APPLICATION FORM

Educational Talent Search (ETS) at Iowa State University (ISU) is a free educational program designed to assist 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, Hampton-Dumont, Marshalltown, Perry, and South Tama. Participants receive services until enrolled in postsecondary education. Educational workshops and advising sessions focus on topics such as: academic advising/tutoring, ACT/SAT, career exploration, financial aid, life skills and study skills. 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 ETS office at the above address. All information on this application is confidential.

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

Educational Talent Search at Iowa State University is a federally-funded TRIO program.
STUDENT INFORMATION & NEEDS ASSESSMENT
To be completed by the student

Student ____________________________ Last First M
Address __________________________________________________________
City __________________________________ Zip ________________
Family Home Phone: _____________________________________________
Student Cell Phone: _____________________________________________
Student E-mail: ________________________________________________
Student Birth date: _______ / _______ / ________
                                Month /   Day /   Year
Female ___________ Male ___________

Ethnic Origin: (check all that apply)
    ______ American Indian or Alaskan Native
    ______ Asian
    ______ Black or African American
    ______ Hispanic or Latino
    ______ Native Hawaiian or Other Pacific Islander
    ______ White

Student is: ______ A ward of the court
            ______ In foster care
            ______ Living with parent/guardian
            ______ Homeless

Please list any family members in grades 7-12:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade Level</th>
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School: ____________________________________________

Current Grade Level: _______ GPA: _________

Expected Graduation Year: _____________

After high school do you plan to go to a:
    ______ 4 year college/university
    ______ Community college
    ______ Career training program
    ______ Military program
    ______ Undecided
    ______ Other (please specify) ________________

Needs Assessment (check all services you need):
    ______ Academic Advising
    ______ Career Exploration
    ______ College Campus Visits
    ______ Cultural Enrichment
    ______ Financial Aid Advisement
    ______ Financial and Economic Literacy
    ______ Life Skills
    ______ Pre-College Advisement
    ______ Student Leadership
    ______ Study Skills
    ______ Tutoring
    ______ Other (please specify) ____________________

→ Student Sign Here ________________________________________________________
FAMILY INFORMATION & INCOME
To be completed by the parent(s)/or guardian

Student Social Security Number or A-number:
_________________ - _____________ - ____________

Student is:
____ Citizen of U.S.
____ In process of becoming a permanent resident
____ Permanent resident of U.S.
____ None of the above

Parent 1:

Check one:
______ Parent (biological/adoptive)   ______Guardian
Job: ___________________________________________
Did you graduate from a 4-year college? Yes   No
If so, name of 4-year college: __________________________
Does the student live with you? Yes ______ No _______
Cell Phone for Parent 1: ____________________________
Email for Parent 1: ________________________________

Parent 2:

Check one:
______ Parent (biological/adoptive)   ______Guardian
Job: ___________________________________________
Did you graduate from a 4-year college? Yes   No
If so, name of 4-year college: __________________________
Does the student live with you? Yes ______ No _______
Cell Phone for Parent 2: ____________________________
Email for Parent 2: ________________________________

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 separately
______ 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) If you itemized deductions, enter the itemized amount here: $____________________

c) Number of dependents including parents:________

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

Please check if your family receives any of the following benefits or services:
______ Foster Care
______ Free Lunches
______ Reduced Lunches
______ Low-Income Housing
______ Public Welfare (ADC)

Any unusual financial or family circumstances:
______________________________________________

For office use only:   IE   FG   B
CONFIDENTIAL INFORMATION & SCHOOL RECORD RELEASE FORM

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
   2505 Union Drive
   Ames, Iowa 50011-2030

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 middle school, high school and college.

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/Guardian’s Full name PRINTED: ____________________________________________________________

Parent/Guardian’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: ________________