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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade Level</th>
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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

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:________________________________

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
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.

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: ______________________