Talent Search
Program Application

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: _____ Apt/Space # _____

City: _____ State: _____ Zip: _____

Home/parent phone: _____ Student's cell phone: _____

Student's email address: _____

Birthdate: ____/____/____ Gender: **M** **F** Gender Pronouns: _____ (optional)

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

1. Do you consider yourself Hispanic/Latino? **Yes** **No**
2. Is the student a U.S. citizen? **Yes** **No**
If not, do you have Permanent Resident status? Yes No **Alien ID#** _____

3. Do you consider yourself (please check all the boxes that apply):
❑ Asian ❑ Black ❑ Hawaiian/Pacific Islander
❑ Native American/Alaska Native ❑ White/Caucasian

Please return completed application to:
1651 Lexington Ave
Astoria, Oregon 97103

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:**

Mother/Guardian's Name: _____
Does this person have a 4-year Bachelor's degree from a university? **Yes** **No**

Address: ❑ **Check box if same address as student**
If not, please write your address: _____

Cell Phone: _____
Email: _____
Employer: _____
Work Phone: _____
Emergency Phone: _____

Father/Guardian's Name: _____
Does this person have a 4-year Bachelor's degree from a university? **Yes** **No**

Address: ❑ **Check box if same address as student**
If not, please write your address: _____

Cell Phone: _____
Email: _____
Employer: _____
Work Phone: _____
Emergency Phone: _____

Please complete back side of form

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:

___ Academic advising
___ Financial aid information
___ Test taking/study skills
___ Guiding family success
___ Tutoring
___ Guidance & counseling
___ Career information
___ Cultural activities
___ College admission application assistance
___ Financial aid/scholarship application assistance
___ College information
___ College visits
___ Technology skills

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

Name:	School:	Grade:

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 2026-2027 school year, we will need your most recent taxable income information. Your taxable income is on line 15 of your 1040 form.

Total number of family members living at home- Please circle

1 2 3 4 5 6 7 8 9 10

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

$0 - $23,940 **$23,941 - $32,460** **$32,461 - $40,980** **$40,981 - $49,500**

$49,501 - $58,020 **$58,021 - $66,540** **$66,541 - $75,060** **$75,061 - $83,580**

$83,581 or above, list actual income_____.

My family is receiving or eligible for SNAP Benefits (circle). Yes No

Authorization:

1. All information in this application is true and accurate to the best of my knowledge.
2. I give my permission for my student 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. This can be waived upon request.
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.

☐ Check to opt in to email updates from the program pertaining to your student or Talent Search Program activities.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____