Educational Talent Search (ETS)

Clarion University of PA



Please answer all questions on both sides of this form.

School:	Grade I	Level:	Date of Birth	/ /
NameLast	First		M. I.	
Address:				
City	State	Zip	County	
E-Mail address:				
Telephone Number: ()	Student	Cell Numb	ber: ()	
Are you a U.S. Citizen? □Yes □No	Arey	you Hispa	nic/Latino? □Yes	s 🗌 No
Please select those that apply: Asian	Black/Africar	n-Americar	h 🗌 White	
□ Native Hawaiian/Pacific Islander		an Indian/A	laskan Native	
*Social Security Number:	[Male	☐ Female	
*Do you have a physical disability? UYes	🗌 No Lea	rning disa	bility? 🗌Yes 🛛	No
(*Optional- By providing your social security number the National Student Clearinghouse.)	er, ETS can che	ck/confirm po	ostsecondary enrollmen	t through

Part I. Student Information

Part II. Family Information (To be completed by parent or guardian)

 \Box Please check here if applicant is a foster child.

	Name of male parent/guardian							
	Address			City		State	7	Zip
an	Phone Number () Cell Phone Number ()							
Parent/Guardian Information	Name of female parent/guardian Address					State		Zip
are In	Phone Number ()							Z1 <u>p</u>
8						ibei (<u>)</u>		
Parent Education Level	<u>Natural or Adoptive parents' highest</u> le	evel a	ofed	ucation:				
ıt Edı Leve	Male-Highest Grade Completed:	10	11	12/GED	Associate	Bachelor	Master	Doctorate
Paren	Female-Highest Grade Completed:	10	11	12/GED	Associate	Bachelor	Master	Doctorate

Return completed application to:

ETS, 219 Ralston Hall, Clarion University of PA, 840 Wood Street, Clarion, PA 16214 (OVER)

Part II. Family Information (Continued)

Educational Talent Search is required by federal law and the U.S. Department of Education to document family size and income for every participant. All information remains confidential. Thank you in advance for your assistance.

- Did you file a federal tax form for the most recent tax year? Yes No
 If yes, please attach a photocopy of that federal tax form to this application OR complete the income documentation in numbers three and four.
- 2. Does your household receive assistance from any of the following programs?

TANF [Yes	🗌 No	Free or reduced school lunch	☐ Yes	
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- 3. **Please indicate the number of persons in your family unit:_____
- 4. **Family's total **taxable income** from the latest tax return of the parent/guardian with whom the child resides: \$______ (line 15 of the IRS form 1040) or complete table below.

	Taxable	Taxable
Size of	Income	Income
Family Unit	Less than	More than
1	\$20,385	\$20,385
2	\$27,465	\$27,465
3	\$34,545	\$34,545
4	\$41,625	\$41,625
5	\$48,705	\$48,705
6	\$55,785	\$55,785
7	\$62,865	\$62,865
8	\$69,945	\$69,945

**This information is required by the U.S. Department of Education – our funding agent.

Part III. Check the areas in which you think you have a need:

Study Skills	Organizational Skills	Postsecondary Selection
Motivation	Time Management	Test Preparation/Anxiety
Career Awareness	School Attendance	SAT/ACT Preparation
Financial Aid	Career Exploration	Other

Please indicate your career interest: ____

Part IV. Release of Information

Please read and sign the Release of Information statement. ETS collects data on all participants as required by the U.S. Department of Education. Such data helps us assist students and serves as a measure of program performance. All data collected is kept under the strictest confidence and is protected by the Privacy Act.

Release of Information

My signature below indicates that, to the best of my knowledge, the information on this application is complete and accurate. Ihereby authorize Educational Talent Search at Clarion University to obtain copies of academic and financial assistance records from educational institutions I am attending now or from educational institutions I will attend in the future.

Date:	Applicant Signature:
Date:	Parent/Guardian Signature:

Return completed application to:

ETS, 219 Ralston Hall, Clarion University of PA, 840 Wood Street, Clarion, PA 16214