



2017-2018 TALENT SEARCH APPLICATION



704 COYOTE TRAIL | ALICE, TX 78332 | trioets@coastalbend.edu | OFFICE: 361-664-2981 | FAX: 361-453-4567

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, sex, age or disability. The personal information you give on the application is protected by the Federal Privacy Act. The U.S. Department of Education has the authority to gather information on all Talent Search participants to determine eligibility and monitor their progress. No one may see any information unless they are specifically authorized to see the information. Talent Search is a 100% federally funded program with an annual award of \$303,071.00.

STUDENT INFORMATION

Name: _____

(First) (Middle) (Last) (Suffix)

Social Security #: _____ School ID #: _____

Birth Date: _____ Sex: Male Female Age: _____

Mailing Address: _____

(Street or P.O. Box) (City/State/Zip)

Student Cell Phone #: _____ Parent Cell Phone #: _____

Student E-mail Address: _____

High School Attending: _____ Grade: _____ Graduation Year: _____

Are you on the free/reduced lunch program? Yes No

Citizenship: U.S. Citizen Yes No, I am an eligible Non-Citizen A- _____

Ethnic Background: American Indian African American Native Hawaiian/Pacific Islander Asian Caucasian/White Hispanic More than one race

Student Lives with: (Check all that Apply) Father Mother Step-parent Foster Parent Grandparent Other, specify: _____

Number of persons living in household: _____

Does student have children? Yes No Number: _____ Ages: _____

Does student work? If yes, where: _____ Hours worked per week: _____

Emergency Contact Name? _____ Phone #: _____

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Taxable Income: _____ Eligibility Index: _____ Difference: _____

Eligible: L.I. & F.G. L.I.O. F.G.O. 1/3 Rule Eligibility

Accept/Reject Date: _____ Eligibility Year: _____ Comments: _____

Blumen Entry Date: _____ Staff Member: _____

This section is to be completed by parent/guardian.

Mother/Female Guardian	Father/Male Guardian
Name: _____ <small>(First) (Middle) (Maiden) (Last)</small>	Name: _____ <small>(First) (Middle) (Last) (Suffix)</small>
Mailing Address: _____ <small>(Street or P.O. Box) (City/State/Zip)</small>	Mailing Address: _____ <small>(Street or P.O. Box) (City/State/Zip)</small>
Employer: _____	Employer: _____
Job Position: _____	Job Position: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-mail: _____	E-mail: _____
Lives in household? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in household? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status of parent/guardian: Single Married Divorced Separated Widowed

BELOW: List household members. Do not include parent/guardian or student applying for program:

Name	Relationship to Applicant	Age	School	Grade

Did the parent/guardian file a Tax Return? No Yes

Income verification is required by the Department of Education and the Talent Search Program. Please fill out the entire section below or attach a signed copy of last year's tax form (1040, 1040A, 1040EZ). The Application will not be considered without financial information.

Tax filing status: Married-Filing Jointly Married-Filing Separate Head of Household Single

Taxable income (as reported on last year's tax form): \$ _____ (1040: Line 43, 1040A: Line 27, 1040EZ: Line 6)

Number exemptions claimed on income tax form: _____ (1040 & 1040A: Line 6d, 1040EZ: Line 5)

Does anyone in your household receive the following?

- Social Security/SSI TANF Free Lunch Reduced Lunch
 V.A./G.I. Bill Food Stamps Child Support Other: _____





1. What high school academic track are you pursuing?

- Regular High School Diploma
- Recommended High School Diploma
- Distinguished High School Diploma

2. Circle the grade(s) you usually earn: A, B, C, D, F

3. If you failed any course during a six week period list the course(s):

4. If accepted, would you like tutoring? Yes No

5. Are you satisfied with your grades? Yes No

6. Do you believe you can make better grades? Yes No

7. Are you enrolled in Dual Enrollment classes? Yes No

8. Check any or all portions of the latest STAAR exam you have taken.

<u>Section</u>	<u>Passed</u>	<u>Not Passed</u>	<u>Not Taken</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Check standardized test you have taken.

- ACT
- SAT
- PLAN
- PSAT
- THEA
- TSI

10. Have you visited any college campuses? If yes, please list _____

11. What are your goals after high school? (Check as many that apply)

- I don't know
- Vo/Tech Training
- 2 Year College
- Work
- 4 Year College
- 4+ Years College
- Military
- Other: _____

12. If you know, list your career choice(s): _____

13. If a senior, when do you plan to start college or trade school?

- Summer (June-Aug.)
- Fall (Aug.-Dec.)
- Spring (Jan.-May)

Please list any college(s) you are interested in: _____

Please list any major(s) you are interested in: _____

Indicate the services you feel the Talent Search program can provide you as a participant:

(Check all that apply)

- Academic & Career Advisement
- Career Counseling & Exploration
- College Entrance Exam Preparation
- Course Selection
- Cultural Enrichment
- Academic Instruction and Tutorials
- Scholarship Information
- Assistance in completing applications for scholarships, financial aid, college admissions

LIABILITY RELEASE FORM: I, (parent/guardian) _____, voluntarily agree to allow (student) _____ to attend Coastal Bend College sponsored events(s). In consideration of the privilege of attending events, going on trips, etc., **I HEREBY AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS COASTAL BEND COLLEGE, ITS SCHOOL OFFICIALS AND TRUSTEES, AS WELL AS ITS EMPLOYEES (HEREAFTER REFERRED TO COLLECTIVELY AS "THE COLLEGE")** from any and all claims, and/or causes of action, liabilities and damages of any and every character, and without regard to the cause thereof, under common law of statute, for injuries of damages resulting from the acts or omissions of the College or any third party, including, but not limited to claim for negligence and/or gross negligence.

CERTIFICATION: This is to certify that the information provided in this application is correct to the best of my knowledge. Also, I authorize Talent Search to obtain copies of my son's/daughter's transcripts, test scores, financial aid awards, and other materials necessary for participation in the program such as campus location information from PEIMS as submitted to the Texas Education Agency. I will also grant permission for my son's/daughter's pictures to be published in Talent Search materials such as newsletters, annual reports, web pages and recruiting presentations and release Coastal Bend College from any liability related to publicity involving my child.

FERPA WAIVER: The Family Educational Rights and Privacy Act of 1974 establishes the privacy rights of students (parents if the student is under 18) with regard to educational records. The act makes provision for inspection, review and amendment of educational records by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, the reason for the release, and the names of the parties to whom such records will be released. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution, and deceased persons. I hereby give permission for my high school personnel to provide information concerning my educational record to Talent Search Program personnel.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent upon providing written notice to Talent Search. I further understand that until this revocation is made, this consent shall remain in effect while a participant in Talent Search and my educational records will continue to be provided to Talent Search.



Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

OFFICE USE ONLY

- | | | | | |
|-----------------------|-------|---------------------------------|-------|--------------------|
| 1. Eligible Status | _____ | 5. Lives with parents/guardians | _____ | |
| 2. Children | _____ | 6. Parents Employment Status | _____ | |
| 3. Student Work Hours | _____ | 7. Academic Track | _____ | |
| 4. Family Size | _____ | 8. STAAR/TAKS | _____ | Total Score: _____ |

Comments: _____

Chasity Morales
Director
Talent Search



Phone: (361) 664-2981
1-866-891-2981 ext. 3087
Fax: (361) 453-4567
Email:cmorales@coastalbend.edu

Educational Talent Search Program-Alice Campus

Dear Parents/Guardians:

The TRIO-Educational Talent Search Program-Alice (ETS) is designed to assist college bound students in admissions, financial aid, and tutoring, plus many other services. The program will assist your student in attending **ANY** accredited college in the United States or its territories. Educational Talent Search is a joint venture funded through the U. S. Department of Education and Coastal Bend College and is provided as a **FREE SERVICE** through high school.

An ETS Counselor will be at your student's school on a regular basis throughout the year to talk with students about their educational goals and to help them identify and achieve their full potential for excellence. The program will assist with either **academic or vocational** degree pursuits. Depending on your student's goals, ETS can help them plan for a one year certificate program, a two year occupational /vocational program, a four year program (bachelor degree), or a four year plus (i.e. master degree, doctoral degree, or other professional degree).

Because of program funding regulations, TRIO needs a **signed** copy of your **most recent income tax form**. If you did not file your tax return bring any of the following: social security benefits, child support, Texas Assistance for Needy Families (TANF), and/or documentation from an attorney. Please request a Parent Affidavit Form if you did not file. Any financial information you provide will be for statistical use of the TRIO-Educational Talent Search Program-Alice and will be held strictly confidential. **School officials will not be provided with these records.**

Thank you for taking the time to help your child have access to the beneficial program. Please remember that parents and guardians are always welcome to attend any workshops, college tours, or the ETS office. Please feel free to contact your student's ETS counselor: Chasity Morales at 361-664-2981 ext. 3087, cmorales@coastalbend.edu, Randy Ibanez at 361-664-2981 ext. 3094, ribanez@coastalbend.edu, Cristina Ruvalcaba at 664-2981 ext. 3044, crualcaba@coastalbend.edu, for any questions or concerns. The main office number is 361-664-2981 ext. 3081 and is located at CBC-Alice, 704 Coyote Trail, Alice, Texas 78332, please leave message with the Secretary/Tutor Coordinator Deborah Soliz at 664-2981 ext. 3081, dsoliz@coastalbend.edu.

Sincerely,

Morales

Chasity Morales

Director

- * Alice
- * Ben Bolt-Palito Blanco
- * Benavides
- * Falfurrias
- * Freer
- * Orange Grove
- * Premont
- * San Diego

Sincerely,

Randy Ibanez

Randy Ibanez

Advisor

- * Alice
- * Benavides
- * Falfurrias
- * Premont

Sincerely,

Cristina Ruvalcaba

Cristina Ruvalcaba

Advisor

- * Alice
- * Ben Bolt-Palito Blanco
- * Freer
- * San Diego

Chasity

Instructions for completing the TRIO Talent Search Application

1. Complete ETS Application Form

- a. Must have parent signature—parent(s) refer to those living in the household (includes a step-parent)
- b. Must have student signatures

2. Income documentation

- a. Please include most current family income tax form (the 2 pages of the 1040, 1040A, or the 1 page 1040 EZ form). The one due this year.

Or

- b. Parent Affidavit (for non-filers or if you lost your 1040)-call our office if you need one.
- c. Either document must have a parent signature on it.

3. Counselor or Teacher Recommendation Form

- a. May be completed by any school administration, counselor, or teacher.
- b. Must be signed by the person completing it.

4. Transcripts

- a. Current official transcript (copy of final eighth grade report card for new first semester freshmen)
- b. Must be signed.
- c. Must have TAKS or STARR scores (except for freshmen).

5. Consent for Treatment Form

- a. Must be completed and signed by parent. If student does not have form, then he/she cannot attend shadowing, college tours/other trips, or off school campus activities.

TALENT SEARCH PARENT AFFIDAVIT

This form is to be used only if you did not file, will not file, or are unable to find a copy of the U.S. Income Tax Return (1040/1040A/1040EZ) for the most recently completed calendar year.

Parents' Name: _____		Monthly Income Information				
Student's Name: _____						
Social Security # _____		First Job	Second Job	TANF Unemployment Child Support	Pensions Retirement Social Security	All other Monthly Income
School: _____						
Grade: _____						
Name of those living in household	Age					

Total number of household members: _____ Filing Status: Single, Married filing Jointly, Widow, or Head of Household (Circle One)

The information requested on this form is required by the U.S. Department of Education for your child's participation in the Coastal Bend College Educational Talent Search Program.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being provided as a matter of record; it will be kept strictly confidential in the CBC Educational Talent Search office.

Parent Signature

Date

For office use only: Tax year 2016

_____ X 12 months = _____
Monthly Wages (A) Adjusted Gross

_____ Standard Deduction: Single or married filing separately = \$6,300
(B) Married filing jointly or qualifying widow = \$12,600
Head of Household = \$9,300

_____ X 4050 = _____
Number of exemptions (C) Amount

_____ - _____ - _____ = _____
(A) (B) (C) (Taxable Income)



School/Grade _____

TRIO - Talent Search
Alice
CONSENT FOR TREATMENT OF A MINOR

Name: _____ Birth date: _____
Address: _____ Phone: _____

I, the undersigned, as the parent of legal guardian of a minor child, (name) _____, hereby authorize diagnostic medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child. It is distinctly agreed and understood that the attending physician and appropriate staff shall not be responsible in anyway for any consequences from said diagnostic, medical and/or surgical treatment and is fully released from any and all claims and demands whatsoever which arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and the best of their ability.

In case of Emergency, Parent/Legal Guardian can be reached at:

Physical Address _____ City _____ State _____
Allergies: _____
Current Medication: _____
Date of Last Tetanus Booster: _____
Pertinent Medical History: _____

In case of emergency please call, illness or accident to the above named student; please check below whom college personnel should contact. Use 1, 2, 3, etc. to indicate your first choice, 2nd and choice and so on.

Name	Home Phone	Business/Cell Phone
<input type="checkbox"/> Mother:		
<input type="checkbox"/> Father:		
<input type="checkbox"/> Adult Relative:		
<input type="checkbox"/> Friend:		
<input type="checkbox"/> Family Physician:		

Hospital preference if conditions warrant immediate transportation _____

Name of Insurance _____ Group Number _____

The school does not assume any financial obligation, but does provide the best service possible in an emergency. By signing this form you are giving us authority to follow the above procedure.

Check if the above named student has any of the following conditions:

- Diabetes
- Convulsions
- Hemophilia
- Heart Condition
- Allergies
- Asthma
- Other

Is this student under any type of medication? If so, what condition?

Other information the college or medical personnel should know about? _____

Should this information change during the year, please contact the TRIO office, (361) 664-2981 ext. 3081. Or should this student develop a serious health problem, please notify the Talent Search counselor.

Date

Parent or Legal Guardian Signature



Talent Search Student Recommendation

TRIO – COASTAL BEND COLLEGE (ALICE CAMPUS)

Student Name: _____ School: _____ Grade: _____

To the student: *Print* your name, school, and grade in the space provided. Give this form to someone familiar with you and your abilities: **a counselor or teacher.**

To the counselor or teacher recommending: Educational Talent Search serves students with an *interest and potential* to pursue post secondary education. Students should have relatively good grades but motivation, dedication, and willingness to succeed are even more important.

How long have you known this applicant? _____

How would you evaluate this applicant in terms of the following qualities as compared with other students his or her age? Please check the appropriate box.

Not Applicable		Below Average	Average	Above Average	Excellent
	Ability to learn				
	Willingness to learn				
	Personal Goals				
	Completes Work				
	Independence				
	Responsibility				
	Self-confidence				
	Concern for others				
	Attitude				
	Self-discipline				

To your knowledge, has this applicant's performance been a true index of his or her ability, or have outside circumstances (illness, difficult home situations, etc) interfered with his or her ability to achieve success?

What do you consider to be this applicant's greatest strengths? _____

What do you consider to be this applicant's greatest weaknesses? _____

Does this student have potential to enter a post-secondary education program?

- 1 yr. Certificate
 2 yr. Academic
 2 yr. Tech/Voc
 4 yr. Academic
 4+ yr. Academic

I recommend this applicant for participation in the Educational Talent Search program:

- Not Recommended
 Without enthusiasm
 Fairly strongly
 Enthusiastically

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

NOTE: Please return this form to the Educational Talent Search representative at your school or to your high school counseling office.