



Educational Talent Search Program
James Sprunt Community College
PO Box 398
Kenansville, NC 28349
(910) 275-6385 Fax (910) 296-6287

FOR OFFICE USE ONLY

Taxable Income:

___ \$0 - \$19,320	___ \$19,321 - \$26,130	___ \$26,131 - \$32,940
___ \$32,941 - \$39,750	___ \$39,751 - \$46,560	___ \$46,561 - \$53,370
___ \$53,371 - \$60,180	___ \$60,181 - \$66,990	___ \$66,991 or above

Household Size: _____

Eligibility Codes:

LI/FG FG LI OTHER

Director's Signature:

Entry Date: ____/____/____ **Initials:** _____

Educational Talent Search is a federally funded program designed to assist students who wish to continue their studies beyond the high school level with the exploration of college and career opportunities.

STUDENT INFORMATION

School ID#: _____ Social Security #: _____/_____/_____ (SS# is required for verification of future college enrollment.)

Name: _____
First
MI
Last

Address: _____ City: _____ State: NC Zip: _____

PO Box: _____ City: _____ State: NC Zip: _____ County Duplin

Phone #: _____ Work Phone # (Parent/Guardian): _____

Parent's & Participant's Email Addresses: _____

Date of Birth: ____/____/____ Gender: M or F U.S. Citizen: Yes _____ No _____

Race & Ethnicity: **Are you Hispanic or Latino? Yes _____ No _____** **Please check others below, as they apply:**
 American Indian/Alaska Native: _____ Asian: _____ Black/African American: _____
 Native Hawaiian/Pacific Islander: _____ White: _____ Two or more races: _____

School: _____ Current Grade Enrolled: _____

NEEDS ASSESSMENT

1. I need to receive better grades in school.	Yes	No
2. I need to develop stronger study skills and habits.	Yes	No
3. I need tutoring.	Yes	No
4. I need assistance reading, speaking and/or understanding English.	Yes	No
5. I need to hand in homework on a more consistent basis	Yes	No
6. I need to understand how the courses I am taking relate to my career plans.	Yes	No
7. I need to understand my interests, abilities, and other traits.	Yes	No
8. I need to know how to prepare for high school.	Yes	No
9. I need to learn about the correct academic classes that should be taken to prepare for college.	Yes	No
10. I plan to attend college after high school.	Yes	No
11. I need to learn more about college admissions requirements such as financial aid and scholarships.	Yes	No
12. My parent(s) currently serve in the military/I have served in the military.	Yes	No
13. I need to visit college campuses to explore my options.	Yes	No
14. I need to get involved in positive activities.	Yes	No
15. I need to learn how to make decisions and set goals.	Yes	No
16. I need help researching careers.	Yes	No
17. I receive free or reduced lunch.	Yes	No
18. I have thought about dropping out of school.	Yes	No
19. I am currently sharing housing due to economic hardship or loss of housing, awaiting foster care placement, living in a foster home, residing in a group home or an emergency/transitional shelter.	Yes	No
20. I am currently a participant of the Upward Bound Program or another college prep program (i.e. Early College)	Yes	No

Student's Signature

Date

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), 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 11b)**

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

___ \$0 - \$19,320	___ \$19,321 - \$26,130	___ \$26,131 - \$32,940
___ \$32,941 - \$39,750	___ \$39,751 - \$46,560	___ \$46,561 - \$53,370
___ \$53,371 - \$60,180	___ \$60,181 - \$66,990	___ \$66,991 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 (under 24) 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

Application Submitted by (Talent Search Staff): _____ 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 (optional)

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