

5240 N. Jackson Ave. M/S UC 59 • Fresno, CA 93740 • Office: (559) 278-2276

Student Application

***2.5 GPA or above Required**

***Please use blue or Black ink ONLY. Do Not Use Pencil.**

***Please make sure to review application for any missing information.**

Name: _____ Social Security #: _____
Last First Middle **REQUIRED**

Mailing Address/ PO Box: _____
Address Apt # City Zip Code

Date of Birth: _____ Home Phone: _____

Place of Birth: _____ Mom Cell: _____

Gender: Male Female Dad Cell: _____

Student Cell: _____

Student E-mail _____ Student School Email _____

School & Grade Level

High School: _____ Grade: 9 10 11 12

What two careers are you interested in:

1.) _____ 2.) _____

Residency Status

- United States Citizen
 Permanent Legal Resident **Submit Copy Residency Card**

For Office Use Only

Verified By Date

Ethnicity

- Native American African American Asian Hispanic/ Latino
 White (Caucasian) Hawaiian or Pacific Islander Other _____

Language most often spoke at home: English Spanish Other _____

Additional Information

- Check all that apply to student: Disabled Teenage Parent Migrant Student
 Special Ed Foster Child ESL

Student Medical Information

Please check all illnesses that apply to the student:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sinus Infection |
| <input type="checkbox"/> Allergic Reactions: _____ | | <input type="checkbox"/> Prescribed Medication: _____ | | |

Please explain if your son/daughter has suffered, or suffers from any other illness(es): _____

IN CASE OF EMERGENCY, WHO ELSE CAN BE NOTIFIED:

_____	_____	_____
Name	Relationship to Student	Contact Number

Name of family physician or clinic:

_____	_____	_____
Clinic Name	Physician	Contact Number

Parent / Family Information

Total Number in Household: _____

This student lives with:

- | | | | |
|---|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Court Order Legal Guardian (Proof Required) | | |

FATHER (Biological or Adoptive)

Name: _____

Last	First	Middle
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Occupation/Career: _____

Did he receive a university degree from a four-year college in the USA? Yes No

If so, what college? _____

MOTHER (Biological or Adoptive)

Name: _____

Last	First	Middle
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Occupation/Career: _____

Did she receive a university degree from a four-year college in the USA? Yes No

If so, what college? _____

Refer a sibling or friend in grades 8 - 11th:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Parent Family Income

Please provide your family's previous year **income** information below.

of Dependents: _____

Form # 1040 **Line #** line 15 **Taxable Income** \$ _____

DID NOT file income tax forms this past year
(If marked please check one of the following below)

Attention Parent or Guardian
The Educational Talent Search Program office will not process this application without Parent Income. Please make sure Parent Income information is complete before you submit. **Please contact our office if you have any questions. Hablamos Espanol (559) 278-2276.**

RECEIVED THE FOLLOWING (check all that apply):
Please indicate the Annual Benefited Amount below.

Social Security \$ _____
 Disability \$ _____
 Foster Child \$ _____

Public Assistance \$ _____
 Unemployment Insurance \$ _____
 Other (Please explain below) \$ _____

I/ We, the undersigned, declare under penalty of perjury that all the income reported on this application is true, complete and accurate to the best of my knowledge.

Parent/ Legal Guardian Signature

Relationship to Applicant

Date

The information is protected by the Privacy Act. No one may see the information unless they work with, or for the Educational Talent Search Program, or are specifically authorized to see it. The information is necessary to determine if the applicant is eligible to participate in the Educational Talent Search Program.

Medical Release: Should my student require medical attention while participating in Educational Talent Search Program (ETS) activities and I cannot be contacted, I give my consent to medical examination and treatment deemed necessary by the attending medical professional.

Permission to Access School Records: As a requirement through the Department of Education and our grant, ETS at California State University, Fresno Foundation must track students as they progress through post-secondary education. I hereby give ETS Staff consent in collecting high school records and data following admissions to post-secondary institutions such as but not limited to: transcripts, assessment scores, class schedule, diploma/degree/certification, projected graduation date, grade point average and National Student Clearinghouse inquiries. I authorize ETS to obtain records related to my child's application for college admission and acceptance status, financial aid application (FAFSA), and award letters at any colleges and universities. This information will be used as a component for its reporting to the US Department of Education in its Annual Performance Report and as statistical data provide to California State University, Fresno, Foundation.

Media Release: I hereby give permission to the ETS Program Staff to photograph and/ or take video of my child for promotional purposes and/ or file records related to the ETS Program and/or statements to be used by ETS for promotion, publicity, or instructional purposes.

Remind App: I give my consent for ETS Program Staff to send my student notifications through the Remind app. The Remind app is used by ETS Program Staff to communicate with students for any updates or deadlines approaching at the time of their participation with the program.

By signing my name on the signature line, I/We declare under penalty or perjury that all the information reported on this application is true, complete and accurate to the best of my knowledge.

Student's Signature

Date

Parent/ Legal Guardian's Signature

Date

Notes: _____

Approval & Eligibility

College Counselor's Signature

Date

Director's Signature

Date

Eligibility Type

Office Use

- First Generation & Low Income
- Low Income Only
- First Generation Only
- Other

