 **FORT VALLEY STATE UNIVERSITY**

**EDUCATIONAL TALENT SEARCH APPLICATION**

1005 State University Drive. P.O. Box 4389. Fort Valley, GA 31030-4313

PHONE: (478) 825-1760. FAX (478)825-1869

**(Please Do Not Write In this Area – For Official Use Only)**

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| --- | --- | --- |
| Date | ETS Code | Signature |
| Academic Need High Med Low | Cumulative GPA | CRCT \_\_\_\_ Math\_\_\_\_ EnglishEOCT \_\_\_\_ SAT \_\_\_\_ ACT |

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| **STUDENT ELIGIBILITY CRITERIA *(Clearly print and fill in all questions on the front and back). Use black or blue ink ONLY.*** |
| Last Name | First Name | Middle Name | Social Security Number |
| Date of Birth | School | Current Grade Level | Homeroom Teacher |
| MAILING ADDRESS |  |
| Street or P.O. Box Number | Apt. # |
| City | State | Zip Code |
| CONTACT INFORMATION |
| Home Phone Number | Cell Phone Number | Email Address |
| BIOGRAPHICAL INFORMATION |
| Citizenship (check one)* U.S. Citizen
* Legal Non-Citizen
* Not U.S. Citizen
 | Gender (check one)* Male
* Female
 | Is English a second language in your home? * Yes
* No

If yes, List your primary language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ETHNIC BACKGROUND This information is requested for the purpose of satisfying federal reporting and does not affect admission.** |
| Select **ONE** box that **MOST** represents your ethnic background. |
| * American Indian/Alaska Native
 | * Asian
 | * African American/Black
 | * Caucasian/White
 |
| * Hispanic or Latino
 | * Multiracial
 | * Native or Part Hawaiian
 | * Pacific Islander
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| **REQUIRED ACADEMIC SERVICES & PROGRAM INTEREST** |
| Please check at least one or more academic services you would like to receive from Talent Search. You may select all that apply. |
| * Connections to academic tutoring services
* College admissions application process
* Completing college admission applications
* College entrance examination assistance
 | * FAFSA completion
* Academic advisement on course selection
* Connections to ACT & SAT assistance
* Financial aid & scholarship options
 | * Financial literacy
* GED assistance
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you plan to attend college after you graduate from high school? | * Yes
 | * No
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| What careers and jobs interest you the most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FAMILY INFORMATION** |
| Father or Male Guardian (with whom the student Lives) | Mother or Female Guardian (with whom the student lives) |
| Last Name | First Name | Last Name | First Name |
| Relation to the student | Relation to the student |
| Work Phone  | Cell Phone | Work Phone | Cell Phone |
| Employer/Occupation | Employer/Occupation |
| Do you have a 4 year bachelor’s degree? | Do you have a 4 year bachelor’s degree? |
| * Yes
 | * No
 | * Yes
 | * No
 |
| If yes, please name college where you received your degree?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If yes, please name college where you received your degree?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please turn sheet over and complete the second page.**

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| **INCOME: The Educational Talent Search Program is federally funded. Therefore, in order for us to process your application you are required to document your family’s income for purpose of determining eligibility. Thank you.** |
| Please check the box below that reflects your family’s taxable income for the proceeding calendar year.Taxable income is the amount you earned AFTER exemptions and deductions. |
| My Taxable income from last year’s 1040 Form (line 3), or Form 1040-A (line 7), or Form 1045 EZ (line 6) is: |
| * Below $17,655
* $36,376 - $42,615
 | * $17,656 - $23,895
* $42,616 - $48,855
 | * $23,896 - $30,135
* $48,856 - $55,095
 | * $30,136 - $36,375
* $55,096 - $61,335
 |
| * Over $61,336
 | * Receiving **TANF** or Social Security, **OR** not required to file because of low income status
 |
| Please indicate the number of dependents in your household (including parents): |  |  |

**RELEASE STATEMENT AND WAIVER OF LIABILITY**

During the time, your child is in the Educational Talent Search Program (ETS), he or she will be expected to participate in many activities such as campus visits, picnics, sports, field trips, etc. ETS staff and representatives will be careful and conscientious regarding your child’s safety at all times. Fort Valley State University, however, requests your signature in agreement with the following statements.

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity such as those ETS conducts, do hereby agree to assume all the risks and responsibilities surrounding my child’s participation in ETS activities. I further hereby defend, hold harmless, indemnify and release and forever discharge Fort Valley State University and the Board of Regents of the University System of Georgia, including all officers, agents and employees from and against any and all claims, demands, actions or causes of action arising from damage to personal property, or personal injury or death which may result from participation in such activities or from causes beyond the control of, and without fault or negligence of Fort Valley State University, its officers, agents or employees, during the period of my child’s participation in any ETS sponsored activity.

**Certification:** I certify that the above information is true and accurate to the best of my knowledge, and I understand that all of the information will be kept confidential to the fullest extent of the law. I grant my permission and authorize my child’s school to release copies of his/her academic transcripts, test scores, disciplinary reports, and other documentation required on behalf of the Talent Search Program (ETS) for the purpose of assessing my child’s progress in school and participation in the program. I also grant my permission for ETS to track my child’s college or university status. In addition, I authorize Fort Valley State University and ETS permission to use any pictures and/or articles on behalf of my child for media announcement purposes.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To parent/guardian:** The Privacy Act protects the personal information submitted to Educational Talent Search. The U.S. Department of Education has the authority to collect such information (20USC 1231a). The information is necessary to determine if your child is eligible to participate in the program and helps the U.S. Department of Education measure his or her success. All information must be provided in order to determine eligibility and receive program services.   