



The University of Georgia

Educational Talent Search High School Application

Student's Information

Name _____
last first middle

School: _____ Grade: _____ Home Room Teacher: _____

Date of Birth: ____ - ____ 19____ Age: _____ Gender: Female__ Male__

Ethnic Origin: African American _____ U.S. Citizen: Yes__ No__
 American Indian/Alaska Native _____ Visa Type/Number: _____
 Asian/Pacific Islander _____ Free/reduced lunch participant?
 European American (Caucasian) _____ Yes__ No__
 Hispanic _____ Grade Point Average (GPA) _____
 More than one ethnic origin (Specify) _____

Address _____
Apt. # City State Zip

Telephone (____) _____ E-mail Address _____
(Area Code)

Emergency Contact Person _____ Relationship To You _____

Emergency Telephone _____
(Area Code)

Student's Signature

Parental Information

You Must Complete All Information Below to Have Your Application Processed

Parent(s)/Guardian(s) Name(s) _____ Number of family members in home? _____
(Brothers, Sisters, Parent(s), etc.)

(Print) last _____ first _____ Circle your family's yearly gross income:
 \$0-12,525 \$12,526 - 16,875
 \$16,876 - \$21,225 \$21,226 - \$25,575
 (Print) last _____ first _____ \$25,576 - \$29,925 \$29,926 - \$34,275
 \$34,276 - \$38,625 \$38,626 - \$42,975
 E-mail Address _____ \$42,976+

Student lives with: (check one)
 Both Parents _____
 One Parent _____
 Parent/Step Parent _____
 Foster Parent _____
 Legal Guardian _____
 Spouse _____
 Other _____

Income Breakdown
 Social Security Income \$ _____
 AFDC or ADC \$ _____
 Child Support \$ _____
 Other Untaxed Income \$ _____

Did either Parent GRADUATE from a four year college? Yes__No__ Name of College _____

I affirm that the information provided is complete and correct. Any deliberate falsification or omission of data supplied may result in denial of placement or dismissal from the Educational Talent Search Program.

Parent's Signature

**Parental Authorization
for
Release of Student's Records
and**

Permission to Photograph/Video Student

Privacy Act

In accordance with the Family Educational Rights and Privacy Act, I understand that all information concerning my child and me is confidential and will not be revealed to anyone except Educational Talent Search Program Personnel.

I, _____, Parent/Legal Guardian of _____,
(Please Print) (Please Print)

authorize the Superintendent of Schools or her/his Designee(s) to release all records listed below to the following Agency and its Designee(s):

**University of Georgia
Educational Talent Search
425 N. Lumpkin Street Suite 203
Athens, GA 30602
(706) 369-6494 (Telephone) or 1-800-299-5704 (Toll Free)
(706) 369-5925 (Facsimile)**

Records:

Attendance Data	Grade Transcripts/Progress Reports
Psychological Education Reports	Special Education Placement Data
Testing Data	

I further authorize the release of all information regarding my child's educational, physical and social adjustments in school, as long as s/he participates in the Educational Talent Search Program.

I also understand that prior to transfer, I may review and have all/any part of these records properly interpreted by making such request of the Principal or appropriate Board of Education Personnel.

Permission to Photograph/Video Student

I agree to allow ETS and its constituents to photograph or digitally record my child for use in publication.

9 Yes 9 No

Parent(s)/Guardian(s) Signature: _____

Date: _____

Student Signature: _____

Date: _____

CONTRACT
(9th, 10th, & 11th Grades)

As a participant in University of Georgia's Educational Talent Search (ETS) and as a major objective of ETS is to assist me with successful completion of secondary school and postsecondary planning/placement, I agree to:

1. Follow my Individual Development Plan (IDP).
2. Give my Program Specialist all my mid-term/nine weeks Academic Status Reports and Report Cards.
3. Participate fully in tutoring sessions that will assist me in successfully completing my secondary school requirements for graduation as recommended by my Program Specialist.
4. Discuss any changes in my curriculum track with my parent(s) and Program Specialist.
5. Participate in career/educational activities, tours and workshops.
6. Discuss my career aspirations and postsecondary plans with my parent(s).
7. Register and take the ACT/SAT as recommended by my Program Specialist.
8. Investigate at least three (3) postsecondary institutions by completion of eleventh (11th) grade.
9. As the parent(s) of an ETS student, I agree to participate in and support ETS and parents activities including chaperoning field trips, parent orientations as well as Parents Advisory Board meetings.

For College Ready Seniors

10. Obtain/complete at least three (3) postsecondary admissions and financial aid applications, at the time recommended by my Program Specialist.
11. Submit all documents, to be copied, mailed and filed, regarding postsecondary admission and financial aid to my Program Specialist.
12. Complete all postsecondary follow-up information including: college notifications and Financial Aid packages.

Note: If a student is to fully gain from the services offered by ETS, it is imperative that s/he attends counseling and academic sessions, such as tutoring, and participate in all postsecondary activities. Because all services offered by ETS are contingent upon one another, failure to fulfill contract agreement could result in termination.

Student's Signature

Date

Parent's Signature

Date

Program Specialist's Signature

Date

NEEDS ASSESSMENT

(Circle Your Responses)
YES or NO

1. Are you or any member of your family currently participating in ETS or Upward Bound

Program: _____

Name(s): _____

2. Do you have any special need(s)?

List: _____

YES or NO

3. Are you repeating your current grade?

YES or NO

4. Have you ever considered dropping out of school?

YES or NO

5. Do you need to develop/improve your study skills?

YES or NO

6. List subjects in which you need tutoring?

List: _____

7. How many years of postsecondary education do you plan to complete?

(Check one)

9	1 - 2 years:	Associate Degree/Technical School
9	3 - 5 years:	Bachelor's Degree
9	6+ years:	Master's or Doctorate Degree
9	Uncertain at this time	
9	Will not attend	

8. Are you knowledgeable of the classes (CPC) that should be taken to prepare for college?

YES or NO

9. Are you currently enrolled in college preparatory classes?

YES or NO

10. Do you know the procedure(s) for admission to a postsecondary institution?

YES or NO

11. Have you contacted any college(s) for admission information?

YES or NO

List: _____

12. Have you begun academic preparation for the PSAT, ACT or SAT?

YES or NO

13. Will you need a college application, ACT or SAT fee waiver?

YES or NO

14. Are you aware of financial aid programs that will assist in paying college tuition fees?

YES or NO

15. Will you need assistance applying for financial aid or scholarships?

YES or NO

16. What is your current career interest? _____

17. Do you know facts about this career?

YES or NO

18. Do you know the college major that will prepare you for this career?

YES or NO

19. Do you participate in extracurricular school activities?

YES or NO

20. How do you view the way you act, feel and think? Why?

Negative, Positive or
Positive but Needs
Improvement

21. During this academic year, how can ETS assist you in becoming an improved student?
