



Educational Talent Search Program Application

Florida Gulf Coast University
10501 FGCU Blvd. South,
Fort Myers, FL 33965
McTarnaghan Hall, Room 202
Phone: (239) 590-7834



Please type or print clearly.

Part 1: School/ Student Information

Name: _____
First Name Middle Name Last Name

Mailing Address: _____
Home /P.O. Box Number Street

City State Zip code

Parent/Guardian Phone: (____) _____ **Student Phone:** (____) _____

Email: _____ **Social Security No.:** _____ - _____ - _____
(OPTIONAL)

Date of Birth: ____/____/____ **Age:** _____ **Gender:** Male Female
Month / Day / Year

Residency Status: U.S. Citizen Permanent Resident A# _____

Ethnicity: (Check ONE) Hispanic, Latino or Spanish Non-Hispanic, Latino or Spanish

Race: American Indian/Alaskan Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White Two or More Races
 Race and/or Ethnicity Unknown

1st language: _____ **Do you speak English at home?** Yes No

CURRENT SCHOOL: _____

CURRENT GRADE: 6th 7th 8th 9th 10th 11th 12th

Student School ID: _____

Are you taking any Honors/Dual Enrollment/Advanced Placement/International Baccalaureate courses? Yes No

*Please note that all applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education -GEPA Section 427). This program is funded 100% by the U.S. Department of Education.
Updated: October 2016*

Part 2: Needs Assessment

1. Are you in need of assistance with your academics for better grades?	Yes	No
2. Are you in need of assistance for better study skills development?	Yes	No
3. Are you in need of one-on-one or group tutoring?	Yes	No
4. Do you need help with setting better goals and making wiser decisions?	Yes	No
5. Do you need help developing better money management skills?	Yes	No
6. Do you need help preparing for high school?	Yes	No
7. Do you need help choosing your high school courses?	Yes	No
8. Do you plan on attending college/technical school after high school?	Yes	No
9. Do you need help deciding on a career path that you will enjoy?	Yes	No
10. Do you need help with financial aid and scholarship search?	Yes	No
11. Do you need help with college searches?	Yes	No
12. Do you need help filling out college applications and the FAFSA?	Yes	No

Part 3: Family/ Income Information (To be completed by parent or guardian)

With Whom Does The Applicant/Student Live? Check all that apply.

- Father Mother Stepfather Stepmother Foster Parent(s)
 Court Ordered Legal Guardian Other (Explain) _____

Parent/Guardian #1: Name: _____

Relation: Mother / Father / Step-parent /Other (Explain): _____

Occupation: _____

Contact Number: Cellular _____ Work _____

Email (Print clearly): _____

1st language _____ Does parent/guardian speak English? Yes No

Highest level of education completed in the United States:

- HS Diploma/GED Professional Certificate Associate Bachelor
 Master Doctorate, MD or JD Did NOT graduate from high school

Parent/Guardian #2: Name: _____

Relation: Mother / Father / Step-parent/ Other (Explain): _____

Occupation: _____

Contact Number: Cellular _____ Work _____

Email (Print clearly): _____

1st language _____ Does parent/guardian speak English? Yes No

Highest level of education completed in the USA:

- HS Diploma/GED Professional Certificate Associate Bachelor
 Master Doctorate, MD or JD Did NOT graduate from high school

Is your child eligible for the free lunch program through school? Yes No

Number of People Living In House: _____

Which income range listed below best describes your household's earnings? (Please check box)

\$57,091 - \$63,570	<input type="checkbox"/>	\$31,171 - \$37,650	<input type="checkbox"/>
\$50,611 - \$57,090	<input type="checkbox"/>	\$24,691 - \$31,170	<input type="checkbox"/>
\$44,131 - \$50,610	<input type="checkbox"/>	\$18,211 - \$24,690	<input type="checkbox"/>
\$37,651 - \$44,130	<input type="checkbox"/>	\$0 - \$18,210	<input type="checkbox"/>
<i>*Please note: The income ranges are based on income guidelines for Federal TRIO programs. Eligibility for Talent Search will be determined by income, as well as number of people living in the household.</i>			

My signature confirms that the above information is accurate.

Parent or guardian signature: _____ **Date:** _____

Part 4: Parent/Student Consent

CONSENT FOR SERVICES:

I understand pre-college and educational outreach 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 Educational Talent Search (ETS) staff (counselors, volunteers, mentors, tutors and teachers), and are designed to help student's achieve their academic and personal goals. These services are provided free of charge and at the student's will.

ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.

RELEASE OF INFORMATION:

I authorize Educational Talent Search to access academic and personal information in the legitimate educational interest of my student including but not limited to: public assistance, free & reduced lunch documentation; standardized test scores (State testing scores, SAT, ACT, GED); report cards; unofficial transcripts; official transcripts; attendance records; information about the status of post-secondary education admission/enrollment; financial aid documentation including FAFSA pin code, SAR, and award letters in accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). I understand this information is essential in assisting me/my child in preparation for post-secondary education. ***I further understand all information received is for ETS use only and is held strictly confidential.***

I understand that I am giving the Florida Gulf Coast University Educational Talent Search Program's Director, coordinator, and office manager permission to access my student's grade and attendance information directly from appropriate school personnel and to request other academic and behavioral information directly from school staff. I intend to give permission for Educational Talent Search to access and collect this information for the duration of my student's participation in the program and throughout his or her high school and college career; however, if I choose to withdraw this permission, I can call the

Talent Search Program Director at Florida Gulf Coast University (239-590-7834) at the Talent Search Coordinator at my child's school.

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 Educational Talent Search Program. If any rule is broken I understand if it becomes necessary, the ETS 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 Educational Talent Search Program.

IMAGE (MEDIA) RELEASE: (Please read carefully)

_____ I **DO** give ETS permission to use my child's picture/image and/or accomplishments as a result of my child's participation in the program. These images/pictures may be used on program brochures, flyers, or be published on the program's website to activities and participation. I release any claims against Florida Gulf Coast University, the ETS Program and/or its staff for any damages, awards, claims or liabilities which may arise from any unauthorized use or copyright violations of my child's image, picture or work.

_____ I **DO NOT** give ETS permission to use my child's picture/image and/or work or drawings as a result of my child's participation in the program. These images/pictures may not be used on program brochures, flyers, or be published on the program's website to activities and participation. I release any claims against Florida Gulf Coast University, the ETS Program and/or its staff for any damages, awards, claims or liabilities which may arise from any unauthorized use or copyright violations of my child's image, picture or work.

Waiver of Liability

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Educational Talent Search Program. I understand that my child may be leaving his/her school campus or FGCU (Florida Gulf Coast University) and may be transported by the Educational Talent Search staff of Florida Gulf Coast University. I agree that FGCU, Educational Talent Search, and anyone associated with FGCU will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold FGCU, Educational Talent Search, Advisory Committee members, officers, staff, and volunteers, harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Educational Talent Search at Florida Gulf Coast University shall not be held liable.

In the event that my child, _____, is involved in a medical emergency, I authorize the Educational Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: _____
Medicaid Card: _____

Emergency Contacts:

Name: _____ Name: _____
Address: _____ Address: _____
Phone Number: _____ Phone Number: _____

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

Student: _____ Signature: _____ Date: _____
Parent: _____ Signature: _____ Date: _____