APPLICATION AND INFORMATION RELEASE FORM

(PARENT/GUARDIAN-PLEASE PRINT)

STUDENT INFORMATION

School Attending: _____ **Circle Grade Level: 6 7 8 9 10 11 12**

_____

Student's Legal Name **Student's Cell Phone #, if any**

_____

Home address **City** **State** **Zip**

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

U.S. Citizen: ☐ Yes ☐ Permanent Resident ☐ No

Please check <u>one</u> of the following - **Is English your first/primary language?** ☐ Yes ☐ No

Please check one of the following- ☐ Hispanic ☐ Non-Hispanic

Please check <u>all</u> that apply - **Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic

Please check <u>all</u> that apply - **Student lives with:** ☐ Mother ☐ Father ☐ Guardian ☐ Foster Parent

Please check <u>all</u> that apply - **Student receives financial support from:**

☐ Both Parents ☐ One Parent ☐ Neither

PARENT INFORMATION

Please Identify the Adult(s) that the Student LIVES with.

☐ Parent ☐ Guardian

_____ ☐ Step-Parent ☐ Other

Adult #1 Full Name **Phone #** **Email Address**

☐ Parent ☐ Guardian

_____ ☐ Step-Parent ☐ Other

Adult #2 Full Name **Phone #** **Email Address**

☐ Mother

_____ ☐ Father

<u>Other Parent</u> that provides <u>financial</u> support, but <u>not living in the Student's</u> primary household **Phone #** **Email Address**

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In order to fulfill United States Department of Education and Department of Labor Regulations concerning <u>parental college status and income disclosure</u>, it is necessary to complete the following to participate in this grant program. (*** *= Required Info*)

***Has the student's *natural or adoptive mother* graduated from a 4-year college with a Bachelor's Degree?**

□ Yes □ No Where: _____

***Has the student's *natural or adoptive father* graduated from a 4-year college with a Bachelor's Degree?**

□ Yes □ No Where: _____

If your family or student is participating in any of the following programs, please check all that apply:

□ TANF □ WIC □ Food Stamps □ SSI □ Heating Assistance
□ AFDC Cash Assistance □ Textbook Assistance □ Federal Free Lunch Program □ 21st Century Scholar

Income Eligibility Calculator

(Optional tool for use to calculate your TAXABLE INCOME)

1. **Enter your Adjusted Gross Income:** _____
2. **Enter and your 2025 Standard**

   Deduction from the list below: _____

   2025 Standard Deductions – *Enter one option above*

   a. Married filing jointly **$31,500**
   b. Married filing separately **$15,750**
   c. Qualifying Surviving Spouse **$31,500**
   d. Head of Household **$23,625**
   e. Single **$15,750**

3. **SUBTRACT #2 from #1 to calculate**
   Your TAXABLE INCOME is HERE ➡ _____

***REQUIRED:

Please <u>check one</u> of the following Family <u>Taxable Income</u> Ranges. *Taxable Income is lower than adjusted gross income.* Use Income Eligibility Calculator for assistance.
(You can find this information on line 15 on Form 1040 -OR- Use the Income Eligibility Calculator ABOVE.)

□ Under $23,940 □ $32,461 – 40,980 □ $49,501 – 58,020 □ $66,541-75,060
□ $23,941 –32,460 □ $40,981 – 49,500 □ $58,021 – 66,540 □ $75,061-83,580
□ Above $83,580

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STUDENTS NEEDS

Which services/activities do you feel your student needs assistance with to prepare for college or post-secondary training?
Please <u>check all</u> that apply.

□ Connections to tutoring
□ Scholarships/Financial Aid Info
□ Career Information
□ College Visits
□ Academic Advising
□ Financial/ Money Management
□ Communication Skills
□ Decision Making
□ College Exam Preparation
□ College Admissions Assistance
□ Study Skills

TERMS AND CONDITIONS

For participation in ETS

The release of records is required for program participation. I authorize counselors or school personnel to release my child's transcript information regarding educational progress, behavior, attendance, free and reduced lunch eligibility, any financial aid award, and enrollment status to ETS. I authorize the State of Indiana to release educational and financial aid records, including 21st Century Scholars and Scholartrack. I authorize ETS to transmit this information for the purpose of assistance in making career and post-secondary educational plans. I relieve ETS of any responsibility for accidents, illnesses, or injuries that may result from participation, *and I authorize the use of my child's photo in ETS publications, newsletters, and websites.* If I do NOT authorize ETS to use my child's photo for media purposes, I must email etsvu@vinu.edu with details and *receive confirmation* from the ETS Staff. I also agree to encourage my student in his/her plans to successfully complete high school and enter an institution of post-secondary education.

I give ETS permission to contact my student and myself, via cell phone/text or email. I will provide updated information to ETS by calling the office at 812-888-4298, if our address, phone number(s) or emails should be changed.

Please be advised that this information will be kept strictly confidential, and will be used only for eligibility determination, student demographic recordkeeping, federal reporting, and other administrative purposes.

□ If selected to participate in ETS, my child agrees to meet with their ETS Outreach Advisor when called at school and put forth their best effort both in the classroom and outside activities. *(Applies to students in Grades 6 -12 only)*

□ If selected to participate in ETS, my child understands it is a privilege, not a right to be part of ETS. Poor grades or behavior issues can temporarily suspend or permanently end services.

By SIGNING, I certify that the information given here is true and correct and that I have read and agree to the TERMS AND CONDITIONS above for my student to participate in Educational Talent Search.

_____ _____

Parent/Guardian Signature Printed Name

_____

Date

ETS is 100% federally funded at $450,000/Effective 9-1-26 by the US Department of Labor - 2026-27 grant year

Office use only: Received _____ Outreach Advisor _____ Director _____

Eligibility: □ FG □ LI □ LI/FG □ Other Student Goes By: _____