



Program Application Form

TRIO Talent Search at Iowa State University is a free educational program designed to assist first-generation and income eligible students in grades 6th-12th in their preparation for enrollment into college. Iowa State University Talent Search serves students in **Fort Dodge, Hampton-Dumont, Marshalltown, Perry, and South Tama County** school districts.

Applicants must:

- Be between the ages of 11-27;
- Have completed 5th grade; and
- Be enrolled in one of the partner school districts listed above

All information on this application is confidential and will not be shared with anyone outside of the Talent Search office.

Return completed applications to:

TRIO Talent Search
Iowa State University
2080 Student Services Building
2505 Union Drive
Ames, IA 50011
Phone: 515.294.5546

TRIO Talent Search program at Iowa State University is 100% federally funded by the U.S. Department of Education with an annual budget of \$560,720.

For office use only:

Date application received (MM/DD/YYYY): _____

☐ Verify application is complete

☐ Eligibility (circle): BOTH LI FG OTHER

☐ Advisor recommendation: Accept Waitlist Waitlist Reason: _____

☐ Acceptance/waitlist letter added to application materials (*must be dated and signed by Advisor*)

Advisor Signature: _____ Date: _____

☐ Reviewed by Director or Assistant Director

Director/Assist. Director Signature: _____ Date: _____

☐ Database entry completed: Active Not to APR

☐ File folder created

☐ Mail acceptance/waitlist letter to applicant and make a copy for student file

Administrative Assistant Signature: _____ Date: _____

Student Information

School: _____ Current Grade Level: _____ Expected Graduation Year: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (if different from above): _____

Date of Birth: _____ / _____ / _____
MM DD YYYY

Gender: ☐ Female ☐ Male

Street Address: _____

City: _____ State: ____IA____ Zip Code: _____

Student Cell: (____) _____ - _____ Student E-mail: _____
(for reminders and communication with Talent Search staff)

Social Security Number or A-number (only used to verify college enrollment after high school): _____ - _____ - _____

Citizenship:

- ☐ Citizen of the United States
- ☐ Permanent Resident of the U.S.
- ☐ In the process of becoming a citizen

Race/Ethnicity (check all that apply):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____

Educational Needs & Interests

1. GPA (high school students only): _____ 2. Are you an English Language Learner (ELL/ESL)? ☐ Yes ☐ No

3. Do you participate in any of the following programs? Check all that apply.

- ☐ TRIO Upward Bound
- ☐ Science Bound
- ☐ GEAR UP
- ☐ iJAG

4. After finishing high school, do you plan to go to:

- ☐ 4 -year college/university
- ☐ Military program
- ☐ Technical/vocational college
- ☐ 2 -year college
- ☐ Undecided/unsure
- ☐ Other (please specify): _____

5. In which areas do you feel you need assistance from Talent Search? Check all that apply.

- ☐ Study Skills
- ☐ College visits
- ☐ Tutoring
- ☐ College Planning
- ☐ Financial Aid Information
- ☐ Career Information
- ☐ Test Preparation
- ☐ Other (please specify): _____
- ☐ Choosing high school or college classes

By signing below, I agree to participate in Talent Search meetings and events, and follow all rules and guidelines established by the ISU Talent Search program. I will attend school regularly and work hard for good grades.

Student Signature: _____

Date: _____

Family Information

* We will not be able to process your application if the highlighted sections are not complete.

Student is:

- ☐ Living with a parent or guardian
- ☐ In foster care
- ☐ A ward of the court
- ☐ Unhoused or sharing housing with someone other than a parent or legal guardian

1st Parent/Guardian First & Last Name: _____

Cell Phone: (_____) _____ - _____ Email: _____

Relationship to student:

- ☐ Mother ☐ Father ☐ Foster Parent ☐ Stepparent ☐ Guardian

Did 1st Parent/Guardian graduate from a 4-year college/university in the U.S? ☐ Yes ☐ No

If yes, what college? _____

2nd Parent/Guardian First & Last Name: _____

Cell Phone: (_____) _____ - _____ Email: _____

Relationship to student:

- ☐ Mother ☐ Father ☐ Foster Parent ☐ Stepparent ☐ Guardian

Did 2nd Parent/Guardian graduate from a 4-year college/university in the U.S? ☐ Yes ☐ No

If yes, what college? _____

Income Verification

The information requested in this section is used to determine the applicant's eligibility for college application fee deferments, ACT registration fee waivers, and other services. Details will be kept strictly confidential. In order to complete this section, you will need to review your **most recent** federal tax form 1040.

1. Number of people in your household: _____

Include all individuals in the family unit who are provided for at least 50% by the family taxable income. This includes college students 21 years of age or younger who may be living elsewhere while in school.

2. Please check the income range below that is closest to your taxable income. Taxable income is earned income minus deductions.

- ☐ \$0 - \$23,475
- ☐ \$23,476 - \$31,725
- ☐ \$31,726 - \$39,975
- ☐ \$39,976 - \$48,225
- ☐ \$48,226 - \$56,475
- ☐ \$56,476 - \$64,725
- ☐ \$64,726 - \$72,975
- ☐ \$72,976 - \$81,225
- ☐ \$81,226 and above

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

- ☐ Free Lunches
- ☐ Reduced Price Lunches
- ☐ Housing Assistance
- ☐ SNAP Benefits
- ☐ Other

Media, Confidential Information, and School Record Release

By signing this application, you:

1. Agree to cooperate with the Iowa State University Talent Search (ISU TS) staff in follow-up activities throughout middle school, high school, and college.
2. Give permission to your child's school district to release his/her school schedules, records, and grades periodically to the ISU TS program.
3. You give permission to ISU TS to request and receive confidential information pertaining to all financial assistance awarded to you or your child (if under 18 at time of request).
4. Hereby release and discharge: a.) Any agency and/or person(s) from any liability for divulging such information to ISU TS, and b.) The ISU TS 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.
5. 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

By signing this form, I state that I have read and understand the conditions set forth, that I agree to all conditions set forth herein, and that I sign this voluntarily.

Parent/Guardian Signature: _____ Date: _____

Release of Liability and Consent

During the time ISU TS or its representatives will be providing lodging, meals, academic instruction, field trips, recreation, and for other good and valuable consideration, you agree as follows:

1. I understand that the ISU TS project will strive to protect participants from danger, injuries, and abuse during the period they are participating in project activities by establishing rules and guidelines for participants, staff, and representatives.
2. I understand that injuries and damages to participants are possible, including, but not limited to, injuries common to the activity, 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. I understand and accept the risk of all (including unforeseeable) injuries and other damages resulting from or arising out of my child's participation.
3. With awareness of and agreement to all of the above, I agree to release ISU TS, 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 TS; and
4. I will indemnify the State of Iowa, the Iowa Board of Regents, Iowa State University, faculty members, teaching assistants, residence assistants, supervisors, ISU TS, their officers, employees, participants, agents, and volunteers for any liability or other damages suffered by them because of my child's actions.

By signing this form, I state that I have read and understand the conditions set forth, that I agree to all conditions set forth herein, and that I sign this voluntarily.

Parent/Guardian Full Name PRINTED: _____

Parent/Guardian Signature: _____ Date: _____