

# TRiO

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T A L E N T S E A R C H

## Return to:

Iowa State University  
Educational Talent Search  
0113 Student Services Building  
Ames, IA 50011-2225  
p: 515.294.5546  
f: 515.294.1219  
ets@iastate.edu  
<http://www.trio.iastate.edu>

## APPLICATION FORM

Educational Talent Search at Iowa State University is a **free** educational program designed to assist 1000 7th through 12th grade participants and high school graduates in their preparation for enrollment or re-enrollment into **any college** of their choice.

Programming is offered year-round at the middle and high schools in Fort Dodge, Iowa Falls-Alden, Marshalltown, Perry, and South Tama. Participants receive services until enrolled in postsecondary education. Educational workshops and advising sessions focus on these topics: financial aid, career preparation, college planning, study skills, ACT/SAT test prep. Additionally, students receive assistance with relevant applications. Participants also visit a variety of college campuses throughout their involvement.

Please complete all pages of this application, sign it and mail to the Educational Talent Search office at the above address. All information on this application is **confidential**; your information will never be shared with anyone outside of the Educational Talent Search Program office.

**Thank you for your interest in the Educational Talent Search Program.**

# HIGH SCHOOL APPLICATION FOR SERVICES

High School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last First MI

Address: \_\_\_\_\_

Street/P.O. Box Number

City State Zip Code

( )

Area Code Telephone

Current Grade: 9 10 11 12 GPA: \_\_\_\_\_

Expected Graduation Year: \_\_\_\_\_ Gender: F M

Student Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

month day year - -

Student E-mail address: \_\_\_\_\_

Parent(s) E-mail address: \_\_\_\_\_

May we e-mail our parent newsletter to you? YES NO

## Residency:

- Citizen of U.S.
- Becoming a citizen or permanent resident of U.S.
- Permanent resident of U.S.
- Other: \_\_\_\_\_

## Ethnic Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- White
- Native Hawaiian or Other Pacific Islander
- Other: \_\_\_\_\_

## Student is:

- Independent
- In foster care
- A ward of the court
- Lives with Parent / Guardian (circle one)
- Other: \_\_\_\_\_

## Parent/Guardian Background:

Mother's Name: \_\_\_\_\_

Check one:  Parent (biological or adoptive)  Guardian

Job: \_\_\_\_\_

Did she graduate from a 4-year college? Yes No

If so, name of 4-year college: \_\_\_\_\_

Do you live with her? Yes No

Father's Name: \_\_\_\_\_

Check one:  Parent (biological or adoptive)  Guardian

Job: \_\_\_\_\_

Did he graduate from a 4-year college? Yes No

If so, name of 4-year college: \_\_\_\_\_

Do you live with him? Yes No

## Please Note:

To determine eligibility for college application fee deferments, ACT/SAT registration fee waivers, and other services based on income, we need the following information from the most recent tax return of the person(s) with whom this student regularly resides.

## Income Tax Filing Status (check one):

- Single
- Head of Household
- Married filing jointly
- Married filing single
- Widow(er) with dependent child(ren)

## Tax Form Used (please circle one)

1040-EZ                      1040-A                      1040

## Declaration of Family Income

a) Adjusted gross income \$ \_\_\_\_\_

b) Total Deductions:

*If you itemized deductions, enter the itemized amount here:*

\$ \_\_\_\_\_

*If you use standard deduction, enter the standard amount here :*

\$ \_\_\_\_\_

c) Number of dependents including parents: \_\_\_\_\_

d) If you did not file income taxes last year, please list your monthly income

\$ \_\_\_\_\_

## Please circle if your family receives any of the following benefits or services:

Free/Reduced Lunches	Yes	No
Public Welfare (ADC)	Yes	No
Low-Income Housing	Yes	No
Foster Care	Yes	No

## Other unusual financial or family circumstances:

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FOR OFFICE USE ONLY: IE FG B

## NEED FOR EDUCATIONAL TALENT SEARCH SERVICES

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*Please indicate the areas in which your child most needs assistance from the ETS program:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> College Prep Curriculum  | <input type="checkbox"/> Career Counseling/Testing | <input type="checkbox"/> Career Field Trips/Exploration |
| <input type="checkbox"/> Financial Aid            | <input type="checkbox"/> College Campus Visits     | <input type="checkbox"/> College Admissions             |
| <input type="checkbox"/> Personal Advising        | <input type="checkbox"/> Tutoring in _____         | <input type="checkbox"/> GED Assistance                 |
| <input type="checkbox"/> ACT/SAT Test Preparation | <input type="checkbox"/> Study Skills              | <input type="checkbox"/> Other:                         |

## CONFIDENTIAL INFORMATION & SCHOOL RECORD RELEASE FORM

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***By signing this application:***

1. You hereby give your permission to the Iowa State University's Educational Talent Search Program to request and receive confidential information pertaining to any and all financial assistance awarded to you or your child (if under 18).
2. You also hereby release and discharge:
  - a. Any agency and/or person(s) from any liability for divulging such information to Iowa State University's Educational Talent Search Program (ISU ETS).
  - b. Iowa State University's Educational Talent Search program and staff from any liability for divulging such information to any admission and financial aid offices at degree-granting institutions (i.e., colleges, universities, community colleges, and vocational/technical schools) and other agencies which provide assistance to Educational Talent Search participants.
3. You give permission to your child's school district to release his/her school schedules, records and grades periodically to:

Educational Talent Search Program  
0113 Student Services Building  
Iowa State University  
Ames, Iowa 50011-2225

4. You agree to cooperate with the ISU ETS staff in follow-up activities, including the release of school records. These follow-up activities will continue throughout high school and college.

**Signature required on next page →**



## RELEASE of LIABILITY and CONSENT FORM

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Iowa State University Educational Talent Search (ISU-ETS) sanctioned activities.

During the time ISU-ETS or its representatives will be providing room, board, academic instruction, field trips, recreation, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors and other, as follows:

1. I UNDERSTAND THAT the ISU-ETS project will strive to protect all participants from danger, injuries and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for ISU-ETS participants, staff and representatives.
2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the ISU-ETS activity, the risk of property damage and personal injury from motor vehicle accidents, the actions of fellow participants, my child's own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child's participation; and
3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child's participation;
4. With awareness of and agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE IOWA STATE UNIVERSITY EDUCATIONAL TALENT SEARCH, their officers, faculty members, employees, agents, and volunteers, FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in ISU-ETS; and
5. That I WILL INDEMNIFY the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, faculty members, teaching assistants, residence assistants, supervisors, and participants, ISU-ETS, their officers, employees, agents, and volunteers, FOR ANY LIABILITY OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD'S ACTIONS.
6. I state that (child's name) \_\_\_\_\_, under my legal custody \_\_\_\_\_ does/ \_\_\_\_\_ does not have a current health insurance policy, and such policy will be maintained for the duration of all ISU-ETS activities.  
Carrier Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event I cannot be reached, I authorize ISU-ETS to consent for me to any X-ray examination, anesthetic, medical or surgical of any special diagnosis, treatment or hospital's care being required, but is given to provide authority and power on the part of ISU-ETS to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

Allergies to foods, drugs, or other substances: \_\_\_\_\_

Any medication(s) taken regularly: \_\_\_\_\_

Any health problems or conditions of which we should be aware: \_\_\_\_\_

7. I hereby release and grant unto ISU-ETS the right to print, use and publish and to reprint, re-use and republish the image/photograph and voice of my child in films, photographs and sound tracks, in whole or in part, for research and educational and promotional purposes in any manner they may deem advisable including, but not limiting to, sound, television or facsimile broadcasting and motion picture, slide or other performance, in public or in private, without compensation.

By signing this application, I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE, THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent's Full name PRINTED: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will follow all rules and guidelines established for the ISU-ETS program. I realize that if I fail to follow the above mentioned rules and any others, it may result in my not attending Educational Talent Search activities.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_