

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 competed 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 2249 Friley Hall 212 Beyer Court Ames, IA 50012

Phone: 515.294.5546

TRIO Talent Search is a federally funded program administered by the U.S. Department of Education.

For office use only:				
Date application received (MM/DD/YYYY):				
□ Verify application is complete				
☐ Eligibility (circle):	вотн	LI	FG	OTHER
☐ Advisor recommendation:	Accept	Waitlist	Waitlist Reaso	on:
☐ 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:	

School:	_ Current Grade Level:	_ Expected Graduat	tion Year:
Last Name:	First Name:	Middle Initial:	
Preferred Name (if different from above):			
Date of Birth:///////	Gender:	☐ Female	☐ Male
Street Address:			
City:	State:IA	Zip Code:	
Student Cell: ()(for reminders a	Student E-mail: nd communication with Talent Search s	staff)	
Social Security Number or A-number (only used to vi	erify college enrollment after high scho	ool):	-
Citizenship: ☐ Citizen of the United States ☐ Permanent Resident of the U.S. ☐ In the process of becoming a citizen	□ Asian □ Black or African □ Hispanic or Latin □ Native Hawaiian □ White/Caucasian	or Alaskan Native American o or Pacific Islander	
Educational Needs & Interests			
1. GPA (high school students only): 2.	Are you an English Language Le	arner (ELL/ESL)?	□ Yes □ No
3. Do you participate in any of the following prog	grams? Check all that apply.		
☐ TRIO Upward Bound ☐ Science Bou	ınd □ GEAR UP [⊒ iJAG	
 4. After finishing high school, do you plan to go t 4 -year college/university 2 -year college Undecided/ 		_	
5. In which areas do you feel you need assistance	e from Talent Search? Check all the	at apply.	
 □ Study Skills □ Tutoring □ Financial Aid Information □ Test Preparation □ Choosing high school or college classes 	College visitsCollege PlanningCareer InformationOther (please specify):		
By signing below, I agree to participate in Talent established by the ISU Talent Search program. I v	_		_
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 3. Please check if your family receives any of the to your taxable income. Taxable income is earned following benefits or services: income minus deductions. ☐ Free Lunches **□** \$0 - \$22,590 ☐ Reduced Price Lunches **□** \$22,591 - \$30,660 ☐ Housing Assistance **□** \$30,661 - \$38,730 ☐ SNAP Benefits **□** \$38,731 - \$46,800 □ Other **□** \$46,801 - \$54,870 **□** \$54,871 - \$62,940 **□** \$62,941 - \$71,010 **□** \$71,011 - \$79,080 □ \$79,081 and above

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.

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■ 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.

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<mark>Date:</mark>

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:	