



## Heart of Appalachia Talent Search (HATS) Program

The HATS Program is a federally funded TRIO Program that provides academic support to students in Mason and Wayne County middle and high schools. Partnering with each school, HATS staff members are committed to helping students reach their full potential by connecting them with the resources needed to successfully transition into a technical school, community college, or university.

### What services will I receive as a member of HATS?

- Career Exploration
- College Readiness
- Financial Aid Counseling
- ACT/SAT Prep
- Cultural Enrichment
- Improving Study Skills
- College Campus Visits
- STEAM Activities
- Tutoring Connections
- Leadership Opportunities

### Who can apply?

Any middle or high school student attending school in Mason or Wayne County is welcome to apply to be a part of the HATS Program. However, priority is given to students whose parents have not completed a four-year college degree or whose family income meets certain federal guidelines. All students must demonstrate that they want to be an active member of the program and can benefit from the services that are offered.

### How can I apply?

1. Complete the entire HATS Application
2. If you have questions, contact the HATS Office at 304-696-2941
3. Return the application to the HATS Advisor at your school, your counselor, or mail it to our office at:

Marshall University  
Heart of Appalachia Talent Search Program  
Gullickson Hall 210  
One John Marshall Drive  
Huntington, WV 25755-2195-104





# HATS Program Application



The information that you provide will be kept confidential. Remember, if the application is not complete, it will prevent us from admitting the student into the HATS Program in a timely manner.

## Student Information

Name (First, Middle, & Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Ethnic Background:  American Indian or Alaska Native  Asian or Asian American  
 Black or African American  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  White, non-Hispanic/Latino  
 Two or More Races

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Residence Status:  Lives with both parents  Lives with one parent  Living with a relative(s)  
 Lives with parent & a stepparent  Foster Student  
 Other: \_\_\_\_\_

Parental Marital Status:  Married  Separated  Divorced  Widowed  Never Married

## Parent/Guardian One Information

Name (First, Middle, & Last): \_\_\_\_\_ Relation: \_\_\_\_\_

Living in the home with the student?  Yes  No Complete a four-year college degree?  Yes  No

If so, what was their major: \_\_\_\_\_ College Attended: \_\_\_\_\_

Employment status:  Employed  Unemployed  Permanently Disabled  Temporarily Disabled

If employed, place of employment: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Parent/Guardian Two Information

Name (First, Middle, & Last): \_\_\_\_\_ Relation: \_\_\_\_\_

Living in the home with the student?  Yes  No Complete a four-year college degree?  Yes  No

If so, what was their major: \_\_\_\_\_ College Attended: \_\_\_\_\_

Employment status:  Employed  Unemployed  Permanently Disabled  Temporarily Disabled

If employed, place of employment: \_\_\_\_\_ Contact Number: \_\_\_\_\_



# Household Information



How many people currently live in your home (including yourself)? \_\_\_\_\_

Did you file an income tax return last year? \_\_\_ Yes \_\_\_ No

If yes, what was your TAXABLE income for last year? \_\_\_\_\_ (Line 15)

If you did not file an income tax return, what was your source of family income for last year?

\_\_\_ Unemployment Income \_\_\_ Social Security Income \_\_\_ SSI Income \_\_\_ Public Assistance

\_\_\_ Other (please indicate source): \_\_\_\_\_

## Student Evaluation (to be completed by student)

How did you find out about the HATS Program? \_\_\_\_\_

What grades do you usually earn in school? \_\_\_\_\_ Are you satisfied with your grades? \_\_\_ Yes \_\_\_ No

Have you had to repeat a grade in school? \_\_\_ Yes \_\_\_ No If yes, which grade? \_\_\_\_\_

What do you plan to do after High School? \_\_\_ 4-year College/University \_\_\_ 2-Year College \_\_\_ Military  
\_\_\_ Technical/Vocational School \_\_\_ Undecided

What career are you interested in when you finish high school? \_\_\_\_\_

I would like help with (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Improving Study Habits        | <input type="checkbox"/> Improving Time Management    | <input type="checkbox"/> Tutoring               |
| <input type="checkbox"/> Learning About Career Options | <input type="checkbox"/> Visiting College Campuses    | <input type="checkbox"/> Applying for College   |
| <input type="checkbox"/> Developing Test-Taking Skills | <input type="checkbox"/> Taking ACT/SAT Test          | <input type="checkbox"/> Paying for College     |
| <input type="checkbox"/> Building Leadership Skills    | <input type="checkbox"/> Gaining more Self-Confidence | <input type="checkbox"/> Taking College Classes |

## Parent/Guardian and Participant Agreement

The signatures below approve and acknowledge the following:

- The release of any school, college, or university records to the HATS Program with the understanding that these records are held confidential in accordance with state and federal laws.
- My cooperation with HATS staff and encouragement of my child to abide by the rules of the program participation which includes:
  - Attending HATS meetings during the school day (more than two unexcused absences may result in dismissal from the program).
  - Demonstrating respectful behavior and a positive attitude when participating in HATS activities and events.
  - Notifying the HATS Program at least 48 Hours in advance if canceling attendance in a program workshop, trip, or overnight event.
- The right to photograph or film the student during HATS activities and use their likeness in HATS materials and media releases.
- To my knowledge, the information provided in this application is true, correct, and complete.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Academic Record Release



(Due to federal reporting requirements, we must have access to this information for your child to participate in our program.)

I hereby authorize the release of the student records indicated below to the Marshall University Heart of Appalachia Talent Search (HATS) Program for the student listed below. This information will be used to assist with improving academic performance as well as to monitor long-term post-secondary enrollment and success.

1. Records contained within the WVEIS data system including:

- Student ID Number
- Attendance Record
- Verification of Grade Level
- Class Schedule
- Grade Reports
- Student Standardized Achievement Test Scores
- Transcripts

2. Records related to college application status and college enrollment as provided by post-secondary institutions and/or the National Student Clearinghouse database.

3. Records related to FAFSA Completion and Verification Status as per agreement with the WV Higher Education Policy Commission and/or post-secondary institution where the student may apply/attend.

4. ACT/SAT test scores obtained using the HATS School Code for exam fee waivers.

The release will be in effect through the student's completion of high school and for six years following their graduation to allow for annual follow-up of HATS participants as is required by the U.S. Department of Education regulations to evaluate the HATS Program. I understand that this information will be held in compliance with the Family Education Right to Privacy Act (FERPA) and other applicable federal and state laws. Student records will only be accessible to the appropriate HATS Program staff members and the U.S. Department of Education officials who monitor the HATS Program grant for compliance. All records will be safely secured as outlined by federal law.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Professional Recommendation Form



Student: Please have a teacher, counselor, or community member complete this form. Your application will not be processed until we have received your recommendation.

Teacher/Counselor/Community Member: This student is applying to participate in the Heart of Appalachia Talent Search (HATS) Program at Marshall University. HATS is designed to help students who have academic potential succeed in high school and enter a post-secondary institution. Your responses will assist program staff with processing the student's application and matching them to services that best meet their academic needs.

Options for Returning the Form:

1. Return the recommendation to the student.
2. Give the recommendation to a HATS College Access Advisor.
3. Mail to the program at the following address:

Marshall University  
 Heart of Appalachia Talent Search Program  
 Gullickson Hall 210  
 One John Marshall Drive  
 Huntington, WV 25755-2195-104

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please mark the student's areas of need: (check all that apply)				
<input type="checkbox"/> Academic Improvement	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Time Management	<input type="checkbox"/> Organizational Skills	
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> College Exploration	<input type="checkbox"/> Choosing a college	<input type="checkbox"/> Test-Taking Skills	
<input type="checkbox"/> Financial Aid Counseling	<input type="checkbox"/> College Admissions	<input type="checkbox"/> ACT/SAT Prep	<input type="checkbox"/> Cultural Enrichment	
<input type="checkbox"/> Motivation	<input type="checkbox"/> Goal Setting	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Social Skills	
<input type="checkbox"/> Tutoring (list subjects): _____				
Please mark the student's performance:				
School Attendance	Excellent	Good	Fair	Poor
Academic Performance	Excellent	Good	Fair	Poor
Behavior Record	Excellent	Good	Fair	Poor

Describe any additional personal or academic barriers that may prevent this student from succeeding academically and how HATS could benefit them:

---



---



---



---

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_