

FAMILY INFORMATION FORM

ETS is required to verify that our participants meet federal eligibility criteria determined by the family educational background and household income level based on the information that you provide. This information is required of all applicants. ETS ensures that all information provided will be held in confidence.

1. Mother (Female Guardian): _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

Highest Grade Completed By Mother: Middle School _____ High School _____
College: 1 2 3 4 (non-graduate) Associate's Degree _____ Bachelor's Degree or Beyond _____

Name of College(s) Attended: _____

2. Father (Male Guardian): _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

Highest Grade Completed By Father: Middle School _____ High School _____
College: 1 2 3 4 (non-graduate) Associate's Degree _____ Bachelor's Degree or Beyond _____

Name of College(s) Attended: _____

Income Verification Section

If you do not submit a copy of your completed income tax form (1040, 1040EZ, 1040A), you will need to complete this section which serves as a verification of your family income for last year.

***Taxable Income is located on your completed tax form (1040-line 43; 1040A-line 27; 1040EZ-line 6)**

What is your family's ***Taxable Income** for last year?

| | | |
|-------------------------|-------------------------|-------------------------|
| ___ \$0 - \$18,090 | ___ \$18,091 - \$24,360 | ___ \$24,361 - \$30,630 |
| ___ \$30,631 - \$36,900 | ___ \$36,901 - \$43,170 | ___ \$43,171 - \$49,440 |
| ___ \$49,441 - \$55,710 | ___ \$55,711 - \$61,980 | ___ \$61,981 or above |

PLEASE DO NOT USE YOUR ANNUAL SALARY.

How many people are living in your household? _____

To determine your household size, include:

1. yourself (and if married, your spouse);
2. the number of children who will receive more than half of their support from you.
3. the number of people (not your children or spouse) who live with you and receive more than half of their support from you.

My signature certifies that the above information is correct. I understand that this information is confidential and will only be used to determine eligibility for the Educational Talent Search Program as set by the United States Department of Education.

Signature of Parent/Guardian

Date

**JAMES SPRUNT COMMUNITY COLLEGE
EDUCATIONAL TALENT SEARCH PROGRAM
RELEASE FORM**

Student's Name: _____ **School:** _____

School ID#: _____

The information requested on this form will be utilized to assist us in providing services for your child. To provide the most effective services, we may need to obtain information from several sources such as guidance counselors, colleges, testing agencies, admissions and financial aid offices, social workers, etc. **ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

SCHOOL RECORDS

As the parent and/or legal guardian of _____, I grant Educational Talent Search permission to obtain school records, transcripts, grade reports, test results, and financial aid transcripts from the secondary school and/or college my child is attending. I will also permit Educational Talent Search staff to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Educational Talent Search Program. I authorize the Educational Talent Search Program to access or release copies of my child's academic transcripts, test scores, college admissions enrollment, and financial aid information that are necessary to assist my son/daughter in achieving his/her educational goals.

WAIVER OF LIABILITY

(Students WILL NOT be allowed to attend trips if section is incomplete)

As a parent and/or legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Educational Talent Search Program. I understand that my child may be leaving his/her school campus or James Sprunt Community College and may be transported by the Educational Talent Search staff of James Sprunt Community College. I agree that James Sprunt Community College, Educational Talent Search, and anyone associated with James Sprunt Community College will not be held liable for any loss, injury, or death related to any field trips, or events. Further, I agree to hold James Sprunt Community College, Board of Trustees, President's Council, Educational Talent Search, officers, staff, and volunteers harmless from any claims whatsoever occasioned in any of the situations that I have agreed.

In the event that my child, _____ is involved in a medical emergency, I authorize the Educational Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: _____

Medicaid Card Number: _____

Emergency Contacts:

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Phone Number: _____ **Phone Number:** _____

MEDIA RELEASE

Periodically, students participating in Educational Talent Search Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of _____, I grant permission for my child to participate in photographs, films, or interviews as they pertain to the Educational Talent Search Program and I understand that such pictures, film, or interviews may be used to promote or publicize Educational Talent Search events or demonstrate how federal funds are being used to assist students.

Parent's Signature

Student's Signature