AMERICAN RIVER COLLEGE
TRIO EDUCATIONAL TALENT SEARCH

ETS EDUCATIONAL TALENT SEARCH AMERICAN RIVER COLLEGE

STUDENT INFORMATION

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

Current School Attending: _____ **Grade:** _____ **GPA:** _____

Mailing Address: _____ _____ _____ _____
(Street) (City) (State) (Zipcode)

Home #: (_____) - _____ **Student's Cell #:** (_____) - _____

School Email: _____ **Personal Email:** _____

Gender: ☐ Female ☐ Male **Pronouns:** _____ **DOB:** _____ / _____ / _____

Are you Hispanic or Latino? (select one)

☐ Yes
☐ No

What is your race? *(Select one or more)*

☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/ Other Pacific Islander ☐ White

Are you currently participating in any of the pre-college programs? *(Check all that apply)*

☐ AVID ☐ CECA ☐ EAOP ☐ IYT ☐ Upward Bound ☐ None ☐ Other:_____

Do you have a documented disability? ☐ Yes ☐ No
Are you a foster youth? ☐ Yes ☐ No
Are you a ward of the court? ☐ Yes ☐ No

If you marked **YES for Foster Youth or Ward of the Court, please provide official documentation from a social worker, school counselor, or the court. This is required to verify eligibility for TRIO ETS services.*

Do you, the STUDENT, have any children (Teen Parent) ☐ Yes ☐ No

STUDENT COMMITMENT

If accepted into the American River College TRIO Educational Talent Search Program, I agree to:

- Attend monthly ETS workshops and communicate with my ETS Advisor about my educational and/or personal goals.
- Take required college-prep classes, maintain a minimum 2.0 GPA, and graduate from high school.
- Apply for college and financial aid during my senior year.
- Enroll in the college of my choice the semester after high school graduation.
- Allow access to my college enrollment, retention, completion, and employment info.
- Allow access to my financial aid information from colleges and the federal government.
- Receive texts, calls, and emails from ETS.

_____ _____ _____
Student Name (Please Print) Student Signature Date

HOUSEHOLD INFORMATION

Student Resides With: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Parent & Stepparent ☐ Foster Parents
☐ Legal Guardian(s) ☐ Other:_____

Preferred language spoken at home: _____

Name: _____
Relationship: _____
Occupation/Job Title: _____
Contact Phone: _____
Email: _____

Name: _____
Relationship: _____
Occupation/Job Title: _____
Contact Phone: _____
Email: _____

STUDENT ELIGIBILITY CRITERIA

Citizenship Status of Student: ☐ U.S. Citizen/National ☐ U.S. Permanent Resident ☐ In the process of becoming a Resident
**If selected In the process of becoming a Resident, documentation is required.*

BIOLOGICAL PARENT 1 Education Level (Check highest completed):
☐No Formal Education ☐Elementary School ☐Jr. High ☐High School ☐Associate's Degree ☐Bachelor's Degree
If Bachelor's was selected, was it earned in the USA? ☐YES ☐NO

BIOLOGICAL PARENT 2 Education Level (Check highest completed):
☐No Formal Education ☐Elementary School ☐Jr. High ☐High School ☐Associate's Degree ☐Bachelor's Degree
If Bachelor's was selected, was it earned in the USA? ☐YES ☐NO

Total number of persons in your household: _____

TAXABLE Income (Tax return form 1040 use line 15)

☐ Our **TAXABLE** (**NOT WAGES OR ADJUSTED GROSS INCOME)** from the last calendar year was :

$ ___ ___ ___ , ___ ___ ___ . ___ ___

☐ WE **DID NOT** file a Federal Income Tax Return last calendar year.

My family's income was: $ ___ ___ ___ , ___ ___ ___ . ___ ___

☐ We had **NO TAXABLE** income last calendar year (additional form may be required)

CONSENT AND RELEASE STATEMENT

CONFIDENTIALITY: All personal information provided to ARC ETS is protected and will only be accessed by authorized personnel. Student records may be reviewed by the U.S. Department of Education for program auditing or reporting as required by law. ARC ETS does not share personal information with outside parties for any other purpose.

FERPA CONSENT: I authorize TRIO ETS staff to access my child's school records, including grades, transcripts, test scores, lunch eligibility, and contact information from school administrators. I also authorize access to college admissions, financial aid applications (FAFSA), award letters, and post-graduation college or employment status for the purpose of providing continued support with retention in college and employment.

MEDICAL RELEASE: If my child needs medical attention during an ETS activity and I cannot be reached, I consent to examination and treatment as deemed necessary by medical professionals.

MANDATED REPORTING: Conversations with program staff are confidential, except when there is disclosure of abuse (physical, mental, or sexual) and/or harm to self/others, which must be reported by law.

MEDIA RELEASE: I allow ETS to photograph my child for promotional, publicity, instructional, or record-keeping purposes related to the program.

PARTICIPATION AND LIABILITY: I permit my child to participate in ETS activities and will encourage their academic success and pursuit of post-secondary education.

I understand that by allowing my child to participate in ARC ETS activities, I agree to hold harmless and release the Los Rios Community College District, its staff, and agents from any claims arising from illness, injury, or other incidents during program activities.

If accepted to the American River College TRIO Educational Talent Search Program, I, the parent/guardian, agree to:

- Encourage and support my student in their education and support the ETS goals.
- Require my student to attend ETS tutoring if they receive a C grade or below in any school subject area.
- Attend and participate in ETS events that require my presence.
- Receive texts, calls, or emails from ETS staff.

BY SIGNING BELOW, I CONFIRM ALL INFORMATION IS ACCURATE AND THAT I GIVE FULL CONSENT TO THE TERMS ABOVE.

_____	_____	_____
Parent/Guardian Name (Please Print)	Parent Signature	Date