TRiO
TALENT SEARCH

ETS
EDUCATIONAL TALENT SEARCH

TRANSCRIPT/FINANCIAL RELEASE FORM

Student Information

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

_____
(Student's Name) (home phone) (cell phone)

_____
Home address City State Zip

Student's SSN: _____ **Student's Birthdate:** _____ **Gender:** Male Female

U.S. Citizenship: Y N (You must be a U.S. citizen or legal resident to participate in ETS)
Circle one of the following: Hispanic/Latino Non-Hispanic/Latino

Circle one of the following: Is English your first/primary language Yes No

Circle all that apply - Ethnic Origin: American Indian/Alaskan Native Asian
Native Hawaiian or other Pacific Islander Black/African American White

Parent 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, please circle one of the following:
TANF WIC Food Stamps SSI Heating Assistance
AFDC Cash Assistance Textbook Assistance Federal Free Lunch Program 21st Century Scholar

Ward of Court _____
(Foster parent's signature)

Please check one of the following Family Taxable Income Range. Taxable Income is usually lower than adjusted gross income.
(You can find this information on line 10 on Form 1040.)
under 18,735 _____ under 31,995 _____ under 45,255 _____ under 58,515 _____
under 25,365 _____ under 38,625 _____ under 51,885 _____ under 65,145 _____

Family members living in household 1 2 3 4 5 6 7 8 or above

Certification and Release

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 via cell phone/text or email.

_____ _____
Parent/Guardian Signature (Date)

Parent/Guardian E-mail address _____ to be used for electronic communication by Educational Talent Search staff. 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.

ETS is 100% federally funded at *$423151 by the US Department of Education *Effective 9-1-2018/Received 10-04-2018
Effective 1-11, 2019/Received 2-27-2019
18-19 grant year

Office use only: Received _____ **Outreach Advisor** _____ **Director** _____ **Eligibility: FG** _____ **LI** _____ **LI/FG** _____