MONTANA STATE UNIVERSITY BILLINGS

TALENT SEARCH



DIRECTIONS

- ✓ Be sure to answer all questions.
- ✓ Your signature and your parent's signature are required.
- Please submit your completed application to your school counselor or after completing scan and send digitally to: TalentSearch@msubillings.edu
 or by mail to: Office of Educational Access, 1500 University Dr., Billings, MT 59101

PART 1 – STUDENT APPLICATION

To be completed by the student First Name Last Name Preferred Name (if applicable) Mailing Address Number / Street / Apt # / Box # City State Zip Code ___/ Date of Birth Student's Cell Phone Number Email Address (personal email, not school district email) Are you a US Citizen: ☐Yes ☐No If no, what is your resident alien card number? **Ethnicity:** Hispanic/Latino Not Hispanic/Latino □American Indian or Alaskan Native □Asian □Black or African American ☐ Native Hawaiian or Other Pacific Islander Do you have a documented disability? \Box Yes \Box No Are you currently in foster care? \square Yes \square No Are you currently homeless? \Box Yes \Box No $\Box 7^{th}$ $\Box 8^{th}$ $\Box 9^{th}$ $\Box 10^{th}$ $\Box 11^{th}$ $\Box 12^{th}$ $\Box 6^{\mathsf{th}}$ What grade are you in? What school do you currently attend? Do you plan to attend a college or university? ☐Yes \square No What type of degree do you want to obtain?

Certificate

Two Year Degree

Four Year Degree

Undecided A college major or career field that interests you Are you considering the Armed Forces? □Yes □No □Undecided Describe your primary reason for applying ____ How did you find out about Talent Search? □ Friend in TS/UB □ Sibling in TS/UB □ School Counselor □ Teacher □ Recruitment Presentation ☐Mailing

*This Talent Search Project is 100% federally funded at \$328,413 annually.

PART 2- FAMILY INFORMATION

To be completed by the parent/guardian

PARENT/GUARDIAN 1		
Name	() Cell Phone Number	() Home Phone Number
Email Address		Relationship to Student
PARENT/GUARDIAN 2		
Name	Cell Phone Number	Home Phone Number
Email Address		Relationship to Student
With whom does the student live?	☐Both Parents ☐Parent and S	Stepparent □Mother □Father □Legal Guardian
	Other Family Member ☐Foster	Parent □Group Home □Other:
Does the student have a sibling in	the 6th - 12th grade that would	like to participate in the TRIO Talent Search program? ☐Yes ☐No
EDUCATIONAL AND HOUSEHOLD Please note the following information		
Did the student's MOTHER gradua	te from college with a four-year	degree? □Yes □No □Unknown
Did the student's FATHER gradua	te from college with a four-year	degree? □Yes □No □Unknown
the previous year. You may attach the m	ost recent copy of your Federal Tax F	of every participant's income. Please check your TAXABLE income for form 1040 or write in your taxable income information below. By and may be used to determine student eligibility.
Annual Household Taxable Incom	e (not gross income) \$	
How many people live in your hou	sehold including yourself?	
Please indicate tax return filing sta		
Does the student qualify for free of	r reduced lunch? □Yes □N	0
If you were <i>not required</i> to file an income	e tax return for the last calendar year, y	you must complete the following section:
Indicate the total yearly amount you TANF/SNAP: \$ Disability:	our household receives from eac \$ Unemployment: \$	_
protected by the Federal Education If the TS Program or is specifically aut U.S. Department of Education is use	alent Search (TS) is required by th Right to Privacy Act of 1974 (FERF norized to determine your eligibility d for evaluation purposes and to v	e United States Department of Education. The information is PA). No one may see the information unless s/he is employed by to participate in the program. The information required by the erify student eligibility. Please note that applications are lender, or disability (U.S. Dept. of Education-GEPA Section 427).
I/We understand that completion of t I/We understand that the information I/We consent to the student using Int I/We authorize the release of my sch information and test results ned	his application does not guarantee provided on this application will be ternet and other technology and act ool and/or financial records to the essary to complete the program's	nation is correct and true to the best of my knowledge. acceptance into the TS program. e held in confidence by the TS staff accept responsibility for any inappropriate use. TS program, including test scores and any other academic application process and track me in the program. bublish photos or statements of me in promotional items.
Student Signature		
Student Signature	⊅ale	
Parent/Guardian Signature	/ 	/