

Student Assessment Form

- 1. Do you plan or want to attend college?
2. What careers are you interested in right now?
3. What is your current Grade Point Average (GPA)?

Would you be interested in tutoring services?
If yes, which subjects? Math, English, Foreign Language, Science, Social Studies, Other

- 4. Which topics concern you? (Check all that apply)
Peer Pressure, Self Esteem, Conflict Management, Goal Setting, Time Management, Decision-making, Motivation, Relationships (peer or family), Other

Which Talent Search services would meet your needs and help you succeed in school?

- Career options or information, ACT or SAT information, Career interest inventory, Help in completing college applications, Planning for high school/college, Tutoring Resources, Financial aid/scholarship information, Test taking/ study skills, Family workshops, College/University information, College majors

STUDENT: 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. Work earnestly on all my studies and turn in my homework assignments. Maintain a 2.0 or better GPA to be eligible for the program and field trips. Have respect for myself as an individual and for other people and their differences. Attend Talent Search activities and workshops at least twice a year. Graduate from high school. Have desire and work toward admission into college or vocational school after I graduate from high school. Attend tutoring sessions as needed. Enroll in a college or vocational school of my choice the fall 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

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Educational Advisor signature Date RELEASE SIGNED Photo release Y N
Dpndts 1 2 3 4 5 6 7 8 9 Koscho Kuhn Miller Ramage
LINE# 1 2 3 4 5 6 7 8
L-I Yes No F-G Yes No Eligibility Status

Approved by Asst. Director Date Entered in Database- Date



**II. Parent/Guardian Information (continued)**

In total (INCLUDING YOURSELF), how many persons are dependent upon the family income? \_\_\_\_\_  
 [Please list all those persons below]

| First name | Last name | Relationship to student | Age | Grade | Name of school (or work, etc) | Does this person live with you? |
|------------|-----------|-------------------------|-----|-------|-------------------------------|---------------------------------|
|            |           | Applicant               |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |
|            |           |                         |     |       |                               |                                 |

**III. Parent Income Information Required by the U.S. Department of Education**

**PLEASE CHECK ALL SOURCE(S) OF INCOME:**

- Job – Parent 1
- Job – Parent 2
- VA Benefits
- Disability
- Unemployment Benefits
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families TANF
- OTHER \_\_\_\_\_

**Check all services that your family receives:**

- Free School Lunch
- Reduced Price School Lunch
- WIC
- Food Stamps/SNAP
- Medicaid

**Taxable Income amount is required for enrollment.**

**THIS INFORMATION IS KEPT CONFIDENTIAL & NOT REPORTED TO OTHER AGENCIES.**

Please fill in taxable income in the blank line.

**TAXABLE (after deductions) INCOME\*\***  
 for the most recent year.

Take this figure from:

- LINE 43 on Form 1040 or
- LINE 27 on Form 1040A or
- LINE 6 on 1040EZ.

\$ \_\_\_\_\_

**OR**

- I have no taxable income for the previous year.

**\*\* Taxable income is much different from gross income or take-home pay. For example, for a family of four, taxable income is normally at least \$18,000 per year less than gross income. If you do not provide your TAXABLE income, we may not be able to accurately determine your child's eligibility for the program.**

**Office use only:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-\$25,365        | <input type="checkbox"/> \$51,886 - \$58,515 |
| <input type="checkbox"/> \$25,366 - \$31,995 | <input type="checkbox"/> \$58,516 - \$65,145 |
| <input type="checkbox"/> \$31,996 - \$38,625 | <input type="checkbox"/> \$65,146 - \$71,776 |
| <input type="checkbox"/> \$38,626 - \$45,255 | <input type="checkbox"/> \$71,777 & OVER     |
| <input type="checkbox"/> \$45,256 - \$51,885 |  |



**EDUCATIONAL TALENT SEARCH**  
**Director of ETS – Donna Muntz - dmuntz@wscc.edu**  
**710 Colegate Drive, Marietta, Ohio 45750**  
**740-568-1924**

Sponsored by Washington State Community College

Funded by U.S. Department of Education

**PERMISSION TO PARTICIPATE IN ETS & INFORMATION RELEASE**

Student Name (please print) \_\_\_\_\_

I give permission for my child to participate in all Educational Talent Search sponsored activities held in cooperation with the student's local school and in observance of school rules.

I certify that the information provided on the application is true and correct to the best of my knowledge. (I understand that I will receive individual or yearly field trip permission & information forms for program sponsored field trips.)

I authorize the release of student school records and information (records of attendance, grades, test scores, final transcripts, IEP's, and student ID numbers) that is required to meet federal guidelines to the Educational Talent Search program and personnel. This is for the express purpose of accomplishing program goals and objectives, providing quality educational guidance, and in order to remain compliant with required program tracking and reporting. I understand that this release of records and personal information will remain in effect throughout my student's middle school, high school, and future entry into postsecondary education. I authorize the use of my child's picture in ETS newsletters, publications, and publicity.

I understand that the completion of this application does not guarantee acceptance in the ETS program.

I understand that a copy of this form is kept on file and information received from school/agency personnel will be kept confidential in compliance with the Family Rights and Privacy Act.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**ONLY COMPLETED APPLICATIONS WILL BE PROCESSED**