



# ETS Application

2023 - 2024

For Office Use Only	
Date Received:	_____
<input type="checkbox"/> LIFG	<input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> Other
Acceptance:	<input type="checkbox"/> yes <input type="checkbox"/> no

PO Box 967, Roseburg, OR 97470  
(541) 440-4606 phone / (541) 440-7676 fax

Please fill out both sides completely in ink.

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial Preferred name (if different)

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student email: \_\_\_\_\_

Are you a citizen of the United States?  yes  no If no, give permanent resident ID#: \_\_\_\_\_

Gender:  Male  Female Birth date: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

**Cultural Background: Are you Hispanic/Latino?** Yes  No

Select one or more from below:

- American Indian or Alaskan Native
- Black or African American
- White
- Asian
- Native Hawaiian/Pacific Island
- Two or More Races

## STUDENT NEEDS ASSESSMENT – TO BE FILLED OUT BY STUDENT

To enroll in post-secondary education (college), I would benefit the most from the following service (check one only)

- \_\_\_ Study skills, and habits
- \_\_\_ Organization/time management
- \_\_\_ Tutoring (Subject: \_\_\_\_\_)
- \_\_\_ PSAT/SAT preparation
- \_\_\_ Planning high school/college classes
- \_\_\_ Career exploration
- \_\_\_ College scholarships, financial aid, admissions



### COLLEGE AND EDUCATIONAL PLAN

After high school, I expect to complete:

- \_\_\_ Community College (Associates Degree)
- \_\_\_ 4-year University (Bachelor's Degree)
- \_\_\_ Master's Degree
- \_\_\_ Doctoral Degree
- \_\_\_ Vocational Training / Trade School
- \_\_\_ Military

### TOP 3 COLLEGE AND CAREER CHOICES

List your Top 3 College Choices

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List your Top 3 Career Choices

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Extra Curricula (Sports, clubs, student council, other) \_\_\_\_\_

Student Signature \_\_\_\_\_ Student Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

**ELIGIBILITY INFORMATION-TO BE COMPLETED BY PARENT**

**RELEASE OF INFORMATION**

I/we authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: **a copy of school transcripts, report cards, test scores, ACT/SAT or GED scores, and school lunch program eligibility.** I/we authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other), a copy of my award notification from the financial aid office, and college admission information. I/we authorize ETS to release to or obtain information from any agency or program providing supplemental services. We would like to be part of the ETS program. I hereby give my permission for my child to participate in all ETS activities.

**Your signatures below testify to the accuracy of all information provided on this application.**

Parent Signature \_\_\_\_\_ Parent Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Please check: Yes \_\_\_ No \_\_\_ I give permission for my son/daughter to be interviewed, photographed, or videotaped by Educational Talent Search for use on radio, TV, in printed news media, social media, or in program promotional materials and documentation.

**STATEMENT OF CONFIDENTIALITY**

The information you provide in this application is confidential according to the Family Rights and Privacy Act. The US Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized Educational Talent Search staff.

Educational Talent Search is a federally funded grant aimed to reach individuals with certain incomes and/or whose parents have not obtained a bachelor's degree. **We are required to ask the following information for this purpose:**

**DOES EITHER PARENT HAVE A 4-YEAR COLLEGE DEGREE?** Yes  No   
**Does the student qualify for the Free or Reduced Meal Program?** Yes  No   
**Total Number in Household (as reported on tax return):** \_\_\_\_\_

<b>Please Check One:</b>
<input type="radio"/> < \$21,870
<input type="radio"/> \$21,870 - \$29,580
<input type="radio"/> \$29,580 - \$37,290
<input type="radio"/> \$37,290 - \$45,000
<input type="radio"/> \$45,000 - \$52,710
<input type="radio"/> \$52,710 - \$60,420
<input type="radio"/> \$60,420 - \$68,130
<input type="radio"/> \$68,130 - \$75,840
<input type="radio"/> > \$75,840

**DO NOT leave this blank** Please use tax form from person(s) student lives with **51%** or more of the time.

Please report the total **taxable** income from previous year's tax return. **If the answer is zero, write "0"**.  
 If possible, please include a copy of last year's tax return.  
 If you do not file taxes, please write **"Do Not File"**. \_\_\_\_\_

**Student lives with:**

- Both Mother and Father     Mother Only     Father Only     Foster Parents  
 Mother and Stepfather     Father and Stepmother     Other (describe): \_\_\_\_\_     Other Guardian: \_\_\_\_\_

**IS THE APPLICANT A WARD OF THE COURT?** Yes No    Caseworker Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Parent/Legal Guardian - Contact #1**

**Parent/Legal Guardian - Contact #2**

Full Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Student lives with me \_\_\_\_\_% of the time  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Student lives with me \_\_\_\_\_% of the time  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Work: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Please list names of all the siblings who live in the student's primary household (use additional paper if needed).**

Name	Age	Relationship	School/Grade (if in grades K - 12)