
 Date

 Social Security Number

SOURCE (Please check all that apply)	AMOUNT (Please write in amount)
<input type="checkbox"/> Social Security	\$
<input type="checkbox"/> Veteran's Benefits	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Welfare/ Social Services	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Retirement	\$
<input type="checkbox"/> Other _____	\$
TOTAL:	\$



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.

Allow my Pre-College Advisor Access to my academic information to help me succeed in my educational goals.

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:



Student Application

The law requires that your permission be obtained before medical 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: