

TALENT SEARCH



Trio Talent Search is a free program that helps students prepare for their future after high school. The program serves eligible students in 6th-12th grade prepare for and attend a college of their choice, including students who wish to attend 1-year certificate programs, 2-year associate programs, and 4-year bachelor's programs.

Trio Talent Search is a federally funded TRIO program that receives a grant from the US Department of Education. All of our services are provided at no cost to students. The resources used are viewed as an investment in each student's future. The only cost to you is time, dedication, and a willingness to do your best!

Trio Talent Search is housed at Montana State University Billings and serves 600 students in Yellowstone County.

Trio Talent Search is a college preparation program. Students are encouraged to maintain at least a 'C' average in high school, attend Trio Talent Search meetings and actively participate in the program.

For more information about Trio Talent Search, visit our website www.msubillings.edu/talent-search.

APPLICATION CHECKLIST

- ✓ Be sure to answer all questions.
- ✓ Your signature and your parents' signature are required.

Please review the application carefully and complete all information to ensure that your application receives full consideration for selection.

- ☐ **Section 1: Student Information**
- ☐ **Section 2: Family Information**
- ☐ **Section 3: Household Income Information**
- ☐ **Section 4: Certificates and Signatures**
- ☐ **Section 5: Medical Release**

Please submit your completed application to the Guidance or Counselor's Office at your school or mail your completed application to:

Trio Talent Search
Montana State University Billings
1500 University Drive
Billings, MT 59101

SECTION 1 – STUDENT INFORMATION

First Name	Last Name	Preferred Name (if applicable)		
Mailing Address Number / Street / Apt # / Box #		City	State	Zip Code
Date of Birth		Sex		
() -	() -	Email Address (personal email, not school district email)		
Student's Cell Phone Number	Home Phone Number			

Are you a US Citizen: ☐ Yes ☐ No If no, what is your resident alien card number? _____

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ White ☐ Native Hawaiian / Other Pacific Islander

Do you have a documented disability? ☐ Yes ☐ No **Are you currently in foster care?** ☐ Yes ☐ No

Are you currently homeless or do you lack a fixed, regular and adequate nighttime residence? ☐ Yes ☐ No

What grade are you in? ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

What school do you currently attend? _____

SECTION 2- FAMILY INFORMATION

With whom does the student live?

Please check all that apply and check highest education level completed.	Did <u>not</u> complete High School / GED	Completed High School / GED	Completed Associates Degree	Completed Bachelor Degree or Higher
<input type="checkbox"/> Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide contact information for the adult(s) the student lives with the most:

PARENT/GUARDIAN 1

Name

() -
Phone Number

Email Address

Relationship to Student

List the names, grades, and ages of any siblings:

Name Grade Age

Name Grade Age

PARENT/GUARDIAN 2

Name

() -
Phone Number

Email Address

Relationship to Student

Name Grade Age

Name Grade Age

SECTION 3 - HOUSEHOLD INCOME INFORMATION

Trio Talent Search is federally funded and requires verification of every household's income. Please check your household's TAXABLE income for the previous year. By signing this form, you are certifying the income information provided is accurate and will be used to determine student eligibility.

Total number of family members in household (including the student)? _____

Does the student qualify for free or reduced lunch? ☐ Yes ☐ No

Did the student's parent(s) or guardian(s) file taxes for the previous year? ☐ Yes ☐ No

If you answered "yes," please complete this section:	If you answered "no, please complete this section:																
<p>Please indicate the range of your family/household taxable income for last year.</p> <p>Taxable income is the income remaining after you take any deductions and is found on 2023 IRS Form 1040 and 1040-SR, line 15 or can be calculated using the formula below.</p> <table><tbody><tr><td><input type="checkbox"/> \$0-\$23,474</td><td><input type="checkbox"/> \$56,475-\$64,724</td></tr><tr><td><input type="checkbox"/> \$23,475-\$31,724</td><td><input type="checkbox"/> \$64,725-\$72,974</td></tr><tr><td><input type="checkbox"/> \$31,725-\$39,974</td><td><input type="checkbox"/> \$72,975-\$81,224</td></tr><tr><td><input type="checkbox"/> \$39,975-\$48,224</td><td><input type="checkbox"/> \$81,225+</td></tr><tr><td><input type="checkbox"/> \$48,225-\$56,474</td><td></td></tr></tbody></table> <p>-----</p> <p>Adjusted Gross Income from the previous tax year </p> <p>Standard Deductions:</p> <table><tbody><tr><td>Single or Married filing Separately</td><td>\$13,850</td></tr><tr><td>Head of Household</td><td>\$20,800</td></tr><tr><td>Married filing Jointly or Widow(er)</td><td>\$27,700</td></tr></tbody></table> <p>Standard Deduction based on household filing status — </p> <p>TAXABLE INCOME = </p>	<input type="checkbox"/> \$0-\$23,474	<input type="checkbox"/> \$56,475-\$64,724	<input type="checkbox"/> \$23,475-\$31,724	<input type="checkbox"/> \$64,725-\$72,974	<input type="checkbox"/> \$31,725-\$39,974	<input type="checkbox"/> \$72,975-\$81,224	<input type="checkbox"/> \$39,975-\$48,224	<input type="checkbox"/> \$81,225+	<input type="checkbox"/> \$48,225-\$56,474		Single or Married filing Separately	\$13,850	Head of Household	\$20,800	Married filing Jointly or Widow(er)	\$27,700	<p>I did not file a tax return last year because my income was less than required to file.</p> <p>Indicate the total yearly amount your household receives from each of the following:</p> <p>TANF/SNAP: \$ _____</p> <p>Disability: \$ _____</p> <p>Unemployment: \$ _____</p> <p>Other: \$ _____</p>
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SECTION 4 - CERTIFICATES AND SIGNATURES

The personal information that both the student and parent(s)/guardian(s) give Talent Search (TS) is required by the United States Department of Education. The information is protected by the Federal Education Right to Privacy Act of 1974 (FERPA). No one may see the information unless s/he is employed by the TS Program or is specifically authorized to determine the student's 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. Please note that applications are accepted for review regardless of race, color, national origin, religion, gender, or disability (U.S. Dept. of Education-GEPA Section 427).

I/We certify that all the information provided including my income information is correct and true to the best of my knowledge.

I/We understand that completion of this application does not guarantee acceptance into the TS program.

I/We understand that the information provided on this application will be held in confidence by the TS staff.

I/We consent to the student using Internet and other technology and accept responsibility for any inappropriate use.

I/We authorize the release of my school and/or financial records to the TS program, including test scores and any other academic information and test results necessary to complete the program's application process and track me in the program.

Unless I select the opt-out, I grant Talent Search staff the right to use and publish photos or statements of me in promotional items.

OPT OUT ☐

Student Signature

_____/_____/_____
Date

_____/_____/_____
Parent/Guardian Signature

_____/_____/_____
Date

Return this application to:

MSU Billings | Attn: Trio Talent Search

1500 University Dr | Billings, MT 59101 | phone: 406.657.2180 | email: TalentSearch@msubillings.edu

MEDICAL RELEASE

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 staff of the Talent Search program to carry out the following actions regarding the medical care of your student. This authorization will be in effect any time your student is participating in a Talent Search sponsored activity.

STUDENT INFORMATION

First Name Last Name Date of Birth / /

Mailing Address Number / Street / Apt # / Box # City State Zip Code

Parent/Guardian 1 Name Parent/Guardian 2 Name

(_____) _____ - _____
Phone Number Phone Number

MEDICAL HISTORY

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? Please list:

HEALTH INSURANCE INFORMATION

Health Insurance Company Policy Number Group Number

Clinic Preferred Doctor Name Phone Number

AUTHORIZATION

I, the parent or guardian of the above named student, certify that I am this students parent and that this release will be in effect for the duration of my students participation in the Talent Search Program. I authorize 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 Talent Search staff will be guided in the best interest of my student and that 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 student. 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 student and have adequate insurance or a means to cover such expenses.

Parent/Guardian Printed Name Parent/Guardian Signature Date / /