

**STUDENT DATA** The following questions are required for federal reporting. Responses will be kept strictly confidential.

Name: Last		First		MI	Social Security No. (required)	
Mailing Address			City	State MO	Zip	County
					Birth date / /	Age
Telephone numbers Student Primary: _____				Alternate: _____		E-mail Address
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Do you have any disabilities? <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Learning <input type="checkbox"/> Other <i>please explain:</i> _____			Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic/Latino					Person of limited English proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATIONAL DATA**

What grade are you in now? <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>			What school do you currently attend? _____		
What year will you graduate high school? <input type="checkbox"/> 2019 <input type="checkbox"/> 2021 <input type="checkbox"/> 2023 <input type="checkbox"/> 2020 <input type="checkbox"/> 2022 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025			What are your educational plans? <input type="checkbox"/> I plan to continue my education after I graduate from high school. <input type="checkbox"/> I do not plan to continue my education after I graduate from high school. <input type="checkbox"/> I am undecided about my educational plans.		

**STUDENT SUCCESS PLAN** Check the services that you are interested in receiving.

<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Academic Preparation	<input type="checkbox"/> Campus Visits (Please list campuses) _____
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Career Planning and Exploration	_____
<input type="checkbox"/> College Planning and Exploration	<input type="checkbox"/> Financial Aid Information	_____
<input type="checkbox"/> Other (Please list) _____	<input type="checkbox"/> Personal Counseling	_____
<input type="checkbox"/> Referrals to other free college preparatory programs	<input type="checkbox"/> Scholarship Information	<input type="checkbox"/> Social and Cultural Field Trips
<input type="checkbox"/> Summer Academy	<input type="checkbox"/> Test-taking Information and Study-skills	<input type="checkbox"/> Tutoring

**PARENT/GUARDIAN INFORMATION** The parent/guardian with whom you live should complete this section.

Parent/Guardian's Name (please print)		What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
Talent Search is a federally funded program that requires verification of every participant's income. Please check your <i>taxable</i> income for last year. This information may be helpful in notifying the student about financial aid, scholarships, and other special programs.			
How many people live in your household including yourself? <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 or more		<input type="checkbox"/> \$0 - \$18,210 <input type="checkbox"/> \$31,171 - \$37,650 <input type="checkbox"/> \$50,611 - \$57,090 <input type="checkbox"/> \$18,211 - \$24,690 <input type="checkbox"/> \$37,651 - \$44,130 <input type="checkbox"/> \$57,091 - \$63,570 <input type="checkbox"/> \$24,691 - \$31,170 <input type="checkbox"/> \$44,131 - \$50,610 <input type="checkbox"/> Over \$63,571	
Please check only <u>one</u> box for father and <u>one</u> box for mother: <i>Student's natural/adoptive father:</i> <input type="checkbox"/> did not graduate from high school. <input type="checkbox"/> graduated from high school/completed GED. <input type="checkbox"/> obtained an associate's degree (2 yr). <input type="checkbox"/> obtained a Bachelor's degree (4 yr). <input type="checkbox"/> <input type="checkbox"/> has a Master's degree or above <input type="checkbox"/> I do not live with my natural/adoptive father			<i>Student's natural/adoptive mother:</i> <input type="checkbox"/> did not graduate from high school. <input type="checkbox"/> graduated from high school/completed GED. <input type="checkbox"/> obtained an associate's degree (2 yr). <input type="checkbox"/> obtained a Bachelor's degree (4 yr). <input type="checkbox"/> has a Master's degree or above <input type="checkbox"/> I do not live with my natural/adoptive mother
		Student's Citizenship status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other  Visa/Alien Registration # _____	

**Parent/Guardian:** Please review this application to be sure that *everything* is complete and correct.  
 I hereby certify that the above provided information is complete and accurate. I further agree to provide Talent Search (TS) with appropriate documentation of my most recent taxable household income to be used in determining eligibility for TS services. I also authorize exchange of information between TS and other educational institutions, social service agencies and private training providers for their use in assisting me in accessing financial aid and to provide me with assistance in educational and career planning. I also authorize access to postsecondary enrollment records and other academic documents relating to participant tracking and program documentation, research, and evaluation. I hereby release any person, institution or agency from liability for release of information pursuant to this request with the understanding that all information provided by the above described agencies and institution will be maintained in absolute confidence by TS staff. In addition, I hereby give and grant unto Crowder College TRIO Programs and those acting under its permission or upon its authority, full and exclusive permission to use and publish for any purpose associated with the CC TRIO Program the name, address, birth date and photographs of the participant. This may also include using the above information to create an email account, online class account, student directory, newsletter, and for other educational or promotional uses.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:**  
 I would like to participate in the Crowder College Talent Search Program and receive the free services and benefits provided.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>TS Office Use Only</b>					
Eligibility: <input type="checkbox"/> FG <input type="checkbox"/> LI <input type="checkbox"/> BOTH <input type="checkbox"/> NEITHER					
Approved by: _____	Date: _____	Database Entry by: _____	Date: _____	Added to Roster: _____	Date: _____