

# **Educational Talent Search Student Application**

### **STUDENT INFORMATION**

First Name:	MI:Last Name:			
Address:	City:State:Zip:			
Student Phone:Can	we text you at this number: Yes No			
Student Email:				
Student Social Security Number:	Birthdate:			
Gender: Male Female				
Race: (Check all that apply)				
African American American Indian Asi	ian Latino/Hispanic Native Hawaiian			
Pacific Islander Caucasian				
What School do you attend?				
Current grade level:				
6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>			
PARENT INFORMANTION				
Parent/Guardian #1 First Name:	Last Name:			
Email:	Phone:			
U.S. Citizen: Yes No Relationship to student				
Circle highest level of education completed: No	one HS diploma/Equivalent Associate Bachelors or Higher			
Parent/Guardian #2 First Name:	Last Name:			
Email:	Phone:			
U.S. Citizen: Yes No Relationship to student				
Circle highest level of education completed: No	one HS diploma/Equivalent Associate Bachelors or Higher			
With whom does the student Live:How many in your household:				



## **Educational Talent Search Student Application**

Does your student receive free or reduced lunch: Yes No	Last Year's Household Income		ne
Are you on public assistance: (TANF, Food Stamps, etc.) Yes No	\$		
I confirm that the above financial informa	tion is correct	Parent/guardian signature	Date

#### FINANCIAL INFORMATION

Educational Talent Search is a federally funded program that requires verification of every participant's income. Please check your TAXABLE income for the previous year (line 43 on 1040 form, line 27 on 1040A form, line 6 on 1040EZ form). This information may be helpful in notifying the student about financial aid, scholarships, and other special programs. Two-thirds of total program participants served must meet both first-generation college status and socio-economic status. Students may still be accepted meeting only one or none of the federal participation qualifiers. Students may be wait-listed based on program requirements and availability to accept students into the program.

#### **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 application to comply with confidentiality policies.

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## **Educational Talent Search Student Application**

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.

Parent/Guardian: Please review this application to be sure that everything is filled in and correct.

I grant permission for my child to participate in the Montana Educational Talent Search Program and receive the free services provided. I hereby certify that the information provided is correct to the best of my knowledge. I release any school, college, or other educational institution to release academic and/or financial aid records or other information to assist in my child's educational goals. I also authorize ETS to release academic and/or financial aid records or other information as necessary to aid in my child's education. Also, I give permission for METS to take photos of the activities in which my child may be participating. Please note that program photos may be used in METS newsletters or other TRIO promotional materials (i.e., brochures, slide shows, videos, press releases, and METS Web page).

Studen	t Signature:			Date:		_
Parent/	/Guardian Signature:			Date:		
The info	NT AGREEMENT ormation listed below alent Search Program	•	ral Grant purposes	and information is only	shared with those inv	olved/
l,	and Talant Casuals Du	t:!ll.	(student),	agree that if I am accep	oted into the Montana	
Educati	onal Talent Search Properties of the Agree to meet regula		ege Advisor, seeking	g additional help when	I need it.	
	Follow instructions a METS approved activ		vork my Advisor nee	ds so I can participate	in trip experience and	other
	Work to maintain go	od grades.				
	Cooperate with my P	re-College Advisor, o	other METS Staff an	d other students partic	cipating in the METS P	rogram.
	Enter a degree seekii	ng program after I gr	raduate high school.			
	Provide follow-up inf degree or certificate.	•	isor and the METS F	Program Staff concerni	ng my success in earni	ng a
	Allow my Advisor acceducational goals.	cess to my academic	information while i	n middle/high school to	o help me succeed in r	ny
Student	t's Signature		Date			
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	Helena Admin Office: 406-449-9137	Blackfeet Target Area Office:	Crow Target Area Office: 406-639-2385	Great Falls Target Area Office:	Flathead Target Area Office:
P.O. Box 203201 Helena, MT 59620	406-338-2745		406-268-6609	406-275-4871	