

Educational Talent Search (ETS)

Clarion University of PA



Please answer all questions on both sides of this form.

Part I. Student Information

School: _____ Grade Level: _____ Date of Birth ____ / ____ / ____

Name _____

Last First M. I.

Address: _____

City State Zip County

E-Mail address: _____

Telephone Number: () _____ Student Cell Number: () _____

Are you a U.S. Citizen? Yes No

Are you Hispanic/Latino? Yes No

Please select those that apply: Asian Black/African-American White

Native Hawaiian/Pacific Islander American Indian/Alaskan Native

*Social Security Number: _____ - _____ - _____ Male Female

*Do you have a physical disability? Yes No Learning disability? Yes No

(*Optional- By providing your social security number, ETS can check/confirm postsecondary enrollment through the National Student Clearinghouse.)

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

Please check here if applicant is a foster child.

Parent/Guardian
Information

Name of male parent/guardian _____
Address _____ City _____ State _____ Zip _____
Phone Number () _____ Cell Phone Number () _____

Name of female parent/guardian _____
Address _____ City _____ State _____ Zip _____
Phone Number () _____ Cell Phone Number () _____

Parent Education
Level

Natural or Adoptive parents' highest level of education:

Male-Highest Grade Completed: 10 11 12/GED Associate Bachelor Master Doctorate

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.

1. 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 No
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 11b of the IRS form 1040) or complete table below.

Size of Family Unit	Taxable Income Less than	Taxable Income More than
1	\$19,140 <input type="checkbox"/>	\$19,140 <input type="checkbox"/>
2	\$25,860 <input type="checkbox"/>	\$25,860 <input type="checkbox"/>
3	\$32,580 <input type="checkbox"/>	\$32,580 <input type="checkbox"/>
4	\$39,300 <input type="checkbox"/>	\$39,300 <input type="checkbox"/>
5	\$46,020 <input type="checkbox"/>	\$46,020 <input type="checkbox"/>
6	\$52,740 <input type="checkbox"/>	\$52,740 <input type="checkbox"/>
7	\$59,460 <input type="checkbox"/>	\$59,460 <input type="checkbox"/>
8	\$66,180 <input type="checkbox"/>	\$66,180 <input type="checkbox"/>

****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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Postsecondary Selection |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Time Management | <input type="checkbox"/> Test Preparation/Anxiety |
| <input type="checkbox"/> Career Awareness | <input type="checkbox"/> School Attendance | <input type="checkbox"/> SAT/ACT Preparation |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Career Exploration | <input type="checkbox"/> 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. I hereby 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: _____

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