



UOG EDUCATIONAL TALENT SEARCH PARTICIPANT APPLICATION

Directions: This application should be completed by a parent/legal guardian. Applications are only considered complete when all questions on this application have been completed and this form has been signed by both the parent/legal guardian and the student applicant. Please note that questions regarding an applicant’s race, ethnicity or language are purely for statistical tracking required by the U.S. Department of Education, and are not considered when determining an applicant’s eligibility for services. By signing this document you verify the truth and accuracy of the information provided. To expedite the processing of your application you may also submit this form with a copy of your most recent transcript. Please write in **blue** or **black** pen. (Revised 03/17/15)

A. STUDENT APPLICANT’S INFORMATION

Student First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth (M/D/Y): ____ / ____ / ____ Current Age: _____

What school do you currently attend? VBMS GWHS JFKHS OHS SSHS SHS THS

Current Grade Level: ____ Credits earned: 0-5.5 6 – 11.5 12 – 17.5 18 or more I don’t know

Do you receive services from other pre-college programs (UB, College Access)? No Yes, specify: _____

Please note that federal guidelines require all federal-funded programs to minimize the duplication of services. You may be contacted directly or inquiries may be made to the program you specify above regarding your current participation status in order to meet this requirement.

Ethnicity: Pacific Islander Asian White/Caucasian Black/African American Native American
 Hispanic/Latino Other: _____

Are you enrolled in LOTE courses? No Yes, what is your native language: _____

Citizenship: United States Citizen, national, or permanent resident
 Citizen/resident of the Republic of Palau
 Citizen/resident of FSM (Pohnpei, Chuuk, Yap, or Kosrae)
 Citizen/resident of the Republic of the Marshall Islands

If you are a U.S. Permanent Resident (Green Card Holder) please provide your Alien Registration Number:
A _____

Social Security Number: ____ - ____ - ____

B. PRIMARY STUDENT CONTACT INFORMATION

Mailing Address _____

P.O. Box or Street Address

City, State, Zipcode

Home Telephone: _____

Cell Phone: _____

Email: _____

Emergency Contact Information
Name: _____
Relationship: _____
Telephone: _____

C. COLLEGE-BOUND STUDENT SURVEY – TO BE COMPLETED BY STUDENT

ETS is a pre-college preparatory program that provides free information, assistance, and encouragement to college-bound students. The survey below will help ETS staff identify qualified youth with potential for education at the postsecondary level.

Why do you want to be in UOG’s Educational Talent Search Program? (Choose at least one.)

- I am currently failing and need help passing my classes.
- I am interested in learning about college and my educational opportunities.
- I want to get information and assistance to help me prepare and apply for college.
- I want to get information and assistance to help me learn about and apply for financial aid.
- Other: _____

What services are you interested in? (Choose at least one.)

- Information and assistance with completing middle school
- Information and assistance with completing high school
- Information and assistance about re-entering high school or earning a GED
- Information and assistance with college admissions and tests
- Information and assistance with financial aid applications
- Other: _____

What high school curriculum paths are you enrolled in or do you plan to enroll in? College Path Career Path

What career or major are you interested in? _____

Who is your school counselor? _____ I don’t know



D. REQUIRED ELIGIBILITY VERIFICATION TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

The student applicant regularly resides with and receives support from (choose only one.)

- Mother & Father Mother Only Father Only Legal Guardians Foster Parents

Name and contact information for the person(s) selected above:

Father/Legal Guardian Name (First, M.I., Last): _____
Work Telephone: _____ Cellphone: _____ Email: _____
Highest education completed: No Formal Education Elementary (K-5) Middle School (6-8) High School (9-12)
 Community College (2 Yr. Degree) University/College (4 Yr. degree)

Mother/Legal Guardian Name (First, M.I., Last): _____
Work Telephone: _____ Cellphone: _____ Email: _____
Highest education completed: No Formal Education Elementary (K-5) Middle School (6-8) High School (9-12)
 Community College (2 Yr. Degree) University/College (4 Yr. degree)

How many people are in your household, including yourself? _____

(May be found on 1040EZ line 6, 1040 line 43, or 1040A line 27)

Did you file 2014 taxes? Yes, please provide your taxable income: \$ _____
 No, please provide your total 2014 income. If no income was earned put zero: \$ _____

Do you currently receive any public assistance for low/no-income households? No Yes, mark below all that applies:
 SNAP (Food stamps) Free or Reduced Priced School Lunch Medicaid Section 8

Additional documentation may be requested to verify program eligibility unless adequate documentation of income status is provided.

E. AUTHORIZATION & RELEASE

Student's First Name: _____ Middle Initial: _____ Last Name: _____

The personal information that you give to the University of Guam (herein referred to as UOG), TRIO Programs, and Educational Talent Search Program (herein referred to as ETS) is for the U.S. Dept. of Education (US ED). This information is protected by the Privacy Act. No one may see the information unless they work with or for UOG TRIO Programs and ETS or are specifically authorized to see it. The information is necessary to determine if your child is eligible to participate in ETS and helps the US ED to measure his/her success. The US ED has the authority to gather such information (20 USC 1231a). Your child is not eligible for any services from ETS unless the information is given and the form is signed.

I. School Records: I authorize my child's school and any and all future secondary and postsecondary institutions to release school records to the UOG's TRIO Programs and ETS. I understand that school records released to the TRIO Program and ETS may include but are not limited to: transcripts, report cards, standardized test scores, Free & Reduced Priced Lunch participation verification, Individual Educational Plans, college registration and enrollment status, and financial aid information. I understand that this release is validated upon my signing this form and that records will be attained for the purpose of ETS eligibility verification, student assessment, student services, evaluation, and secondary and postsecondary tracking for annual performance reporting purposes.

II. Media Release: I authorize the use of my and my child's image and identity in UOG TRIO Programs and ETS documentation, promotions, and any and all media releases. I waive any rights, claims, or interest I may have to control the use of my child's or my identity or likeness in whatever media used by the UOG TRIO Programs and ETS.

III. Waiver of Liability: I release UOG TRIO Programs, ETS, and any and all employees or volunteers of the above institutions and programs from any and all liability resulting from any accidents, injuries, cost or loss of property and life which may occur.

IV. Data-Sharing Release: I consent to disclose my child's participation in other federally-funded pre-college programs in order to prevent the duplication of services. I authorize UOG TRIO Programs and ETS to obtain, verify and share my child's participation and service information with any agencies/programs as deemed necessary for my child's participation in ETS and UOG TRIO Programs. This authorization includes, but is not limited to, obtaining and/or sharing documents with the other TRIO programs and GCC College Access Challenge Grant Program for the purpose of reporting and coordinating services for my child and for statistical data-gathering required by US ED. The documents and information obtained and/or shared may include verifications of participation, services received, and other relevant applicant information and school records.

Parent/Legal Guardian Certification

I represent that I have read and understand the foregoing statements and am competent and hold the legal authority to execute this agreement. I certify that the information provided on this application is true and correct. Furthermore, I consent to the ETS authorizations and releases on this form and understand that it will remain in effect even after my child has exit the ETS program. By signing this document I agree to my child's participation in the UOG ETS Program. Similarly, by signing this form, the student applicant also agrees to his/her participation in the program and consents to any future UOG ETS tracking for the purpose of annual performance reporting.

Parent/Legal Guardian Signature Date Student Applicant Signature

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR THE ETS PROGRAM.
Notifications will be sent to accepted students only.

OFFICIAL USE ONLY

ETS WEBSITE Received on: _____ Received by: _____ Cohort: _____ Grade Level: _____
PY 14-15 Eligibility: FG/LI LI FG OTHER
Application Completion: Responses to all questions Parent & student signatures Copy of transcript/report card

Revised 03/17/15