



____ - ____ 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: <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	
DO YOU NEED ASSISTANCE WITH ANY OF THE FOLLOWING: <input type="checkbox"/> COLLEGE CLASS SELECTION & ADMISSIONS APPLICATION <input type="checkbox"/> CAREER SELECTION <input type="checkbox"/> FINANCIAL AID <input type="checkbox"/> SCHOLARSHIP SEARCH <input type="checkbox"/> ACADEMIC SUPPORT <input type="checkbox"/> TUTORING		-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 HAD KIDS, STUDENT WITH A DISABILITY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO
ETHNICITY: (CHECK ALL THAT APPLY) <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN/ PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO(A) <input type="checkbox"/> NATIVE AMERICAN/ ALASKA NATIVE <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER		
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		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 (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? <input type="checkbox"/> YES <input type="checkbox"/> NO JOB POSITION: _____	DID YOU GRADUATE WITH A BACHELORS OR HIGHER? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 DISABILITY OR SOCIAL SECURITY)

TAXABLE INCOME (AS REPORTED ON LAST YEARS TAX FORM) (*REQUIRED) \$ _____

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 ASSIATANCE
 V.A./G.I. BILL CHILD SUPPORT OTHER: _____



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 NUMBER: _____

SCHOOL AGE HOUSEHOLD MEMBERS

LIST HOUSEHOLD MEMBERS. Do not include parent/guardian or student applying for the program:

Name	Relationship to Applicant	School	Age

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 for at my school campus are the same rules that apply during any event/activity with the TRIO Talent Search 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.

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 employment records to the **TRIO Talent Search** program. The type of information that is to be released under this consent form includes:

- Transcripts
- School enrollment status
- School credits completed
- Degrees earned
- Disciplinary records
- Recommendations for employment or admissions to schools
- Other information related to education and work performance

The above information is to be released for the purposes of verifying placement and retention in college and/or employment and for Career and Education Services staff to provide support with retention in college and employment. This information will only be shared with program staff and program funders. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I understand that I have a right to inspect any written records released pursuant to this Consent. 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 for a year after I graduate, and my educational and employment records will continue to be provided to the TRIO Talent Search program for the specific purpose described above.

Student Name (Print) _____ Student ID _____

Student Signature _____ Date _____

Parent Name (print) _____

Parent Signature _____ Date _____

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