

Educational TALENT SEARCH APPLICATION (Identification Intake)

DATE : _____

NAME: _____
Last First Middle

S.S. # _____

Address: _____

CITY: _____ State: _____

Zip Code: _____ Phone#: _____

Email Address: _____

BIRTHDATE: _____ U.S. CITIZEN: _____

ETHNIC ORIGIN: Black White Hispanic Other

GENDER: Male Female **GRADE:** _____

Applicant lives with: please check one or more.

 mother father grandparents other _____

Name of Parent(s): _____

Female

Male

Occupation(s): _____

Female

Male

Did either of your parents graduate from a four year college? Yes No

("Parents" means with whom you are currently living or with whom you grew up.)

Household Income: TAXABLE NON-TAXABLE

 \$0 - \$14,999 28,155-31,999

 15,915-18,999 32,235-35,999

 19,995-23,999 36,315-39,999

 24,075-27,999 40,395

(Above is an estimated income range)

Number of Family Members in Household _____

Non-taxable Income: AFDC Welfare Veterans Benefits
 Retirement Unemployment Disability

Applicant participates in school lunch program: Free

SCHOOL NAME: _____

PRESENT GPA: _____

EDUCATIONAL PLANS: (check one)

I am somewhat undecided about my future Educational plans.

I plan to continue my education beyond high school:

 _____ College/University (2-year 4-year)

 _____ Community College

 _____ Business School

 _____ Voc-Technical School

 _____ U.S. Military

I presently have no plans to continue my education after graduation from high school.

I will graduate high school in: _____

(WHAT CAREER OR OCCUPATION ARE YOU PLANNING?)

Which of these informational sessions provided by the Educational Talent Search Program would be most

 _____ Career Choices/Explorations

 _____ Study Skills Enhancements

 _____ Financial Aid Information/Assistance

 _____ ACT Preparation studying/testing

 _____ Test-Taking Skills

 _____ Postsecondary Choices

 _____ Scholarships Information/Assistance

 _____ Tutoring

 _____ College Readiness Prep

 _____ High School to Work

Reduced Cost N/A

I would like to participate in the COPE Inc., ETS program of activities/services at my school.

Applicant's Signature: _____

Educational Talent Search
COPE Inc. Alexandria, Louisiana

ETS/High School
ETS/Middle School

Student/Parent Information Form

Since you/your child have/has indicated an interest in receiving the ETS free services/activities, please complete the following information and return to the designated Counselor/Teacher at your child's school.

PART I PERSONAL INFORMATION

Applicant/Student Name _____ Social Security # _____
 Physical Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Birth date _____ Ethnic Origin: _____ Phone _____ Grade _____ Gender: Male Female
 Email address: _____
 School _____ Age _____ U.S. Citizen: Yes No

PARENT/GUARDIAN(S) WITH WHOM APPLICANT /STUDENT LIVES:

Name _____ Occupation _____ Wages _____
Female Bi-Weekly Weekly Monthly Other
 Email address: _____
 Name _____ Occupation _____ Wages _____
Male Bi-Weekly Weekly Monthly Other
 Email address: _____

Marital Status of Parents/Guardians: Single ___ Married ___ Divorced ___ Widowed ___

Parents Educational profile: (persons named above)
Male: Graduated 4-Year College/University **Female: Graduated 4-Year College/University**

TOTAL NUMBER OF DEPENDENTS IN HOUSEHOLD (INCLUDING PARENTS): _____
 Number above in Elem/Middle/High School _____ Number in College _____

PART II SOURCE OF INCOME AND AMOUNTS

Employment	\$ _____	If you did not file income tax or did not keep a copy of the filed form, please complete the <u>Source of Income and Amounts</u> . Income data will be kept confidential and used as verification of household income in lieu of conventional documents such as tax form /official statement. I did file a federal income tax report. I did not file a federal income tax report. Attached is a copy of my W-2 form. Attached is a copy of my Income Tax Form.
Social Security	\$ _____	
Veteran's Benefits	\$ _____	
Welfare	\$ _____	
AFDC	\$ _____	
Child Support	\$ _____	
Other Income	\$ _____	
TOTAL INCOME	\$ _____	
Bi-Weekly weekly monthly yearly		

Student/Applicant listed participates in the Free/Reduced school lunch program:
 FREE ___ REDUCED ___ DOES NOT ___

PART III	SCHOOL RELEASE AND SIGNATURE OF COMMITMENT & CERTIFICATION
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S.S. # _____

_____ and parent/legal guardian of

said Student's First Name	M/I	Last Name
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student hereby consent to the release of the student's school/college records to COPE, Inc., Educational Talent Search program (ETS), a Department of Education federally funded educational opportunities program. We understand that these records may include: high school/ college transcripts, grade reports, test results and financial aid award information. We also grant permission to the Educational Talent Search staff to speak with teachers / counselors / principals at student's school in order to obtain and exchange information as part of the services received from the Educational Talent Search Program. We understand that the student's record will be kept on file in the Educational Talent Search office and will be kept confidential.

We further understand that the student is required to actively participate in at least 4 ETS activities each program year to remain in the program and to be considered for participation in special activities/ services (i.e., college tours, field trips).

We certify that this application and income data have been filled out completely and correctly to the best of our knowledge. We understand that all information provided will be held in the STRICTEST CONFIDENCE.

Student Applicant/Participant Signature

Date

Parent/Legal Guardian Signature

Date

It is the policy of COPE, Inc. ETS that there shall be no discrimination against any individual because of age, color, creed, handicap, national origin, race, religion, sex, or sexual orientation. COPE, Inc. ETS will not tolerate sexual harassment of any form in its programs or activities.

As of 08/07/14