



## TRANSCRIPT/FINANCIAL RELEASE FORM (Please PRINT)

	School Attending: Circle	e Grade Level:	6 7 8 9 10 11 12 or	Rising – 6 7 9
Student Information	(Student's Name) (Parent's Cell Phone #	·) (	Student's Cell Phone #)	
	Home address City	State	Zip	
		:/Guardian #2 Name	e (if in same household)	
	Parent/Guardian Email Address (one that is checked)	Second/Alternate Phone #		
nt Infor	Student's SSN: Student's Date of Bir	th:	<b>Gender:</b> Male	Female
Stude	U.S. Citizen: (You must be a U.S. Citizen or Permanent Resident to participate in ETS)  ☐ Yes ☐ Other (Please Specify)			
	☐ Permanent Resident ☐ None Ap	ply		
	Please check one of the following: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino			
	<b>Please check one of the following</b> : Is English your first/primary language? $\Box$ Yes $\Box$ No			
	Please check <u>all</u> that apply - Ethnic Origin:   American In	dian/Alaskan Nati	ve 🗆 Asian	
	☐ Native Hawaiian or Other Pacific Islander	☐ Black/At	frican American	☐ White
rent Information	In order to fulfill United States Department of Education Regulations concerning parental college status and income disclose, it is necessary to complete the following for participation in this grant program.			
	Has either parent graduated from a 4-year college and obtained a Bachelor's Degree?  Yes No Where:			
	If your family is using any of the following programs, pleading TANF WIC Food Stamps SSI AFDC Cash Assistance Textbook Assistance Federal Free		Heating Assistance	,
	Ward of Court			
Paren	(Foster parent's signature)  Please check one of the following Family <u>Taxable Income</u> Range. *Taxable Income is			
1	usually lower than adjusted gross income. (You can find this information on line 15 on Form 1040 -OR- Use Included INCOME ELIGIBILITY WORKSHEET.)			
	under 22,590       under 38,730       under 54,8         under 30,660       under 46,800       under 62,9	370 ı 940 ı	under 71,010 under 79,080	
	Family members living in household (circle one) 1 2 3 4 5 6 7 8 or above			
	Please CHECK THE BOX to acknowledge and certify that you have read TERMS AND CONDITIONS on the back side.			
Certification and Release	I certify that I have read and agree to the TERMS AND CONDITIONS on the back side for my student to par Educational Talent Search.			
ප	Parent/Guardian Signature		(Date)	
Of	Office use only: Received Outreach Advisor Director _	Eligibility:	FG LI LI/	FG 02/2024

## **TERMS AND CONDITIONS**

For participation in ETS

I certify that the information given here is true and correct. I authorize counselors or schools to release my child's transcript information regarding educational progress, any financial aid award, and enrollment status to ETS. I authorize ETS to transmit this information for the purpose of assistance in making 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.* I also agree to encourage my student in his/her plans to successfully complete high school and enter an institution of postsecondary education. Form can be faxed to 812-888-5958.

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 phone 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.

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