TRIO
TALENT SEARCH

University of California, Davis
Educational Talent Search
2828 Cowell Blvd, Davis, CA 95618
530-754-1418
http://ets.ucdavis.edu

UCDAVIS
Educational
Talent Search
A Program of the School of Education

Today's Date: _____

Please be sure to complete the ENTIRE application for immediate consideration. Incomplete applications will delay the application process. **Print clearly in BLUE or BLACK ink only.**

SECTION 1: STUDENT INFORMATION

Legal Name: _____
(First) (Last) (MI)

Mailing Address: _____
(City) (State) (Zip)

Home Phone: (____)_____ Student Cell Phone: (____)_____

Student Email Address: _____

Sex: ☐ Male ☐ Female Birthdate: _____ Birthplace: _____

School: _____ Grade: ____ High School Graduation Year: ____ GPA: ____

Are you of Hispanic or Latino descent? ☐ Yes ☐ No

Ethnic Background: ☐ American Indian ☐ Asian ☐ Black/African American ☐ Hispanic/Latino
☐ White ☐ Pacific Islander ☐ Other (specify) _____

Are you currently enrolled in any of the programs listed below:
☐ AVID ☐ Upward Bound (UB) ☐ Early Academic Outreach Program (EAOP)

Names of siblings currently in Educational Talent Search: _____

Have you ever been in foster care? ☐ Yes ☐ No Are you a Ward of the Court? ☐ Yes ☐ No

SECTION 2: PARENT or LEGAL GUARDIAN INFORMATION

Parent or Legal Guardian Name: _____
Relationship to Student: _____
Place of Employment: _____
Contact Phone: _____
Email: _____

Parent or Legal Guardian Name: _____
Relationship to Student: _____
Place of Employment: _____
Contact Phone: _____
Email: _____

What is the primary language used in the home? _____

List **ALL** persons currently living in student's home, including yourself:

Name	Age	Relationship to Student	Name of School or Job
		SELF	

TO BE COMPLETED BY PARENT or LEGAL GUARDIAN ONLY

Funding is provided by the US Department of Education and requires specific documentation of household income level and educational background for enrollment into the Educational Talent Search Program. The information is protected by the Family Rights and Privacy Act.* ***The information is used to determine if the student is eligible to participate in the ETS Program.*

Parent or Legal Guardian Name: _____ **Student Name:** _____

SECTION 3: ELIGIBILITY CRITERIA

A. **Number of People in Household:**_____

B. **Family Income Status:**

Taxable Income *(not Adjusted Gross Income)* see ***1040 tax form, line 43/1040A tax form line 27/1040EZ form, line 6)***

☐ $0-$22,590	☐ $38,731-$46,800	☐ $62,941-$71,010
☐ $22,591-$30,660	☐ $46,801-$54,870	☐ $71,011-$79,080
☐ $30,661-$38,730	☐ $54,871-$62,940	☐ $79,081 or above

☐ Did Not File Taxes What is the family's income earned from work? _____

C. **Parent Education Level:**

Please check highest level of education completed by **biological/adoptive father**

☐ No Formal Education ☐ Elementary School ☐ Jr. High ☐ High School ☐ Associate's Degree ☐ Bachelor's Degree

Has biological/adoptive father received a four-year degree from a college or university in the USA? ☐ Yes ☐ No

If so, please list degree(s) earned, year and institution where earned: _____

Please check highest level of education completed by **biological/adoptive mother**

☐ No Formal Education ☐ Elementary School ☐ Jr. High ☐ High School ☐ Associate's Degree ☐ Bachelor's Degree

Has biological/adoptive mother received a four-year degree from a college or university in the USA? ☐ Yes ☐ No

If so, please list degree(s) earned, year and institution where earned: _____

SECTION 4: PARENT or LEGAL GUARDIAN AUTHORIZATION

Medical Release: Should my student require medical attention while participating in ETS activities and I cannot be contacted, I give my consent to medical examination and treatment deemed necessary by the attending medical professional.

Mandated Reporting: Most information shared between participants and Program Representatives is held completely confidential. Please be aware of the few exceptions. Information shared regarding abuse (physical, mental, or sexual) and/or harm to oneself or others must be reported by law to the appropriate individuals.

Permission to Access School Records: I hereby give TRIO/ETS Program staff permission to have access to grades, progress reports, school transcripts, assessment test scores, school lunch program eligibility, and updated contact information from the school administration. I authorize ETS to obtain information related to my child's application for college admission and acceptance status, financial aid application (FAFSA), and award letter at any and all colleges and universities.

Media Release: I hereby give permission to the TRIO/ETS Program Staff to photograph my child for promotional purposes and/or file records related to the TRIO/ETS Program and/or statements to be used by ETS for promotion, publicity, or instructional purposes.

Participation: I give permission for my child to participate in ETS activities. I agree to encourage my child to do well in high school and pursue post-secondary education. (Participation during pandemics, such as COVID-19, would require online Zoom activities).

By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I acknowledge and give consent to the requests of the ETS Program.

_____

Parent Signature ***Date***

Office Use Only:

Eligibility: ☐ LI ☐ HI ☐ FG ☐ NFG Program Admit: ☐ Yes ☐ No ☐ WL Transcript: ☐ Yes ☐ No

Advisor Review: _____ Date: _____ Director's Approval: _____ Date: _____ Entered By: _____ Date: _____

TO BE COMPLETED BY STUDENT ONLY

Name: _____ **School:** _____

SECTION 5: NEEDS ASSESSMENT

What are your plans after you graduate from high school?

☐ 4-Year College ☐ Community College ☐ Technical/Vocational School ☐ Work ☐ Military Other _____

What are your top three college choices?

_____ _____ _____

What are your top three career choices?

_____ _____ _____

What do you see as your strengths (academically or socially)? _____

_____

_____

What areas would you like to improve in (academically or socially)? _____

_____

_____

What services do you need in order to prepare yourself for college?

- ☐ Tutoring in: _____
- ☐ Information on high school and college requirements.
- ☐ Information about the benefits of going to college and earning a degree.
- ☐ Information on college costs and help completing financial aid applications.
- ☐ Information on the college admissions process and help completing college applications.
- ☐ Information on how to strengthen my study and test taking skills.
- ☐ Help preparing for college entrance exams.
- ☐ Assistance with the college enrollment process.

How did you hear about ETS? ☐ Classroom presentation ☐ Friend in ETS ☐ Small group presentation Other _____

SECTION 6: STUDENT CONTRACT

I,_____ agree that if I am accepted into the Educational Talent Search Program I will:

1. Strive continually to improve my school grades and maintain at least a 2.0 GPA;
2. Follow the recommendations of my ETS Advisor to attend tutoring sessions when my grades are not meeting appropriate standards;
3. Attend all ETS workshops and activities unless they conflict with other academic, extracurricular activities, obligations or responsibilities and prior notification is given to the my ETS Program Advisor;
4. Remain an active participant in the ETS Program through my high school graduation;
5. Follow the instructions and complete required documentation while participating in ETS activities and traveling on official ETS approved trips;
6. Communicate with my ETS Program Advisor about my educational and personal goals;
7. Graduate from high school;
8. Make every attempt to enter and complete a post-secondary educational program after high school graduation;
9. Provide follow-up information to the ETS Program concerning my success in obtaining a post-secondary degree.

By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I have read, reviewed and understood the preceding material.

_____

Student Signature ***Date***