



____ - ___ TRIO Talent Search Application

Address: 3800 Charco Road, Beeville, TX 78102 | Email: trioets@coastalbend.edu | Office: (361) 354-2706

STUDENT INFORMATION						
STUDENT NAME:				Social Security #:		
MAILING ADDRESS (Address, City, Zip):						
PARENT CELL PHONE:			STUDENT CELL PHONE:			
STUDENT EMAIL:						
BIRTHDATE: CURRENT AGE:				GENDER: MALE FEMALE		
HIGH SCHOOL ATTENDING:		CURRENT GRADE:		GRADUATION YEAR:		
STUDENT ID #:	ENT ID #: MAY TALENT SEARCH CONT			ACT YOUR STUDENT VIA CELL PHONE? YES NO		
DO YOU NEED ASSISTANCE WITH ANY OF THE FOLLOW COLLEGE CLASS SELECTION & ADMISSIONS APPLI CAREER SELECTION FINANCIAL AID SCHOLARSHIP SEARCH ACADEMIC SUPPORT TUTORING ETHNICITY: (CHECK ALL THAT APPLY) HISPANIC/	CATION	☐ AFRICAI	-ARE YOU IN DUAL ENROLLMENT CLASSES? YES NO -ARE YOU AT RISK OF FAILING? YES NO -DO YOU PLAN ON ATTENDING COLLEGE? YES NO -EXTENUATING PERSONAL SITUATION: FOSTER CHILD, ORPHAN, HOMELESS, STUDENT HAD KIDS, STUDENT WITH A DISABILITY, ETC? YES NO NAMERICAN HAWAIIAN/ PACIFIC ISLANDER AMERICAN/ ALASKA NATIVE WHITE/CAUCASIAN			
AMERICAN	INDIAI	N OTHER				
PRIMARY LANGUAGE SPOKEN AT HOME?			IS STUDENT A U.S. CITIZEN? YES NO			
IS STUDENT CURRENTLY PARTICIPATING IN UPWARD I	BOUND	? YES NO	STUDENT LIVES WITH:			
PARENT/GUARDIAN INFORMAT	ION					
MOTHER/GUARDIAN NAME:			FATHER/GUARDIAN NAME:			
ADDRESS (If different from above):			ADDRESS (If different from above):			
CITY, STATE, AND ZIP CODE:			CITY, STATE, AND ZIP CODE:			
CONTACT NUMBER:			CONTACT NUMBER:			
EMAIL:			EMAIL:			
DID YOU GRADUATE WITH A BACHELORS OR HIGHER? JOB POSITION:		YES NO	DID YOU GRADUATE WITH A BAC JOB POSITION:			
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? (*REQUIRED)			ARE YOU LIVING ON A FIXED INCOME? YES NO (LIVING ON DISABLITY OR SOCIAL SECURITY)			
DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)						
FREE OR REDUCED LUNCH PROGRAM V.A./G.I. BILL		SECURITY BENEFITS SUPPORT	FOOD STAMPS/TANF/W	—		



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:	RELATIONSHIP:	PHONE NUM	IBER:						
SCHOOL AGE HOUSEHOLD MEMBERS									
LIST HOUSEHOLD MEMBERS. Do not include parent/guardian or student applying for the program:									
Name	Relationship to Applicant	School	Age						
	The state of the s								
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.									
-	urgical treatment on my child as may be he attending physician and appropriate								
		•	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:									
	sponsible for at my school campus are t	,	•						
Program. Fighting, obscene language, threatening others, theft, and damaging property is strictly prohibited. Alcoholic beverages, controlled substances, and weapons are strictly prohibited. Appropriate clothing and, when swimming, appropriate swimwear to always be worn. Students must always show respect for									
TRIO Talent Search staff. If any rule is broken during an event/trip I understand, if it becomes necessary, the Talent Search staff will call my parents and they									
will be required to pick me up IMMEDIATELY, at their own expense. I also understand that failure to abide by any of the recognized rules may result in my dismissal from the Talent Search Program.									
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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)
I hereby authorize release of my education and employeram. The type of information that is to be release	•
 Transcripts School enrollment status School credits completed Degrees earned Disciplinary records Recommendations for employment or admissi Other information related to education and wo 	
The above information is to be released for the purpose college and/or employment and for Career and Educate retention in college and employment. This information and program funders. I understand the information may copies of written records, as preferred by the requeste any written records released pursuant to this Consent upon providing written notice to TRIO Talent Search revocation is made, this consent shall remain in effect educational and employment records will continue to program for the specific purpose described above.	ation Services staff to provide support with on will only be shared with program staff hay be released orally or in the form of er. I understand that I have a right to inspect t. I understand I may revoke this Consent h. I further understand that until this et for a year after I graduate, and my
Student Name (Print)	Student ID
Student Signature	Date
Parent Name (print)	
Parent Signature	Date

(if over 18 years, you can sign for yourself)