



2016-2017 TALENT SEARCH APPLICATION



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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 \$322,080.00.

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)

Home Phone #: _____ Cell Phone #: _____

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: _____

Do you have children? Yes No Number: _____ Ages: _____

Do you 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: _____ (First) (Middle) (Maiden) (Last)	Name: _____ (First) (Middle) (Last) (Suffix)
Mailing Address: _____ (Street or P.O. Box) (City/State/Zip)	Mailing Address: _____ (Street or P.O. Box) (City/State/Zip)
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	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	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

F I N A N C I A L *Income verification is required by the Department of Education and the Talent Search Program. **Please submit 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): \$ _____

Number exemptions claimed on income tax form: _____

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: _____

I certify that the information provided on this application is accurate and complete to the best of my knowledge. I also agree to provide any documentation necessary to verify information reported on this form



Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date



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. 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"/>

8. Check standardized test you have taken.

- ACT SAT PLAN PSAT THEA TSI

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

10. What are your goals after high school? (check as many that apply)

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

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

12. 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)

- | | |
|--|--|
| <input type="checkbox"/> Academic & Career Advisement | <input type="checkbox"/> Cultural Enrichment |
| <input type="checkbox"/> Career Counseling & Exploration | <input type="checkbox"/> Academic Instruction and Tutorials |
| <input type="checkbox"/> College Entrance Exam Preparation | <input type="checkbox"/> Scholarship Information |
| <input type="checkbox"/> Course Selection | <input type="checkbox"/> Assistance in completing applications for scholarships, financial aid, college admissions |

LIABILITY RELEASE FORM

I, (parent/guardian) _____, voluntarily agree to allow my child 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 CBC from any liability related to publicity involving my child.



Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

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- | | | | | |
|-----------------------|-------|---------------------------------|-------|--------------------|
| 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: _____
