

# Talent Search

## Program Application

Return completed form to the Talent Search mailbox at your school, or mail to:

**Clatsop Community College- Talent Search**  
**1651 Lexington Avenue**  
**Astoria, OR 97103**

Thank you for your interest in Talent Search (TS). We will notify you by mail if the student is enrolled. TS is a federally funded program for qualified students in grades 6-12. TS services help students explore college and career opportunities and enter the college or other training of their choice after high school. As a Talent Search student, you will participate in workshops, educational guidance, field trips and other activities to help you be a successful high school and college student. The Clatsop Community College Talent Search program is 100% funded by a U.S. Department of Education grant in the amount of \$387,128.

### Student Information:

Student's name: \_\_\_\_\_  
First Middle Initial Last

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/parent phone: \_\_\_\_\_ Student's cell phone: \_\_\_\_\_

Student's email address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **M** **F** Social Security #: \_\_\_\_\_  
(optional)

Current grade: **6 7 8 9 10 11 12** School: \_\_\_\_\_

1. Do you consider yourself Hispanic/Latino? **Yes No**

2. Do you consider yourself (please check all the boxes that apply):

- Asian  Black  Hawaiian/Pacific Islander  
 Native American/Alaska Native  White/Caucasian

Is the student a U.S. citizen? **Yes No**

If not, do you have Permanent Resident status? **Yes No** Alien identification number: \_\_\_\_\_

Is English the student's first (native) language? **Yes No**

### Family Information:

**Student lives with** (please check all that apply):  Both parents  Mother  Father  Stepparent  
 Grandparent(s)  Legal guardian  Foster parent(s)  Other: \_\_\_\_\_

Please complete the following information about each parent/guardian who **currently lives with this student**:

<b>Mother/Guardian's Name:</b> _____ Does this person have a 4-year Bachelor's degree from a university? <b>Yes No</b>	<b>Father/Guardian's Name:</b> _____ Does this person have a 4-year Bachelor's degree from a university? <b>Yes No</b>
<b>Address:</b> <input type="checkbox"/> <b>Check box if same address as student</b> If not, please write your address: _____ _____	<b>Address:</b> <input type="checkbox"/> <b>Check box if same address as student</b> If not, please write your address: _____ _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Emergency Phone: _____	Emergency Phone: _____

Please complete back side of form

Please list the names of the student's brothers and sisters who live with you and are in school:

Name:

School:

Grade:

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Talent Search Services:

Talent Search provides age-appropriate information and advising services to enrolled students. Please check the services that you feel would most benefit this student:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic advising         | <input type="checkbox"/> Guidance & counseling                            | <input type="checkbox"/> College information |
| <input type="checkbox"/> Financial aid information | <input type="checkbox"/> Career information                               | <input type="checkbox"/> College visits      |
| <input type="checkbox"/> Test taking/study skills  | <input type="checkbox"/> Cultural activities                              | <input type="checkbox"/> Technology skills   |
| <input type="checkbox"/> Parent support            | <input type="checkbox"/> College admission application assistance         |  |
| <input type="checkbox"/> Tutoring                  | <input type="checkbox"/> Financial aid/scholarship application assistance |  |

### Financial Information:

We are required to use this information to process your application. All information is strictly confidential and is used only to determine eligibility for Talent Search services. For the 2023-2024 school year, we will need your 2022 taxable income information. Your taxable income is on line 15 of your 1040 form.

Total number of family members living at home- Please circle or fill in the dot

- 1  2  3  4  5  6  7  8  9  10

What was your taxable family income from 2022 (line 15)? Circle your income range:

**\$0-\$22,590      \$22,591-\$30,660      \$30,661-\$38,730      \$38,731-\$46,800**

**\$46,801-\$54,870      \$54,871-\$62,940      \$62,941-\$71,010      \$71,011-\$79,080**

**\$79,081 or above, list actual income \_\_\_\_\_.**

### Authorization & Medical Release:

1. All information in this application is true and accurate to the best of my knowledge.
2. I give my permission for my son/daughter to participate in all Talent Search activities. (You will be notified of any travel activities and asked to give permission specifically for trips.)
3. I authorize Clatsop CC Talent Search to obtain student records and documents as necessary, including grade reports, transcripts, test scores, financial aid awards, and college admission and enrollment verification. This information will be held in strict confidence and will be used for TS purposes only.
4. I authorize Talent Search to release or obtain information from any agency or program providing supplemental services to my student.
5. I give my permission for my student's name, photograph, work and/or statements to be used by Talent Search for promotional, publicity, or instructional purposes.
6. I understand that, to stay enrolled in Talent Search, my student is expected to be a good school citizen and to make good academic effort.
7. I consent to my child using the Internet and other technology and accept responsibility for appropriate use thereof.
8. I understand that completion of this form does not guarantee acceptance into Talent Search.

I grant permission to the Talent Search program and Clatsop Community College and its authorized representatives to furnish first aid to my son/daughter as needed, and to seek medical attention through the nearest medical facilities when students are on field trips and other authorized activities. This permission is conditioned on the understanding that in the event of serious illness or injury or the need for hospitalization and/or major surgery, TS staff will make all reasonable efforts to contact me. Failure in such efforts should not prevent TS from providing emergency treatment as may be necessary for the best interest of my child.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_