Educational Talent Search
Enhancing Educational Talent, Encouraging Individual Success

Student Application

Educational Talent Search
1500 University Dr.
Billings, MT 59101

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WHAT IS EDUCATIONAL TALENT SEARCH?

Educational Talent Search (ETS) is a program funded by the U.S. Department of Education. The purpose of ETS is to identify, recruit, and select middle and high school students with academic potential who meet federal eligibility guidelines. The ETS Program will provide support services to middle and high school participants to prepare them for entering post-secondary education (Universities, Colleges, and Vocational/Technical Schools).

Educational Talent Search participants attend academic enrichment workshops, educational field trips, social and cultural activities, tour various colleges and universities, and receive academic support through tutors, instructors and staff.

What may a student expect to gain from being in the ETS Program?

- The opportunity to make friends with others from area middle and high schools.
- Preparation for attending a college or university, including information on how to obtain financial aid, how to be admitted to college, tips on test taking, and preparation for standardized and college entrance tests.
- Academic and career counseling.
- Cultural and social enrichment.
- Guidance in making decisions on educational goals.

Applicants will be selected for program participation in compliance with the provisions of Section 427 of the U.S. Department of Education’s General Education Provisions Act (GEPA). Accordingly, access and participation will not be denied to applicants based on gender, race, national origin, color, or disability.

CONFIDENTIALITY OF INFORMATION

The personal information you give Educational Talent Search (ETS) is required by the United States Department of Education. The information is protected by the Federal Education Right to Privacy Act (FERPA). No one may see the information unless s/he is employed by the ETS Program or is specifically authorized to determine your eligibility to participate in the program. The information required by the U.S. Department of Education is used for evaluation purposes and to verify student eligibility.

Great care is taken to make sure that the personal information collected concerning Educational Talent Search students remains confidential. Information or records relating to individual ETS students or group(s) of students, who are participating or have participated in ETS projects, will not be disclosed to any person, group, agency, or organization without further written permission from each student, parent or legal guardian.

In order to ensure compliance with the confidentiality guidelines previously explained, please sign and date in all the appropriate places on the Authorization of Information and Picture Release forms.
STUDENT ADMISSION APPLICATION

Completed by PARENT/GUARDIAN AND STUDENT

Legal Name

Last
First
Middle Initial

Address

Number / Street / Apt / Box #

City
State
Zip

Social Security Number

Male
Female

Birth Date

Home Phone
Cell

Do you authorized Educational Talent Search or Upward Bound to send you text message reminders?

Yes
No

If yes, which cell phone carrier (Verizon, AT&T) do you use?

Email Address

Are you a U.S. Citizen?

Yes
No

If no, resident alien card number:

Ethnicity:

Hispanic/Latino
Not Hispanic/Latino

Race:

American Indian or Alaskan Native
White
Asian
Native Hawaiian or Other Pacific Islander
Black or African American

Do you have a disability of any kind?

Yes
No

If yes, please explain:

Are you currently in foster care?

Yes
No

Are you currently homeless?

Yes
No

What grade are you in?

(circle)

6
7
8
9
10
11
12

What school do you currently attend?

FAMILY INFORMATION

Completed by PARENT/GUARDIAN AND STUDENT

Father:

Last Name
First
MI

Occupation

Employer

Work Phone

Cell Phone

U.S. Citizen?

Yes
No

Email

Mother:

Last Name
First
MI

Occupation

Employer

Work Phone

Cell Phone

U.S. Citizen?

Yes
No

Email

Parent’s Marital Status

Married
Divorced
Living Apart
Separated
Father Remarried
Father Deceased
Mother Remarried
Mother Deceased
With whom does the student live?

Please check all that apply, give their names and check highest education level completed.

<table>
<thead>
<tr>
<th>NAME</th>
<th>Did not complete High School / GED</th>
<th>Completed High School / GED</th>
<th>Completed Associates Degree</th>
<th>Completed Bachelor Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Mother</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Natural Father</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Step Mother</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Step Father</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Guardian(s)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

List the names, grades and ages of any siblings living at home or supported by the parents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of family members in household? _____________

Do you have any siblings that have been or are currently involved in Upward Bound or Educational Talent Search?

Name ___________________________      UB ___ ETS
Name ___________________________      UB ___ ETS

INCOME VERIFICATION

Completed by PARENT/GUARDIAN AND STUDENT

CONFIDENTIAL – All information will be held in strict confidence.

Federal regulations require that verification of family income must be submitted as part of the application/admission process.

In order to verify family income, applicants have two options:

1. Attach the most recent copy of the Federal Tax Form 1040, 1040A, or 1040EZ.
   (If you attach a copy of a signed tax form it is not necessary to complete the rest of this page).

   OR

2. Complete the following family verification information.

   If a federal income tax was filed during the last calendar year please indicate your taxable income amount on the following line and SIGN AT THE BOTTOM OF THE PAGE.

   Family Taxable Income: Last Year $__________________________ (after deductions).
   BELOW CIRCLE WHICH TAX RETURN WAS USED FOR THIS AMOUNT

   Line 10 from 1040 form
   Line 27 from 1040A form
   Line 6 from 1040EZ form
If you were not required to file an income tax return for the last calendar year, you must complete the following section and SIGN.

I/We declare that no federal income tax return was filed by the undersigned for the last tax period and all income received during the year was as follows:

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>___SOCIAL SECURITY</td>
<td>$__________________</td>
</tr>
<tr>
<td>___VETERAN'S BENEFITS</td>
<td>$__________________</td>
</tr>
<tr>
<td>___CHILD SUPPORT</td>
<td>$__________________</td>
</tr>
<tr>
<td>___WELFARE/SOCIAL SERVICES</td>
<td>$__________________</td>
</tr>
<tr>
<td>___UNEMPLOYMENT</td>
<td>$__________________</td>
</tr>
<tr>
<td>___RETIREMENT</td>
<td>$__________________</td>
</tr>
<tr>
<td>___OTHER</td>
<td>$__________________</td>
</tr>
</tbody>
</table>

TOTAL: $__________________

I certify that all the above information is correct and complete to the best of my knowledge.

_________________________________ _____________________________ _______________
PARENT’S/GUARDIAN’S SIGNATURE  SOCIAL SECURITY NUMBER Date

PARTICIPANT RELEASE

Completed by PARENT/GUARDIAN AND STUDENT

I hereby request permission for my son/daughter to participate in the Montana State University-Billings Educational Talent Search Program, which may include the following:

- Field Trips (may include day or overnight, in-state or out-of-state trips)
- Tutorial sessions
- Physical activities
- Transportation by bus, van, private car, train or airplane
- Student Leadership Conferences
- Saturday or evening workshops/sessions during the academic year
- Summer Workshops

In consideration of activities provided to my son/daughter, I hereby release the Educational Talent Search Program, its employees, instructors, volunteer participants, and Montana State University-Billings employees from any claims for injury or damages arising out of my son/daughter’s participation. I accept responsibility for my son/daughter’s conduct while participating in the ETS Program. I hereby release the ETS Program and any individuals associated with the Program for injuries or damages resulting from my son/daughter not following and adhering to the rules and regulations of Educational Talent Search.

I understand that participation in the ETS Program involves certain risks, including but not limited to, travel to and from the site of certain activities. I further understand that some activities may be conducted at sites that are remote from available medical assistance; and nonetheless agree for my son/daughter to proceed.

I hereby give permission for my son/daughter’s picture to be taken in connection with the activities of the Educational Talent Search Program of Montana State University-Billings and its agencies to be used in newspapers, television and magazine articles, and video productions. I also give permission for my son/daughter to speak publicly regarding the Educational Talent Search Program.

_________________________________________________            __________________
Signature of Student’s Parent/Guardian     Date
MEDICAL RELEASE

TO THE PARENT(S)/GUARDIANS
The law requires that before medical services can be performed, permission of the parent(s)/guardian(s) must be obtained. In the event of serious illness or accident, every effort will be made to contact you. However, in the event that a delay in medical or surgical treatment might be detrimental to the health of the student, authorization for consultation and treatment by physicians is requested. This form will authorize the Director of the Educational Talent Search Program or any staff member of Educational Talent Search designated by the director to carry out the following actions regarding the medical care of your son/daughter. This authorization will be in effect any time your son/daughter is participating in an Educational Talent Search sponsored activity.

MEDICAL HISTORY AND INFORMATION

Do you have any conditions that would interfere with your schoolwork, sports, or physical education? Explain:
____________________________________________________________________________________________
____________________________________________________________________________________________

Are you under a doctor’s care or taking any prescription medication? Explain:
____________________________________________________________________________________________

Do you have any allergies, especially to food or medication?
____________________________________________________________________________________________
____________________________________________________________________________________________

HEALTH INSURANCE INFORMATION

Health Insurance Company_______________________________________
Policy Number: ______________________Group Number:________________________
Doctor/Clinic Preferred: _______________________________ Phone _______________

AUTHORIZATION

I, (parent’s/guardian’s name)_________________________________, certify that I am the parent and/or guardian of (son/daughter name)_________________________________, and that I sign this release and authorization on the (today’s date) ___ /___ / _______ in the presence of the witness signing below. This release will be in effect for the duration of my son’s/daughter’s participation in the Educational Talent Search Program.

I authorize the Educational Talent Search staff to obtain the services of a qualified physician and/or to use local hospitals and clinics for the treatment of emergency illness or accident and to sign, as a competent adult, forms permitting examination and possible treatment. I understand that the physicians and hospitals are reluctant and sometimes unwilling to examine and treat patients without such authorized signatures. I understand that in the event of accident or illness all actions of the Educational Talent Search staff will be guided in the best interest of my son/daughter and that Educational Talent Search will seek only emergency procedures. Any major or prolonged treatment will be undertaken only with my specific permission. I hereby release whatever medical and dental information is deemed necessary and appropriate in providing the proper health care for my son/daughter. Such information will be regarded as confidential and shared with medical practitioners for emergency care only. I further understand that I am responsible for all medical and hospital expenses incurred by my son/daughter and have adequate insurance or a means to cover such expenses.

Parent’s or Guardian’s Signature _____________________________ Date __________
I, (student’s name) ________________________________, hereby give permission to the Montana State University-Billings Educational Talent Search TRIO Program to obtain any/all of my academic records including school transcripts, test scores and records, and teacher evaluations. This includes future college transcripts, admission applications, class schedules and financial aid documents (such as the FAFSA, student aid reports and scholarship award letters).

I understand that these records are confidential and will only be used internally for the program participation selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U.S. department of Education regulations and program evaluation.

None of my identified, individual records will be released to any person, corporation, organization, or present or future employer without further written consent.

______________________________________________         _______________________
STUDENT’S SIGNATURE      DATE

_____________________________________________        ______ /_____ /____________
STUDENT’S SOCIAL SECURITY NUMBER    DATE OF BIRTH

_____________________________________________         ______________________
PARENT’S/GUARDIAN’S SIGNATURE    DATE
SCHOOL COUNSELOR EVALUATION

TO THE GUIDANCE COUNSELOR:

Student’s Name: ______________________________________ School: ________________

State Student ID Number __________________________________________

Year in School: ___6th ___7th ___8th ___9th ___10th ___11th ___12th

This student has applied to become a participant in the Educational Talent Search Program. Federal guidelines for our program require documentation of the student’s potential to pursue post-secondary education.

Therefore, we request that you complete this form and supply copies of the following:
♦ Most recent achievement scores
♦ Aptitude tests scores
♦ Updated transcript

Please make a copy of the Information Release Form of this application for your files to comply with the Privacy Act.

PLEASE ATTACH THE MOST RECENT GRADE REPORT/TRANSCRIPT TO THIS FORM BEFORE RETURNING.

Does this student receive any special services? ____Yes ____No
If so, please describe. __________________________________________________

Please check the performance(s) where you feel the student needs assistance and/or is not working up to potential:

☐ Tutoring  ☐ Study Skills Assistance
☐ Academic Advising  ☐ Peer Mentoring
☐ College Entrance Exam Preparation  ☐ Self-esteem Activities
☐ Career Exploration  ☐ Social Development

Other comments:

Counselor’s Signature       Date

THANK YOU!

ETS
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Billings, MT 59101