**Talent Search Transitions Program Application**

# STUDENT INFORMATION

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Male Female Other Date of Birth (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal email address (NOT school email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School Currently Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you, the student, a Citizen of the United States?

 Yes No, but I am a permanent resident No, I am not a U.S. Citizen or a permanent resident

Ethnicity - *check one option that best applies*

American Indian or Alaska Native, Non-Hispanic/Latino \_ Asia, non-Hispanic/Latino \_ Black/African American

Hispanic/Latino of any race \_\_ Native Hawaiian or other Pacific Islander, non-Hispanic/Latino\_\_\_

Race or Ethnicity Unknown \_\_ Two or more races, non-Hispanic/Latino White-non-Hispanic/Latino

Do you, the student, find it difficult to speak, read, write, or understand English? Yes No If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a physical or mental disability you’d like to disclose? Yes No If yes, please provide more information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION\*** *\*if student is 18+ years old, parent/guardian information not required*

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best times and days to connect with guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you find it difficult to speak, read, write, or understand English? Yes No If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has either parent completed a 4-year college degree in the United States of America? Yes No

# FAMILY STATUS

The Talent Search Transition Program is funded by the U.S. Department of Education. In accordance with the guidelines established by the Department of Education, we are requesting the following income information from all participants.

Reference your most recently completed tax form for taxable income: 1040 [line 43], 1040A [line 27], or 1040EZ [line 6].

The tax year being used: \_\_\_\_\_\_\_\_\_ Total income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxable income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people, including yourself, live in your house? \_\_\_\_\_\_\_\_

Please check any of the following that apply to household members:

|  |  |  |  |
| --- | --- | --- | --- |
| Free & Reduced Lunch  |  | SNAP  |  |
| Unemployment  |  | Social Security  |  |
| Disability Compensation  |  | Child Support  |  |
| Food Stamps  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Indicate other source)*  |  |

# GUARDIAN CONSENT FORM

For as long as the student is a participant in the Talent Search Transitions Program, I hereby give permission to the school staff to share the information listed below with the appropriate ECC staff: ● High school course plan (i.e., four-year course plan)

* Attendance
* Grades
* Standardized test scores
* High school transcript
* FAFSA application completion
* College and career planning tools provided by the School District

*By signing this application, I verify that the information provided above is true. I also hereby authorized for the ECC Talent Search Transitions Program to obtain the information above. I understand that misrepresentation of the facts on this application will be cause for refusal of admission or suspension from the Talent Search Transitions Program.*

Note that the Talent Search Transitions Program reserves the right to request and review additional verification documentation. If documentation is requested, it will be kept in the strictest confidence and will only be seen by appropriate personnel to confirm student eligibility for the program.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

*\*if student is 18+ years old, parent/guardian signature not required*

# NEEDS ASSESSMENT

Which of the following Talent Search Program services, workshops, and activities would meet your student’s needs and help them succeed in school? Check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| Getting good grades in school  |  | Learning about careers, career interests, and abilities  |  |
| Tutoring in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Advice on money management  |  |
| Using study and/or test-taking skills  |  | Assistance in preparing for college  |  |
| Enhancing communication skills  |  | Guidance in completing college admission applications  |  |
| Practicing time management  |  | Support completing FAFSA or other financial aid applications  |  |
| Setting short and long-term goals |  | SAT preparation  |  |
| Assistance in high school class selections  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

What are your plans after graduating from high school?

|  |  |  |  |
| --- | --- | --- | --- |
| Attend a 4-year College/University  |  | Join the Military  |  |
| Attend a 2-year College (Community)  |  | Work  |  |
| Attend a Vocational/Technical school  |  | I’m Not Sure  |  |

What would you like to do when you grow up?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR OFFICE USE ONLY**

 First Generation

 Low Income (based on the current year’s poverty line – determined by DOE)

 Signed Consent Form

 Academic Need Noted on Needs Assessment

 Waitlist

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

# PHOTOGRAPHIC and OTHER MEDIUMS RELEASE

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I do hereby waive any right to inspect or approve the finished product or adverting or other copy that may be used in conjunction therewith or the use to which it may be applied now or in the future. I also hereby waive any right to royalties or other compensation from the Board of Trustees for Community college District No. 509, commonly known as Elgin Community College, its officers, employees, agents, successors and assigns.

I hereby agree to hold harmless, release and discharge the Board of Trustees for Community College District No. 509, its officers, employees, agents, successors, assigns and all persons acting under its permission or authority, including and firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, on web sites, or some other format from and against any and all claims, demands, damages or liability, including reasonable attorneys’ fees and court costs which I may have, arising from or relate to the use of any photographic pictures, digital images, or recordings, DVD’s, videotapes, software, website entries, sound recordings of me or any other medium, including but not limited to any misuse, by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking, processing, reduction or production and completion of the pictures or in any processing tending toward the completion of the finished product, its publication or distribution. I understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I do hereby certify that I am of legal age (18 years or older) and I am competent to contract in my own name in the above regard I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that if for any extraordinary reason my privacy must be protected after the submission of this document, I must notify Elgin Community College in writing. I further understand that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Printed NameDate

If the person signing is under age 18, consent must be given by a parent or legal guardian as follows:

I, the undersigned, hereby certify that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Minor’s Name

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I do hereby agree to the terms in this release and give my consent without reservation to the foregoing on behalf of the above named minor. I understand that if for any extraordinary reason the privacy of said minor, must be protected after the submission of this document, I must notify Elgin Community College in writing. I further understand that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Legal Guardian’s SignatureParent/Legal Guardian’s Printed NameDate