

## Empowering Appalachia Talent Search Program (TRiO)

TRIO is 100% federally funded through the U. S. Department of Education. Acceptance into the program is dependent upon meeting eligibility criteria and availability. Please answer all questions completely.

All information you provide will be held confidential according to privacy laws.

### Student Information

|                                                                                                                          |                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____<br>Last First MI                                                                                             | Preferred/Nickname: _____                                                                                                                                                                                                                                                     |
| Address: _____<br>City State Zip County                                                                                  | Race: <i>(Optional)</i><br><input type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/<br>Alaska Native<br><input type="checkbox"/> Native Hawaiian/<br>Pacific Islander<br><input type="checkbox"/> Black/African-American |
| Phone: (Parent) _____ Phone: (Student) _____                                                                             | Ethnicity: <i>(Optional)</i><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic                                                                                                                                                                    |
| May we text <input type="checkbox"/> Parent and/or <input type="checkbox"/> Student with information on events/meetings? |                                                                                                                                                                                                                                                                               |
| Schoology Email: _____                                                                                                   |                                                                                                                                                                                                                                                                               |
| Social Security # _____ Birth date: _____                                                                                |                                                                                                                                                                                                                                                                               |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No                                         | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                         |

### Educational Information

|                                                                                    |                                            |                                              |                                        |
|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Huntington East Middle                                    | <input type="checkbox"/> Huntington Middle | <input type="checkbox"/> Huntington High     | Grade: _____                           |
| Which Talent Search services would meet your needs and help you succeed in school? |                                            |                                              |                                        |
| <input type="checkbox"/> Career Exploration                                        | <input type="checkbox"/> Study Skills      | <input type="checkbox"/> Decision Making     | <input type="checkbox"/> SAT/ACT       |
| <input type="checkbox"/> College Applications                                      | <input type="checkbox"/> Financial Aid     | <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> College Tours |

### Student Contract

I understand that the Talent Search program has a strong commitment to education and is here to help me do well in school. To be a part of the program, I agree to do the following:

- Attend school regularly and complete assignments on time.
- Maintain at least a 2.0 or C average in my core classes (math, science, English, social studies, foreign languages) to be eligible for the program and field trips.
- Attend Talent Search activities and workshops regularly but at least twice a year.
- Graduate from high school.
- Work toward admission into college or vocational school after I graduate from high school.
- Enroll in a college or vocational school of my choice the semester after I graduate.

I understand the goals I have set for myself in my academic plan. I will strive to accomplish them.

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

Please Complete BOTH Sides

Student Name: \_\_\_\_\_

## Family Information

(This section to be completed by the parent/guardian)

| Guardian Name(s): _____<br>Four year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Guardian Name(s): _____<br>Four year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><div style="text-align: center; padding: 5px;">Please list all children in the household:</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left; padding: 5px;">Name</th> <th style="width: 20%; text-align: center; padding: 5px;">Age</th> <th style="width: 20%; text-align: center; padding: 5px;">Grade</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">1. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">2. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">3. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">4. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">5. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">6. _____</td><td style="text-align: center; padding: 5px;">_____</td><td style="text-align: center; padding: 5px;">_____</td></tr> </tbody> </table> | Name  | Age   | Grade | 1. _____ | _____ | _____ | 2. _____ | _____ | _____ | 3. _____ | _____ | _____ | 4. _____ | _____ | _____ | 5. _____ | _____ | _____ | 6. _____ | _____ | _____ | Student Lives With:<br><input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Parent/Stepparent<br><input type="checkbox"/> Grandparent(s)<br><input type="checkbox"/> Foster Parent(s)<br><input type="checkbox"/> Self<br><input type="checkbox"/> Other _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age   | Grade |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 1. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 2. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 3. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 4. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 5. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |
| 6. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____ | _____ |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |          |       |       |                                                                                                                                                                                                                                                                                                                                                   |

## Financial Statement

The financial information requested below is used to determine eligibility for the TRiO program and is confidential.

***We need a copy of your most recent tax return for verification of income.***

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

Source(s) of family income:

Our Taxable Income for last year was: \$ \_\_\_\_\_

☐ ☐ Employment      ☐ Unemployment  
☐ ☐ Social Security      ☐ Public Assistance

Your Taxable Income can be found on your tax return

## Student Record and Photo Release

My signature approves and acknowledges the following: (Please Check the Boxes)

- ☐ The exchange of educational and financial information with the TRiO program including but not limited to grades, transcripts and test scores.
- ☐ All records will be used to verify or further a student's educational attainment or standing.
- ☐ The use of photographs and/or videotape with my child's image in TRiO publications and news releases.
- ☐ That all information given on this form is true, correct, and complete to the best of my knowledge.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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Parent/Guardian Signature

Date \_\_\_\_\_



## TRiO OFFICE USE ONLY

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

Received By: \_\_\_\_\_

**Student Referral:**