



2017-2018 TALENT SEARCH APPLICATION



3800 Charco Road | Beeville, TX 78102 | trioets@coastalbend.edu | OFFICE: 361-354-2706

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)

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

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> I don't know     | <input type="checkbox"/> Work             | <input type="checkbox"/> Military     |
| <input type="checkbox"/> Vo/Tech Training | <input type="checkbox"/> 4 Year College   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 2 Year College   | <input type="checkbox"/> 4+ Years College |                                       |

**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)*

- |  |  |
|--|--|
| <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 (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: \_\_\_\_\_  
\_\_\_\_\_

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 any way 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, 2<sup>nd</sup> 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) 354-2706. Or should this student develop a serious health problem, please notify the Talent Search Advisor.

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Parent or Legal Guardian Signature**



**Program Recommendation Form**  
(To be completed by Teacher or Counselor)

Please Return to:

Coastal Bend College  
Educational Talent Search Program  
3800 Charco Road  
Beeville, Texas 78102  
Phone: (361)354-2706  
Or email to trioets@coastalbend.edu

Dear Teacher/Counselor:

The student listed below is applying for admission into the Educational Talent Search Program at Coastal Bend College. Your assessment of the student's conduct, character, and potential for post secretary 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 above address or email to trioets@coastalbend.edu. 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 (361) 354-2706. The time and effort you have taken to complete this form is sincerely appreciated.

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Class/Course Subject: \_\_\_\_\_ 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 of 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 Project. Additional comments may be written on the back

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher's/Counselor's Printed Name & Title

\_\_\_\_\_  
School Telephone Number

\_\_\_\_\_  
Teacher's/Counselor's Signature

\_\_\_\_\_  
Date

*The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232G, AND THE Texas Public Information Act, Texas government Code §552.001 es seq., and respectively federal and state laws providing for the review and disclosure of student educational records. The Coastal Bend College 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.*