



Educational Talent Search

Cal Poly, San Luis Obispo PROGRAM APPLICATION

APPLICANT INFORMATION

Please indicate the information requested. Where multiple choices are given, please check the correct item.

Last Name _____ First Name _____ Middle Initial _____

Mailing Address/PO Box _____ City _____ State _____ ZIP _____

Street Address _____

Apt # or Space # _____ None Phone Number _____

E-Mail Address _____

Sex MALE FEMALE Social Security Number _____-_____-_____ Birth Date _____

Current Grade _____ School _____

ETHNICITY/RACE

ARE YOU HISPANIC/LATINO? Yes No

Please select one or more of the following:

- AMERICAN INDIAN OR ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

Were you born in the United States (U.S. citizen or permanent resident)? YES NO OTHER

Is English your first/primary language? YES NO

Do you have a computer at home? YES NO

Do you have Internet access at home? YES NO

Will you need special accommodations? YES NO If yes, explain _____
(i.e., wheelchair access, visual or hearing assistance)

Are you enrolled in another program such as Upward Bound? YES NO

Do you have brothers/sisters participating in ETS? YES NO
If yes, list names _____

What is/are your career(s) of interest?

What language do your Parents/Guardians prefer?
 English Spanish Tagalog Other

What is your cumulative GPA?

What are your plans after high school?
 COLLEGE VOC-TECH OTHER (SPECIFY) _____

Do you have a job? YES NO Place: _____ # of hrs/wk: _____

APPLICANT ASSESSMENT AND QUESTIONNAIRE

Please answer the following questions completely and honestly or check the correct item.

Why do you wish to join the ETS program?

How did you find out about ETS?

- Counselor/Guidance ETS Counselor Teacher Friend/Sibling Other

What goals/dreams do you have for your future? Please be specific.

Do you feel your grades show that you are working to the best of your ability?

List any activities that you are actively involved with. (Clubs, sports, community service, other pre-college programs, etc.)

What do you expect to gain from ETS?

(MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> ACT/SAT/PLAN PREPARATION | <input type="checkbox"/> MOTIVATIONAL WORKSHOP |
| <input type="checkbox"/> GOAL SETTING | <input type="checkbox"/> FINANCIAL AID |
| <input type="checkbox"/> PERSONAL STATEMENT | <input type="checkbox"/> COLLEGE SELECTION |
| <input type="checkbox"/> SELF-ESTEEM | <input type="checkbox"/> TEST TAKING |
| <input type="checkbox"/> CAREER INFORMATION | <input type="checkbox"/> SENIOR YEAR PLANNING |
| <input type="checkbox"/> TUTORING | <input type="checkbox"/> SCHOLARSHIP SEARCH |
| <input type="checkbox"/> POST-SECONDARY INFORMATION | <input type="checkbox"/> COLLEGE APPLICATIONS |
| <input type="checkbox"/> COLLEGE VISITS | <input type="checkbox"/> DECISION MAKING |
| <input type="checkbox"/> ON-LINE COLLEGE PLANNING | <input type="checkbox"/> CHOOSING A MAJOR |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ | |

OFFICE USE ONLY

RECEIVED BY _____

DATE RECEIVED _____

INCOME VERIFICATION _____

TRANSCRIPT _____

HOUSEHOLD INFORMATION

Please indicate the information requested or check the correct item.

ETS IS REQUIRED TO VERIFY THAT OUR PARTICIPANTS MEET FEDERAL CRITERIA BASED ON EDUCATIONAL BACKGROUND AND HOUSEHOLD INCOME LEVEL. THIS INFORMATION IS REQUIRED OF ALL APPLICANTS, AND MAY NEED TO BE VERIFIED IN ORDER FOR STUDENTS TO QUALIFY FOR PARTICIPATION. ETS AND CAL POLY, SAN LUIS OBISPO, ENSURE THAT ALL INFORMATION PROVIDED WILL BE HELD IN CONFIDENCE.

With whom do you live? BOTH PARENTS MOTHER FATHER LEGAL GUARDIAN SELF OTHER
Mother/Legal Guardian: _____ Father/Legal Guardian: _____
Work Phone: _____ None Work Phone: _____ None
Cell Phone: _____ None Cell Phone: _____ None
E-Mail Address _____ None E-Mail Address _____ None

Please indicate the highest education level completed by each of your biological/adoptive parents:

Mother

NO FORMAL EDUCATION LESS THAN HIGH SCHOOL HIGH SCHOOL / GED
 2-YEAR COLLEGE, INDICATE DEGREE EARNED _____ 4-YEAR COLLEGE, INDICATE DEGREE EARNED _____

Father

NO FORMAL EDUCATION LESS THAN HIGH SCHOOL HIGH SCHOOL / GED
 2-YEAR COLLEGE, INDICATE DEGREE EARNED _____ 4-YEAR COLLEGE, INDICATE DEGREE EARNED _____

Does the applicant/student receive free lunch at school? YES NO

Does the applicant/student receive reduced lunch at school? YES NO

Taxable Income: (This is not Gross Income. Taxable Income is the total AFTER your deductions are taken.)

Use line 43 on IRS form 1040 or line 27 on 1040A or line 6 on 1040EZ)

\$0 - \$16,335 \$33,526 - \$39,255 \$56,446 - \$62,175 \$79,366 - \$99,999
 \$16,336 - \$22,065 \$39,256 - \$44,985 \$62,176 - \$67,905 \$100,000 and above
 \$22,066 - \$27,795 \$44,986 - \$50,715 \$67,906 - \$73,635
 \$27,796 - \$33,525 \$50,716 - \$56,445 \$73,636 - \$79,365

Please indicate tax return filing status: SINGLE HEAD OF HOUSEHOLD MARRIED

Size of Family: _____ (# OF PEOPLE IN YOUR HOUSEHOLD)

Indicate the total yearly amount your household receives from each of the following:

AFDC \$ _____ Child Support \$ _____ Disability \$ _____
Social Security \$ _____ Other \$ _____

INFORMATION RELEASE

I/We give permission to the EDUCATIONAL TALENT SEARCH program at Cal Poly to have any school or financial records of my son/daughter to determine eligibility for the program and to monitor the status and progress in middle, secondary, and post-secondary education and eligibility for financial aid. In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by EDUCATIONAL TALENT SEARCH for promotional, publicity or instructional purposes.

My son/daughter has the permission to participate in field trips planned for and supervised by EDUCATIONAL TALENT SEARCH. Further, should my son/daughter require medical attention and/or care while participating in EDUCATIONAL TALENT SEARCH, I/We give my/our consent to medical examination and necessary treatment, including drugs, x-rays and surgery as may be deemed necessary by the attending physician. This consent shall remain effective so long as my son/daughter is a participant in EDUCATIONAL TALENT SEARCH. Should an emergency arise, staff will attempt to reach me/us and be guided by my/our wishes. In the event that I cannot be contacted, the attending physician has my consent to act as medical judgment may dictate.

All information provided is accurate to the best of my knowledge.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

To finalize your application, please include:

- Completed application form
- Income Verification (1040, Social Security, AFDC, Disability, Child Support, etc.)