

Student Assessment Form

1. Do you plan or want to attend college? ☐ Yes ☐ No
____ 2 Year College ____ 4 Year College/University ____ Technical/Vocational School ____ Other

2. What careers are you interested in right now? _____

3. What is your current **Grade Point Average (GPA)**? _____

Would you be interested in tutoring services? ☐ Yes ☐ No

If yes, which subjects? ☐ Math ☐ English ☐ Foreign Language
☐ Science ☐ Social Studies ☐ Other _____

4. Are you interested in any specific colleges? _____

5. Which topics concern you? (Check all that apply)

<input type="checkbox"/> Peer Pressure	<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Conflict Management
<input type="checkbox"/> Goal Setting	<input type="checkbox"/> Time Management	<input type="checkbox"/> Decision-making
<input type="checkbox"/> Motivation	<input type="checkbox"/> Relationships (peer or family)	<input type="checkbox"/> Other _____

Which Talent Search services would meet your needs and help you succeed in school?

<input type="checkbox"/> Career options or information	<input type="checkbox"/> ACT or SAT information
<input type="checkbox"/> Career interest inventory	<input type="checkbox"/> Help in completing college applications
<input type="checkbox"/> Planning for high school/college	<input type="checkbox"/> Tutoring Resources
<input type="checkbox"/> Financial aid/scholarship information	<input type="checkbox"/> Test taking/ study skills <input type="checkbox"/> Family workshops
<input type="checkbox"/> College/University information – which one(s) _____	
<input type="checkbox"/> College majors – which one(s) _____	

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

_____/_____
Educational Advisor signature *Date* ☐ RELEASE SIGNED Photo release Y N

Dpndts	2	3	4	5	6	7	8	9	<input type="checkbox"/> Koscho	<input type="checkbox"/> Ramage	<input type="checkbox"/> Folden
LINE #	2	3	4	5	6	7	8	9			
L-I	<input type="checkbox"/> Yes	<input type="checkbox"/> No	F-G	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eligibility Status _____					

Approved by Asst. Director _____ Date _____ Entered in Database- Date _____



EDUCATIONAL TALENT SEARCH
710 Colegate Drive, Marietta, Ohio 45750
740-568-1924

Sponsored by Washington State College of Ohio

Funded 100% by U.S. Department of Education at \$427,128/yr. (5 year grant cycle)

~~~ APPLICATION ~~~ PLEASE USE BLUE OR BLACK INK~~~

I. Student Information

Student Name _____
First Middle Last

Mailing Address _____

City, State, Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Date of birth _____ Age _____ Gender ☐ Female ☐ Male

U.S. Citizen ☐ yes ☐ no

Veteran ☐ yes ☐ no

Ethnicity (check one) ☐ Hispanic/Latino of any race ☐ White
☐ Amr. Indian/Alaska Native ☐ Black/African American
☐ Hawaiian/Pacific Islander ☐ More than one race
☐ Asian ☐ Race or Ethnicity Unknown

Current School _____ Current Grade 5 6 7 8 9 10 11 12

Social Security Number (REQUIRED FOR ENROLLMENT) _ _ - _ - _

(If Social left blank student will be put on a wait list.)

Do you have a sibling in ETS? If so, list name(s) _____

Name of friend/person who referred you to our program _____

II. Parent/Guardian Information – Please complete the information below only for the Parent/Guardian(s) with whom the student resides.

1. Name of parent/guardian _____ Relationship to student _____
Employer _____ Contact # _____
Email _____ Does the student live with you? ☐ Yes ☐ No

2. Name of parent/guardian _____ Relationship to student _____
Employer _____ Contact # _____
Email _____ Does the student live with you? ☐ Yes ☐ No

Education level of **birth or adoptive parent(s) (Step-parents are NOT included):**

Parent 1. ☐ Less than high school **Parent 2.** ☐ Less than high school
☐ High school diploma/GED ☐ High school diploma/GED
☐ Associates degree ☐ Associates degree
☐ Bachelors degree and beyond ☐ Bachelors degree and beyond

4. Contact person (please list one person who doesn't live with you who can contact you during the next 5 years)

Name _____ Relationship to student _____

Phone # _____

II. Parent/Guardian Information (continued)

In total (INCLUDING YOURSELF), how many persons are dependent upon the family income? _____
 [Please list all those persons below]

First name	Last name	Relationship to student	Age	Grade	Name of school (or work, etc)	Does this person live with you?
		Applicant				

III. Parent Income Information Required by the U.S. Department of Education

PLEASE CHECK ALL SOURCE(S) OF INCOME:

- ☐ Job – Parent 1
☐ Job – Parent 2
☐ VA Benefits
☐ Disability
☐ Unemployment Benefits
☐ Supplemental Security Income (SSI)
☐ Temporary Assistance for Needy Families TANF
☐ OTHER _____

Check all services that your family receives:

- ☐ Free School Lunch
☐ Reduced Price School Lunch
☐ WIC
☐ Food Stamps/SNAP
☐ Medicaid

**THIS INFORMATION IS KEPT
 CONFIDENTIAL & NOT REPORTED TO
 OTHER AGENCIES.**

Please fill in taxable income in the blank line.

TAXABLE (after deductions) INCOME**
 for the most recent year.

Take this figure from:

- LINE 15 on Form 1040 or
 - LINE 15 on Form 1040SR

\$ _____

OR

☐ I have no taxable income for the previous year.

Taxable Income amount is required for enrollment.

**** Taxable income is much different from gross income or take-home pay. If you do not provide your TAXABLE income, we may not be able to accurately determine your child's eligibility for the program.**

Office use only:

- | | |
|--|--|
| 2 <input type="checkbox"/> \$0 - \$29,580 | 6 <input type="checkbox"/> \$52,711 - \$60,420 |
| 3 <input type="checkbox"/> \$29,581 - \$37,290 | 7 <input type="checkbox"/> \$60,421 - \$68,130 |
| 4 <input type="checkbox"/> \$37,291 - \$45,000 | 8 <input type="checkbox"/> \$68,131 - \$75,840 |
| 5 <input type="checkbox"/> \$45,001 - \$52,710 | 9 <input type="checkbox"/> \$75,841 - \$83,550 |
| | 10 <input type="checkbox"/> \$83,551 - over |



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PERMISSION TO PARTICIPATE IN ETS & INFORMATION RELEASE

Student Name (please print) _____

-I give permission for my child to participate in all Educational Talent Search sponsored activities held in cooperation with the student's local school and in observance of school rules.

-I certify that the information provided on the application is true and correct to the best of my knowledge. (I understand that I will receive individual or yearly field trip permission & information forms for program sponsored field trips.)

-I authorize the release of student school records and information (records of attendance, grades, test scores, final transcripts, IEP's, and student ID numbers) that is required to meet federal guidelines to the Educational Talent Search program and personnel. This is for the express purpose of accomplishing program goals and objectives, providing quality educational guidance, and in order to remain compliant with required program tracking and reporting. I understand that this release of records and personal information will remain in effect throughout my student's middle school, high school, and future entry into postsecondary education. I authorize the use of my child's picture in ETS newsletters, publications, and publicity.

-I understand that the completion of this application does not guarantee acceptance in the ETS program.

-I understand that a copy of this form is kept on file and information received from school/agency personnel will be kept confidential in compliance with the Family Rights and Privacy Act.

Parent/Guardian Signature _____ **Date** _____

STUDENT: I understand that the Talent Search program has a strong commitment to education and is here to help me do well in school. To be a part of the program, I agree to do the following:

- Attend school regularly.
- Work earnestly on all my studies and turn in my homework assignments.
- Maintain a 2.0 or better GPA to be eligible for the program and field trips.
- Have respect for myself as an individual and for other people and their differences.
- Attend Talent Search activities and workshops at least twice a year.
- Graduate from high school.
- Have desire and work toward admission into college or vocational school after I graduate from high school.
- Attend tutoring sessions as needed.
- Enroll in a college or vocational school of my choice the fall after I graduate.

I understand the goals I have set for myself in my academic plan. I will strive to accomplish them.

Student Signature _____ **Date** _____

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED