

## Brockton Educational Talent Search Program - Enrollment Application 2019-2020

Educational Talent Search is a federally funded TRIO program that helps millions of young people across the United States achieve their educational and career goals. There is no cost to join, free services include:

- One-on-one Advising
- Support in Choosing and Applying to College
- Financial Aid Application Assistance
- Interactive Workshops & Activities
- College Tours and Information Sessions
- Fun Trips
- SAT & College Application Fee Waivers
- Scholarship, Volunteer & Internship Referrals
- Leadership Development & Skill Building

### Student Identification *(Please write your legal name as it appears on your social security card.)*

Student Name: \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)

Social Security# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (Month) (Day) (Year)

School \_\_\_\_\_ Projected Graduation Year \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_  
 (Number & Street) (Apt #)

(City) (State) (Zip)

Student Phone: \_\_\_\_\_  Cell (Text Message) Parent Phone: \_\_\_\_\_  Cell (Text Message)  
 (I consent to receiving calls and text messages as described in this application. Message and data rates may apply.)

Student Email: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_ How did you hear about the program?  Flyer  Online/Social Media  Friend  
 Other \_\_\_\_\_

### Demographic Information *(This section must be completed.)*

**Race/Ethnicity:** *(check all that apply)*

American Indian/Native Alaska  More than once race

Asian  White

Black or African American  Native Hawaiian or Pacific Island

Are you of Hispanic or Latino origin or descent?  Yes  No

**Gender**

Male  Female

**Citizenship**

U.S. Citizen

**If you are not a U.S. Citizen, please provide your Alien Registration # A \_\_\_\_\_**

Other language(s) spoken at home \_\_\_\_\_

### Statement of Need *(This section must be completed.)*

*Please indicate the areas in which you most need assistance from the Talent Search program:*

College Prep Workshops  Career Field Trips  College Admissions  Academic Advising  Financial Aid

Career Counseling/Majors  College Campus Visits  Study Skills  ACT/SAT Test Prep  Essay Writing

Tutoring in \_\_\_\_\_  Other Programs?: \_\_\_\_\_

### My Achievement Plan (MAP) *(This section must be completed.)*

*I am on track with: (check all that apply). What is your academic course level? (check all that apply) [ ] AP [ ] IB [ ] Honors [ ] CPA [ ] CP*

4 years of English  4 years of Math  3 years of Science  3 years of foreign Language

My educational goal this year is: \_\_\_\_\_

My long-term goal is: \_\_\_\_\_

In order to achieve my career goal, I plan to earn:

Unsure about plans  Associates (2-year) degree  Master's Degree

Certificate/Technical Training Program  Bachelor's Degree  Professional Degree (M.D., J.D.)

**Educational Talent Search Office: Brockton High School · 470 Forest Avenue Brockton, MA 02301 · 508.894.4214**

**Directions:** Please complete all sections of this form for your child to be eligible to receive services and participate in Talent Search program activities. The highlighted areas are required in order for your application to be accepted, please make sure all of the information is included and your signature is dated. (*Talent Search is a TRIO program funded by the US Department of Education (ED) and managed by the Massachusetts Higher Education Assistance Corporation dba American Student Assistance® (ASA). As a federally funded program, we are required to document the student eligibility, the annual family income and the parent/guardian educational background for each of our participants. This information is protected under federal law and appropriate steps will be taken to keep this information confidential.*)

### Income & Parent Background Verification

Please list the number of people living in your household (include yourself): \_\_\_\_\_

Please check the income range, which reflects the taxable income, reported on your family's 2019 income tax return. Check an income range even if you were not required to file. You may estimate your household income using your pay stubs or W2s. TRIO Eligibility Effec. 1/15/20.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$0-\$19,140      | <input type="checkbox"/> \$32,580-\$39,299 | <input type="checkbox"/> \$52,740-\$59,459  | Describe any unusual financial or family circumstances: |
| <input type="checkbox"/> \$19,141-\$25,859 | <input type="checkbox"/> \$39,300-\$46,019 | <input type="checkbox"/> \$59,460-\$66,179  |   |
| <input type="checkbox"/> \$25,860-\$32,579 | <input type="checkbox"/> \$46,020-\$52,739 | <input type="checkbox"/> \$66,180 and above |   |

Parents' educational background:	Mother (Female Guardian)	Father (Male Guardian)
Did they graduate from college in the United States?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If yes, what college or university?	_____	_____
Finished four-year college (Bachelor's Degree) or higher	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

### Media Release

I, \_\_\_\_\_ hereby acknowledge that I have reviewed and understand the purpose of this release, which is given to me by the ASA®. I attest that I am legally eligible to sign this release as an adult who is at least eighteen years of age or as a parent/guardian signing on behalf of my minor child. I grant ASA full permission to utilize pictures, quotations and/or videos of me or my son/daughter for publications, advertising and public relations. I hereby release ASA and any of its associated or affiliated companies, their directors, officers and employees from all claims of every kind on account of such use. I understand that I may revoke this agreement at any time by contacting ASA and requesting such action be taken.

I will  I will not allow ASA to use video, images and/or pictures of my child participating in future Talent Search brochures, applications, and other marketing information.

### Records Release and Confidentiality Statement

I authorize the release of education records from my son's/daughter's file that may be requested by ASA's Talent Search Program. I understand that ED funds ASA's Talent Search Program and will use these records to provide academic advising for my son/daughter. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff, representatives from the federal and state departments of education, and those specified by ED as responsible for the administration of the Talent Search Program. The authorization is limited to an official school transcript, standardized test scores, student history, attendance records from 7<sup>th</sup> – 12<sup>th</sup> grade, student grades and progress reports, information concerning disciplinary actions, and information concerning future postsecondary enrollment, financial aid awards, and education records for the administration of Talent Search as specified by ED. *I also authorize follow up with my son or daughter's college or university registrars' office to verify enrollment and obtain transcripts and attendance history for grant tracking requirements. I authorize ASA to contact me regarding ASA's Talent Search Program, at the numbers that I or my son/daughter provides on this form or any future number that I provide for my Cell phone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages. I also consent to periodic emails to be sent to me and my son or daughter through email to any addresses that I or my son/daughter provides to ASA.*

I understand that this information will be placed in my child's Talent Search file as part of his/her income and background documentation. This information is protected under federal laws. I certify that all the information I have provided is correct and accurate to the best of my knowledge. I attest that I am legally eligible to sign this release as an adult who is at least eighteen years of age or as a parent/guardian signing on behalf of my minor child.

**My signature certifies I have read, understand, and agree to the terms, releases, and consent statements contained in this application**

Parent/Guardian Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (If 18+) (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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