

Talent Search Program Application

Return completed form to the Talent Search mailbox at your school, or mail to:

Clatsop Community College- Talent Search
1651 Lexington Avenue
Astoria, OR 97103

Thank you for your interest in Talent Search (TS). We will notify you by mail if the student is enrolled. TS is a federally funded program for qualified students in grades 6-12. TS services help students explore college and career opportunities and enter the college or other training of their choice after high school. As a Talent Search student, you will participate in workshops, educational guidance, field trips and other activities to help you be a successful high school and college student. The Clatsop Community College Talent Search program is 100% funded by a U.S. Department of Education grant in the amount of \$372,238.

Student Information:

Student's name: _____
First Middle Initial Last

Mailing address: _____

City: _____ State: _____ Zip: _____

Home/parent phone: _____ Student's cell phone: _____

Student's email address: _____

Birthdate: ____/____/____ Gender: **M** **F** Social Security #: _____
(optional)

Current grade: **6 7 8 9 10 11 12** School: _____

(Optional) 1. Do you consider yourself Hispanic/Latino? **Yes No**

2. Do you consider yourself (please check all the boxes that apply):

- Asian Black Hawaiian/Pacific Islander
 Native American/Alaska Native White/Caucasian

Is the student a U.S. citizen? **Yes No**

If not, do you have Permanent Resident status? **Yes No** Alien identification number: _____

Is English the student's first (native) language? **Yes No**

Family Information:

Student lives with (please check all that apply): Both parents Mother Father Stepparent
 Grandparent(s) Legal guardian Foster parent(s) Other: _____

Please complete the following information about each parent/guardian who **currently lives with this student**:

Mother/Guardian's Name: _____ Does this person have a 4-year Bachelor's degree from a university? Yes No	Father/Guardian's Name: _____ Does this person have a 4-year Bachelor's degree from a university? Yes No
Address: <input type="checkbox"/> Check box if same address as student If not, please write your address: _____ _____	Address: <input type="checkbox"/> Check box if same address as student If not, please write your address: _____ _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Emergency Phone: _____	Emergency Phone: _____

Please complete back side of form

Please list the names of the student's brothers and sisters who live with you and are in school:

Name:

School:

Grade:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Talent Search Services:

Talent Search provides age-appropriate information and advising services to enrolled students. Please check the services that you feel would most benefit this student:

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic advising | <input type="checkbox"/> Guidance & counseling | <input type="checkbox"/> College information |
| <input type="checkbox"/> Financial aid information | <input type="checkbox"/> Career information | <input type="checkbox"/> College visits |
| <input type="checkbox"/> Test taking/study skills | <input type="checkbox"/> Cultural activities | <input type="checkbox"/> Technology skills |
| <input type="checkbox"/> Parent support | <input type="checkbox"/> College admission application assistance | |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Financial aid/scholarship application assistance | |

Financial Information:

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. For the 2021-2022 school year, we will need your 2020 information:

Year of tax return: 2020 I/we claimed _____ total exemptions (or # of people living in your household).

\$ _____ **Family taxable income** after deductions & exemptions (NOT gross salary or net take-home pay). **Taxable income is on Form 1040, line 43.** Please do not leave blank. If you have no taxable income, enter Ø.

If you did not file a tax return for last year, please check the reason:

- Family household income was less than the amount required for filing.
- Family had no taxable income. Our only income was from: Social Security Child support
 Public assistance (TANF) Foster care payments Other _____

Authorization & Medical Release:

1. All information in this application is true and accurate to the best of my knowledge.
2. I give my permission for my son/daughter to participate in all Talent Search activities. (You will be notified of any travel activities and asked to give permission specifically for trips.)
3. I authorize Clatsop CC Talent Search to obtain student records and documents as necessary, including grade reports, transcripts, test scores, financial aid awards, and college admission and enrollment verification. This information will be held in strict confidence and will be used for TS purposes only.
4. I authorize Talent Search to release or obtain information from any agency or program providing supplemental services to my student.
5. I give my permission for my student's name, photograph, work and/or statements to be used by Talent Search for promotional, publicity, or instructional purposes.
6. I understand that, to stay enrolled in Talent Search, my student is expected to be a good school citizen and to make good academic effort.
7. I consent to my child using the Internet and other technology and accept responsibility for appropriate use thereof.
8. I understand that completion of this form does not guarantee acceptance into Talent Search.

I grant permission to the Talent Search program and Clatsop Community College and its authorized representatives to furnish first aid to my son/daughter as needed, and to seek medical attention through the nearest medical facilities when students are on field trips and other authorized activities. This permission is conditioned on the understanding that in the event of serious illness or injury or the need for hospitalization and/or major surgery, TS staff will make all reasonable efforts to contact me. Failure in such efforts should not prevent TS from providing emergency treatment as may be necessary for the best interest of my child.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____