



APPLICATION FOR UTSA TRIO EDUCATIONAL TALENT SEARCH

Today's Date: _____

Personal Student Information

Student Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Cell # _____
 Date of Birth _____ Sex (Circle) M F
 Social Security Number _____
 Are you a United States Citizen? (Circle) Yes No
 If no, Permanent Resident # A _____
 Please attach a copy of your card with this application.
 Ethnic Background: Native American Asian American
 Hispanic/Latino Black/African American White/Caucasian
 Did your mother earn a four-year college degree? Yes No
 Did your father earn a four-year college degree? Yes No
 What is your student I.D. Number: _____
 Are you enrolled in an AVID class? Yes No
 What grade are you currently in? (Circle) 6 7 8 9 10 11 12
 What school do you attend? _____
 What is your Grade Point Average? _____
 With whom do you live? _____
 Do you have any brothers or sisters in the Educational
 Talent Search or Upward Bound Program? (Circle) Yes No
 If so name: _____
 How many family members are in your household? _____
 Will you be the first in your family to graduate from H.S.? Y N
 Will you be the first in your family to attend college? Y N

Family Information

Father's Name _____
 Father's Address if Different _____
 Father's Employer _____
 Father's Occupation _____
 Father's Home Phone _____
 Father's Work Phone _____
 Mother's Name _____
 Mother's Address if Different _____
 Mother's Employer _____
 Mother's Occupation _____
 Mother's Home Phone _____
 Mother's Work Phone _____

Parent's Martial Status (Please Circle)

Married Single Living Apart Legally Separated
 Divorced, if so are you remarried: Yes No
 Father Deceased Mother Deceased

List all members living in your household:

Name	Age	School Attending

OFFICE USE ONLY -- PLEASE DO NOT WRITE BELOW THIS LINE

INCOME VERIFICATION: _____ ELGIBILITY: LI/FG LI ONLY FG ONLY OTHER
 INCOME TAX VER. FORM STUDENT ESSAY MEDICAL CONSENT FORM
 FAMILY SIZE STUDENT CONTRACT RECOMMENDATION FORM
 TAXABLE INCOME _____ GRADES ANNUAL AUTHORIZATION. & RELEASE FORM
 DOE INCOME LEVEL _____ NEED ASSESSMENT CONSENT for RELEASE of ACADEMIC RECORDS
 OUTREACH SPECIALIST: _____ DATE: _____

PROJECT DIRECTOR: _____ DATE _____ EXECUTIVE DIRECTOR _____ DATE _____

DATE ENTERED INTO BLUMEN: _____ STAFF SIGNATURE: _____



NAME: _____ SCHOOL: _____

NEED ASSESSMENT

1. What are your plans after you graduate from high school? (Circle all that applies)
 College Work Technical/Vocational School Military Jr. College Other _____
2. What college or university do you plan to attend? _____
3. What do you plan to major in? _____
4. What kind of career or job would you like to have? _____
5. What are your favorite subjects? _____
6. What are your least favorite subjects? _____
7. Listed below are some possible Educational Talent Search activities. Check the areas that you would like information on or needs help with.

<input type="checkbox"/> College Awareness <input type="checkbox"/> Admissions <input type="checkbox"/> Financial Aid <input type="checkbox"/> Campus Tours <input type="checkbox"/> Scholarship Information <input type="checkbox"/> SAT/ACT/PSAT	<input type="checkbox"/> Career Awareness <input type="checkbox"/> Education Requirements <input type="checkbox"/> Goal Setting <input type="checkbox"/> Interest Inventory <input type="checkbox"/> Guest Speakers <input type="checkbox"/> Career Search	<input type="checkbox"/> Academic Information <input type="checkbox"/> Study Skills <input type="checkbox"/> Test-taking Skills <input type="checkbox"/> Time Management <input type="checkbox"/> TAKS Preparation <input type="checkbox"/> Course Selection
<input type="checkbox"/> Personal Development <input type="checkbox"/> Peer Pressure <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Communication Skills <input type="checkbox"/> Listening Skills	<input type="checkbox"/> Tutoring <input type="checkbox"/> Mathematics <input type="checkbox"/> English/Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	<input type="checkbox"/> Other (Please List) _____ _____ _____ _____

STUDENT CONTRACT

I, _____, agree that if I am accepted into the Educational Talent Search Program at The University of Texas at San Antonio I will:

1. Strive continually to improve my school grades through good attendance, punctuality, class participation, homework completion and all other requirements;
2. Follow the instructions and complete required documentation while participating in ETS activities and traveling on official ETS approved trips;
3. Attend all ETS workshops and activities unless they conflict with other academic, extra curriculum or work related obligations or responsibilities and prior notification is given to the Outreach Specialist.
4. Follow the recommendations of ETS staff to attend tutoring sessions when my grades are not meeting appropriate standards;
5. Cooperate with faculty, staff and students in the ETS Program;
6. Remain in the ETS Program through my high school graduation;
7. Make every attempt to enter and complete a post-secondary educational program after high school graduation and ETS participation;
8. Provide follow-up information to the ETS program concerning my success in obtaining a post-secondary degree;
9. Abide by all U.S. Department of Education, UTSA, ETS, City, State and Federal rules and regulations.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE



INCOME VERIFICATION FORM

Student Name: _____ School: _____

CONFIDENTIAL

We are required by the United States Department of Education to obtain family income verification for all participants served by the TRIO Educational Talent Search Program. All information will be held in strict confidence and we will adhere to the regulations provided in the Family Rights and Privacy Act of 1974. *The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Texas Public Information Act, Texas Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. The University and the TRIO Programs will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.*

In order to verify family income, Educational Talent Search applicants have three options:

1. Attach the most recent copy of a signed Federal Income Tax Form: 1040, 1040A or 1040EZ. (If you attach a tax form, it is **NOT** necessary to complete the rest of this page. Please make sure the copy of the tax form is signed by your parent(s)).
2. Complete the following Family Income Verification information.

If a Federal Income Tax Form was filed during the last calendar year, please indicate your Taxable Income **NOT** the Adjusted Gross Income amount on the following line and **SIGN AT THE BOTTOM OF THE PAGE.**

Total Number of Family Member Living in your Household: _____
Taxable Income: _____
IRS FORM 1040, Line 43; IRS FORM 1040A, Line 27; IRS FORM 1040EZ, Line 6

3. If you were **NOT REQUIRED** to file an Income Tax Return for the last calendar year, your parent/guardian must complete the rest of this form and **SIGN IT.**

I/We declare that no Federal Income Tax Return was filed by the undersigned for the last tax period and that all income received during that year was as follows:

<u>SOURCE</u>	<u>AMOUNT</u>
SOCIAL SECURITY (DISABILITY/SSI)	\$ _____
UNEMPLOYMENT BENEFITS	\$ _____
VETERANS BENEFITS	\$ _____
FOOD STAMPS	\$ _____
AID TO FAMILY WITH DEPENDENT CHILDREN (AFDC)	\$ _____
CHILD SUPPORT	\$ _____
RETIREMENT	\$ _____
OTHER	\$ _____

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

PARENT/GUARDIAN SIGNATURE

DATE



NAME: _____ SCHOOL: _____

UTSA EDUCATIONAL TALENT SEARCH

(A U.S. DEPARTMENT OF EDUCATION TRIO PROGRAM)

CONSENT FOR RELEASE OF ACADEMIC RECORDS

I, _____, hereby give permission for The University of Texas at San Antonio TRIO Educational Talent Search Program to obtain any/all of my academic records including school transcripts, grades, test scores (such as TAKS, SAT, ACT) and teacher evaluations. This also includes future college transcripts, admissions applications, class schedules and financial assistance documentation (such as the FAFSA, student aid reports and scholarship award letters).

I understand that these records are confidential and will only be used internally for program participant selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U.S. Department of Education regulations for program evaluation.

I understand that none of my records will be released to any person, corporation, organization, or present or future employer without my further written consent.

STUDENT SIGNATURE

DATE

STUDENT'S SOCIAL SECURITY NUMBER

DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

DATE

Applicants will be selected for program participation in compliance with the provisions of Section 427 of the U.S. Department's General Education Provisions Act (GEPA). Accordingly, access and participation will not be denied to applicants based on gender, race, national origin, color, disability, or age. This program is funded by a grant from the U.S. Department of Education.

NAME: _____ SCHOOL: _____

TEACHER/COUNSELOR RECOMMENDATION FORM

Dear Teacher/Counselor:

The student listed below is applying for admission into the Educational Talent Search (ETS) Project of the University of Texas at San Antonio. Your assessment of the student's conduct, character, and potential for postsecondary enrollment is an integral element in the selection process. Please provide us with your assessment of this student's desire and ability to attend college after high school. Please mail the completed Recommendation Form to the address below or fax to (210)458-7520. You may also return the completed Recommendation Form to the student in a sealed envelope to submit with his/her completed student application. Should you have any questions or concerns, please feel free to contact us at (210)458-7688. The time and effort you have taken to complete this form is sincerely appreciated.

Class/Course Subject: _____ Grade: _____ Current Class/Course Grade: _____

Please place an "X" in the appropriate column for each characteristic listed below:

STUDENT CHARACTERISTICS	N/A	EXCELLENT	AVERAGE	FAIR	POOR
ABILITY TO MAINTAIN A 2.75 GPA OR HIGHER					
LEVEL OF MATURITY/INTEGRITY					
CITIZENSHIP & LEADERSHIP SKILLS					
INITIATIVE /WILLINGNESS TO LEARN NEW THINGS					
MOTIVATION/DESIRE TO ATTEND COLLEGE					

Please provide comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the student's participation in the Educational Talent Search Program. Additional comments may be written on the back.

Teacher's/Counselor's Printed Name & Title

School Telephone Number

Teacher's/Counselor's Signature

Date

UTSA TRIO EDUCATIONAL TALENT SEARCH PROGRAM, ONE UTSA CIRCLE, SAN ANTONIO, TEXAS 78249

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(Revised 02/06/2009 RML)

NAME: _____ SCHOOL: _____

MEDICAL INFORMATION AND MEDICAL CONSENT FORM

Is the student covered by any medical insurance? ___ Yes ___ No If Yes, please complete the following:

Name of Insurance Company _____ Insurance Policy Number _____

Name of Family Physician: _____ Office Telephone: (____) _____

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that student is currently taking:

List Medication/Medical History	Allergies	Allergic Reaction

As the parent/guardian of the above named student, I hereby authorize the Executive Director and his/her authorized staff to furnish medical diagnostic and/or authorize the medical and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the child. The University of Texas at San Antonio and its officers, regents and employees shall not be liable in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise out of such diagnosis, treatment or surgery to the extent allowed by law, except as provided for through the group medical insurance plan if the student contracted for the same prior diagnosis, treatment or surgery. Furthermore, the University does not assume any financial or other responsibility, but wishes to provide the best services possible in case of emergency.

In case of sudden illness or accident, I consent to emergency treatment by the professional medical/nursing staff of the Student Health Services to my child. In case of serious illness/accident I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided by the Student Health Services professional Medical/Nursing staff or by a physician/nurse designated by them.

Parent/Legal Guardian's Signature: _____

Date: _____

Best Phone Number to Call: _____



NAME: _____ SCHOOL: _____

ANNUAL AUTHORIZATION & RELEASE FORM

Participation & Field Trip Liability Waiver

As the parent and/or legal guardian of the student listed above, I authorize and permit my child to participate in any and all academic year component activities (classes, tutorials, workshops, field trips, work study internship, meetings and events, etc.) sponsored and/or conducted by the Educational Talent Search (ETS) Project of the University of Texas at San Antonio. I also give permission for my child to be transported between his/her high school, the University of Texas at San Antonio campus, and the scheduled events when the ETS Project has scheduled events for its participants. I acknowledge the nature of such activities or trips may expose my child to hazards or risks that may result in his or her illness, personal injury or death, and I understand the nature of such hazards and risks.

In consideration of my child being permitted to participate in the activity or trip, I hereby accept all risk to his/her health and of his/her injury or death that may result from such participation, and I hereby release the University of Texas at San Antonio, its governing board, officers, employees and representatives from any and all liability to my child, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my child's property and for any and all illness or injury to his/her person, including his/her death, that may result from or occur during his/her participation in the activity or trip, whether caused by negligence of the University of Texas at San Antonio, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at San Antonio, its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligent or intentional act or omission while participating in a Project activity or event.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child's injury or death or damage to his/her property that occurs while participating in ETS Project activities or trips and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my child's negligent or intentional act or omission.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Media Publication Release Authorization

I hereby grant the ETS Project of the University of Texas at San Antonio full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which I or my property or my child appear.

Internet Use Release

I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail at the computer labs of the University of Texas at San Antonio.

Parent/Legal Guardian's Signature: _____

Date: _____