

# TRIO

## T A L E N T   S E A R C H

### **Return to:**

**Iowa State University**  
TRIO Talent Search  
2249 Friley Hall  
212 Beyer Court  
Ames, IA 50012-1058  
phone: 515.294.5546  
<https://trio.iastate.edu>

### **APPLICATION FORM**

Talent Search (TS) at Iowa State University (ISU) is a **free** educational program designed to assist 7th through 12th grade participants and high school graduates in their preparation for enrollment or re-enrollment into any college of their choice.

Programming is offered year-round at the middle and high schools in Fort Dodge, Hampton-Dumont, Marshalltown, Perry, and South Tama. Participants receive services until enrolled in postsecondary education. Educational workshops and advising sessions focus on topics such as: academic advising/tutoring, ACT/SAT, career exploration, financial aid, life skills and study skills. Additionally, students receive assistance with relevant applications. Participants also visit a variety of college campuses throughout their involvement.

Please complete all pages of this application, sign it and mail to the TS office at the above address. All information on this application is confidential.

**Thank you for your interest in the TRIO Talent Search Program.**

**Talent Search at Iowa State University is a federally-funded TRIO program.**

# STUDENT INFORMATION & NEEDS ASSESSMENT

To be completed by the student

Student \_\_\_\_\_  
Last First M

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Family Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Student Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Female \_\_\_\_\_ Male \_\_\_\_\_

Ethnic Origin: (check all that apply)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Student is: \_\_\_\_\_ A ward of the court

\_\_\_\_\_ In foster care

\_\_\_\_\_ Living with parent/guardian

\_\_\_\_\_ Homeless

Please list any family members in grades 7-12:

Name	Grade Level

School: \_\_\_\_\_

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

Expected Graduation Year: \_\_\_\_\_

After high school do you plan to go to a:

\_\_\_\_\_ 4 year college/university

\_\_\_\_\_ Community college

\_\_\_\_\_ Career training program

\_\_\_\_\_ Military program

\_\_\_\_\_ Undecided

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Needs Assessment (check all services you need):

\_\_\_\_\_ Academic Advising

\_\_\_\_\_ Career Exploration

\_\_\_\_\_ College Campus Visits

\_\_\_\_\_ Cultural Enrichment

\_\_\_\_\_ Financial Aid Advisement

\_\_\_\_\_ Financial and Economic Literacy

\_\_\_\_\_ Life Skills

\_\_\_\_\_ Pre-College Advisement

\_\_\_\_\_ Student Leadership

\_\_\_\_\_ Study Skills

\_\_\_\_\_ Tutoring

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

➔ Student Sign Here \_\_\_\_\_

## FAMILY INFORMATION & INCOME

To be completed by the parent(s)/or guardian

**Student Social Security Number or A-number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Student is:**

- Citizen of U.S.  
 In process of becoming a permanent resident  
 Permanent resident of U.S.  
 None of the above

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**Parent 1:** \_\_\_\_\_

**Check one:**

Parent (biological/adoptive)  Guardian

**Job:** \_\_\_\_\_

Did you graduate from a 4-year college? Yes  No

If so, name of 4-year college: \_\_\_\_\_

Does the student live with you? Yes  No

**Cell Phone for Parent 1:** \_\_\_\_\_

**Email for Parent 1:** \_\_\_\_\_

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**Parent 2:** \_\_\_\_\_

**Check one:**

Parent (biological/adoptive)  Guardian

**Job:** \_\_\_\_\_

Did you graduate from a 4-year college? Yes  No

If so, name of 4-year college: \_\_\_\_\_

Does the student live with you? Yes  No

**Cell Phone for Parent 2:** \_\_\_\_\_

**Email for Parent 2:** \_\_\_\_\_

**Note:** To determine eligibility for college application fee deferments, ACT/SAT registration fee waivers, and other services based on income, we need the following information from the most recent tax return of the person(s) with whom this student regularly resides.

**Income Tax Filing Status** (*check one*):

- Single  
 Head of Household  
 Married filing jointly  
 Married filing separately  
 Widow(er) with dependent child(ren)

**Tax Form Used** (*please circle one*)

1040-EZ      1040-A      1040

**Declaration of Family Income**

a) Adjusted gross income \$ \_\_\_\_\_

b) If you itemized deductions, enter the itemized amount here: \$ \_\_\_\_\_

c) Number of dependents including parents: \_\_\_\_\_

d) If you did not file income taxes last year, please list your monthly income: \$ \_\_\_\_\_

**Please check if your family receives any of the following benefits or services:**

- Foster Care  
 Free Lunches  
 Reduced Lunches  
 Low-Income Housing  
 SNAP Benefits

**Any unusual financial or family circumstances:**

\_\_\_\_\_

*For office use only:*    **IE**    **FG**    **B**

**➔ Parent Sign Here** \_\_\_\_\_

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## MEDICAL EMERGENCY CONTACT INFORMATION

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

### Primary Contact:

### Backup Contact (Relative or Friend):

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_

Evening/Cell Phone (    ) \_\_\_\_\_

Evening Phone (    ) \_\_\_\_\_

Allergies to any foods, drugs or other medicines \_\_\_\_\_

List current prescriptions/medications \_\_\_\_\_

Current health problems or conditions \_\_\_\_\_

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## RELEASE of LIABILITY & CONSENT FORM

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Iowa State University Talent Search (ISU TS) sanctioned activities.

During the time ISU TS or its representatives will be providing room, board, academic instruction, field trips, recreation, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors and other, as follows:

1. I UNDERSTAND THAT the ISU TS project will strive to protect all participants from danger, injuries and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for ISU TS participants, staff and representatives.
2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the ISU ETS activity, the risk of property damage and personal injury from motor vehicle accidents, the actions of fellow participants, my child's own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child's participation; and
3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child's participation;
4. With awareness of and agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE IOWA STATE UNIVERSITY Talent Search, their officers, faculty members, employees, agents, and volunteers, FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in ISU ETS; and
5. That I WILL INDEMNIFY the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, faculty members, teaching assistants, residence assistants, supervisors, and participants, ISU TS, their officers, employees, agents, and volunteers, FOR ANY Liability OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD'S ACTIONS.
6. I state that (child's name) \_\_\_\_\_, under my legal custody \_\_\_does/ \_\_\_does not have a current health insurance policy, and such policy will be maintained for the duration of all ISU TS activities. Carrier Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event I cannot be reached, I authorize ISU TS to consent for me to any X-ray examination, anesthetic, medical or surgical of any special diagnosis, treatment or hospital's care being required, but is given to provide authority and power on the part of ISU TS to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

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By signing this form, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent's Full name PRINTED: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will follow all rules and guidelines established for the ISU TS program. I realize that if I fail to follow the above mentioned rules and any others, it may result in my not attending Talent Search activities.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA, CONFIDENTIAL INFORMATION & SCHOOL RECORD RELEASE FORM

**By signing this application:**

1. You hereby give your permission to the Iowa State University's Talent Search Program to request and receive confidential information pertaining to any and all financial assistance awarded to you or your child (if under 18).
2. You also hereby release and discharge:
  - a. Any agency and/or person(s) from any liability for divulging such information to Iowa State University's Talent Search Program (ISU TS).
  - b. Iowa State University's Talent Search program and staff from any liability for divulging such information to any admission and financial aid offices at degree-granting institutions (i.e., colleges, universities, community colleges, and vocational/technical schools) and other agencies which aid Talent Search participants.
3. You give permission to your child's school district to release his/her school schedules, records and grades periodically to:

Iowa State University  
TRIO Talent Search Program  
2249 Friley Hall  
212 Beyer Court  
Ames, Iowa 50012-1058

4. You agree to cooperate with the ISU TS staff in follow-up activities, including the release of school records. These follow-up activities will continue throughout middle school, high school and college.
5. You hereby consent to the use of photo, video, or other media recordings taken of your child by ISU or those acting on its behalf for the benefit of ISU, including any lawful purpose whatsoever, including but not limited to use in any ISU publication or on ISU websites, without payment or any other consideration. You hereby waive any right that you may have to inspect and/or approve the finished product or the copy that may be used, or the use to which it may be applied. You do this with full knowledge and consent and waive all claims for damages.  
 Yes, I give consent.  
 No, I do not give consent.

I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

**Parent/Guardian's Full name PRINTED:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I will follow all rules and guidelines established for the ISU TS program. I realize that if I fail to follow the above-mentioned rules and any others, it may result in my not attending Talent Search activities.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_