



2022-2023 TRIO Talent Search Application

Address: 704 Coyote Trail, Alice, Texas 78332 | Email: dsoliz@coastalbend.edu | Office: (361) 664-2981 Ext. 3081

STUDENT INFORMATION																											
STUDENT NAME:		Social Security #:																									
MAILING ADDRESS:																											
PARENT CELL PHONE:		STUDENT CELL PHONE:																									
STUDENT EMAIL:																											
BIRTHDATE:		CURRENT AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																								
HIGH SCHOOL ATTENDING:		CURRENT GRADE:	GRADUATION YEAR:																								
STUDENT ID #:		MAY TALENT SEARCH CONTACT YOUR STUDENT VIA CELL PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
CHECK ALL PORTIONS OF THE LATEST STAAR EXAM YOU HAVE TAKEN: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">SECTION</th> <th style="text-align: center; border-bottom: 1px solid black;">PASSED</th> <th style="text-align: center; border-bottom: 1px solid black;">NOT PASSED</th> <th style="text-align: center; border-bottom: 1px solid black;">NOT TAKEN</th> </tr> </thead> <tbody> <tr> <td>READING</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>WRITING</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MATH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>SCIENCE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>HISTORY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		SECTION	PASSED	NOT PASSED	NOT TAKEN	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"/>	SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHAT HIGH SCHOOL ACADEMIC TRACK ARE YOU PURSUING? <input type="checkbox"/> REGULAR HS DIPLOMA <input type="checkbox"/> RECOMMENDED HS DIPLOMA <input type="checkbox"/> DISTINGUISHED HS DIPLOMA ARE YOU IN DUAL ENROLLMENT CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AT RISK OF FAILING? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU PLAN ON ATTENDING COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXTENUATING PERSONAL SITUATION: FOSTER CHILD, ORPHAN, HOMELESS, STUDENT WITH A DISABILITY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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PRIMARY LANGUAGE SPOKEN AT HOME? _____		IS STUDENT A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
IS STUDENT CURRENTLY PARTICIPATING IN UPWARD BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES STUDENT WORK? IF SO, HOW MANY HOURS PER WEEK? _____																									
DOES STUDENT HAVE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		STUDENT LIVES WITH: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GRANDPARENT(S): <input type="checkbox"/> OTHER: _____																									
PARENT/GUARDIAN INFORMATION																											
MOTHER/GUARDIAN NAME:		FATHER/GUARDIAN NAME:																									
ADDRESS:		ADDRESS:																									
CITY, STATE, AND ZIP CODE:		CITY, STATE, AND ZIP CODE:																									
CONTACT NUMBER:		CONTACT NUMBER:																									
EMAIL:		EMAIL:																									
DID YOU GRADUATE FROM A 4-YEAR COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYER: _____		DID YOU GRADUATE FROM A 4-YEAR COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYER: _____																									

COASTAL BEND COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. TALENT SEARCH IS A 100% FEDERALLY FUNDED PROGRAM.

EMERGENCY CONTACT
 NAME: _____ PHONE NUMBER: _____

INCOME AND FAMILY VERIFICATION

WE ARE REQUIRED TO USE THIS INFORMATION TO PROCESS YOUR APPLICATION. ALL INFORMATION IS STRICTLY CONFIDENTIAL AND IS USED ONLY TO DETERMINE ELIGIBILITY FOR TALENT SEARCH SERVICES.

PLEASE PROVIDE INFORMATION FOR THE LAST TAX YEAR.

NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD? _____ ARE YOU LIVING ON A FIXED INCOME? YES NO
 (LIVING ON DISABILITY OR SOCIAL SECURITY)

DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

FREE OR REDUCED LUNCH PROGRAM SOCIAL SECURITY BENEFITS FOOD STAMPS/TANF/WIC HOUSING ASSISTANCE
 V.A./G.I. BILL CHILD SUPPORT OTHER: _____

TAX FILING STATUS: MARRIED – FILING JOINTLY MARRIED – FILING SEPARATE HEAD OF HOUSEHOLD SINGLE

TAXABLE INCOME (AS REPORTED ON LAST YEARS TAX FORM) \$ _____ (1040: LINE 43, 1040A: LINE 27, 1040EZ: LINE6)

NUMBER OF EXEMPTIONS CLAIMED ON TAX FORM: _____ (1040 & 1040A: LINE 6D, 1040EZ: LINE 5)

DO BOTH PARENTS WORK? _____

PARENT/STUDENT CONSENT FOR SERVICES

CONSENT FOR SERVICES/TREATMENT:
 I understand Talent Search services including but not limited to: academic advising, tutoring referrals, cultural enrichment activities, career and college exploration; will be provided as needed. Services are provided by Talent Search (TS) staff (advisors, volunteers, mentors, tutors, and teachers), and are designed to help students achieve their academic and personal goals. These services are provided free of charge and at the student's will.

I 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 provided that these services are performed with ordinary care and the best of their ability. Talent Search does not provide payment for medical expenses.

BEHAVIOR AGREEMENT:
 I understand that the rules I am held responsible to at my school campus are the same rules that apply during any event with the Talent Search Program. If any rule is broken I understand if it becomes necessary, the TS staff will call my parents and they will be required to pick me up IMMEDIATELY. I also understand that failure to abide by any of the recognized rules may result in my dismissal from the Coastal Bend College Talent Search Program.

IMAGE (MEDIA) RELEASE: (CHECK ONE)
 _____ I do give talent search permission to use my child's picture/image and/or accomplishments as a result of my child's participation in the program. The images/pictures may be used on program brochures, newsletters, flyers, or be published on the program/college website to activities and participation. I release any claims against coastal bend college, the talent search program and/or its staff for any damages, awards, claims or liabilities, which may arise from any unauthorized or copyright violations of my child's image, picture, or work.

_____ I do not give talent search permission to use my child's picture/image and/or accomplishments as a result of my child's participation in the program.

I consent and verify the information provided above is true to the best of my knowledge.

PARENT SIGNATURE _____ **DATE:** _____

STUDENT SIGNATURE _____ **DATE:** _____

FERPA Consent to Release Student Information

TO: _____ (Name of High School)

Please provide information from the educational records of _____
(Name of Student requesting the release of educational records) to: **TRIO Talent Search**

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- _____ transcript
- _____ disciplinary records
- _____ recommendations for employment or admission to other schools
- _____ all records
- _____ other (specify) _____

The information is to be released for the following purpose:

- _____ family communications about university experience
- _____ employment
- _____ admission to an educational institution
- _____ other (specify) _____

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 TRIO Talent Search. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to TRIO Talent Search for the specific purpose described above.

Student Name (Print) _____ Student ID _____

Student Signature _____ Date _____

Parent Name (print) _____

Parent Signature _____ Date _____