

# TRIO

## TALENT SEARCH

*Creating a Culture of Educational Success*

### STUDENT APPLICATION

Do you want to go to college? Do you know what it takes to get there?

TRIO Educational Talent Search is a program designed to help you reach your goals! The program offers support to **first-generation** and/or **low-income** middle school and high school students that are interested in going to college.

#### Participating Schools:

Hanshaw Middle School

Modesto High School

Mark Twain Jr. High School

Downey High School

Elliot Alternative Education Center

Be part of our exciting program! As a TRIO student, you will benefit from academic advising, homework assistance, college campus visits, financial aid assistance, college preparation workshops and college application assistance. All program services are **FREE** to the student! To see if you are eligible for the program, return your application as soon as possible to your school's main office, Career Center or during TRIO tutoring.

If you have questions, please feel free to contact us at:

Modesto Junior College  
Office of Pre-College Programs  
435 College Ave. MM 112  
Modesto, CA 95350  
Phone: 209-575-6743 Fax: 209-575-6243



# STUDENT INFORMATION



Student Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/ P.O. Box Number City State Zip Code

(\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home number

Student e-mail Address: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Sex:  Female  Male Are you a U.S. Citizen?  Yes  No If No, Permanent Resident # \_\_\_\_\_

Grade Level: \_\_\_\_\_ School Name: \_\_\_\_\_ GPA: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Who do you live with?  Both Parents  Father  Mother  Guardian  Other

If other, please describe: \_\_\_\_\_

Name of Guardian (if you do not live with one of your parents): \_\_\_\_\_

Are you, the student, Hispanic or Latino?  Yes  No

Race:  White  Black or African American  Native American/Alaska Native  Asian  
 Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

## LEARNING DISABILITY

1. Do you have an IEP on file?  Yes  No

2. Do you have a learning disability?  Yes  No If yes, describe: \_\_\_\_\_

## PARENTS/LEGAL GUARDIAN INFORMATION:

Parent/Legal Guardian Name: _____	Parent/Legal Guardian Name: _____
Work phone: _____ None	Work phone: _____ None
Cell phone: _____ None	Cell phone: _____ None
Do you have a 4 year college degree from the USA? Yes No	Do you have a 4 year college degree from the USA? Yes No

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## HOUSEHOLD INCOME INFORMATION:

1. How many family members live in the household: \_\_\_\_\_

2. Do you or your parent qualify or receive any of the following: (**check all that apply**)

- Free/Reduced Lunch  Social Security Benefits  Cal Fresh  TANF  
 Veterans Benefits  Unemployment Benefits  Other: \_\_\_\_\_

3. Annual household income (**please check one**)

- \$0—\$20,385  \$20,385—\$27,465  \$27,465—\$34,545  \$34,545—\$41,625  
 \$41,625—\$48,705  \$48,705—\$55,785  \$55,785—\$62,865  \$62,865—\$69,945  
 \_\_\_\_\_  Other

### *For Office Use Only: Program Eligibility*

First Generation \_\_\_\_\_ Income Eligibility \_\_\_\_\_ Both \_\_\_\_\_ Neither \_\_\_\_\_ GPA: \_\_\_\_\_ EL \_\_\_\_\_  
IEP \_\_\_\_\_ U.S. Citizenship \_\_\_\_\_ Eligibility Non-citizen Entrance \_\_\_\_\_ Non-citizen \_\_\_\_\_ End of the year GPA \_\_\_\_\_  
Entrance Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Director's Approval: \_\_\_\_\_ Data Entry: \_\_\_\_\_

## Parent/Student Agreement

- **Medical Release:** I consent to emergency treatment of my son or daughter by the staff of Yosemite Community College District and/or the staff of an accredited hospital or clinic, or other medical personnel if it is deemed necessary by the TRIO/ ETS Program Staff. I understand I will be notified of illness as soon as possible.
- **Mandated Reporting:** Most information shared between participants and Program Representatives is held completely confidential. Please be aware of the few exceptions. Information shared regarding abuse (physical, mental, or sexual) and/or intent to harm oneself or others must be reported to the appropriate individuals at Modesto City Schools.
- **Permission to Access School Records:** I give TRIO/ETS Program staff per mission to have access to quarter and semester grades, progress reports, school transcripts, assessment test scores, and updated contact information from the school administration for the sole purpose of assessment, educational planning, and advising of my child.
- **Permission to Photograph/Videotape Student:** I give permission to the TRIO/ETS Program Staff to take photos and/or video of my child for file records and/or promotional purposes related to the TRIO/ETS Program of Modesto Junior College.

### Student/Parent Expectations:

#### **STUDENT:**

- **I WILL** regularly attend workshops and tutoring sessions.
- **I WILL** arrive at the sessions on time and prepared to work.
- **I WILL** treat staff and classmates with respect.
- **I WILL** have a minimum of two (2) contacts with the Program Representative each semester.
- **I WILL** work at achieving a minimum of a 2.0 or higher GPA in order to remain an active participant in the TRIO/ETS program.
- **I WILL** participate in various field trips with respect and good behavior.
- **I WILL** follow the school's rules and policies regarding dress code and behavior at all TRIO/ETS events.
- **I WILL** be an active participant in my academic life and take personal responsibility for my current and future educational goals.
- **I WILL** commit to enroll in a post-secondary institution
- **I WILL** graduate from a post-secondary institution within six years.

#### **PARENT:**

- **I WILL** allow my child to participate in the TRIO/ Educational Talent Search Program.
- **I WILL** support and encourage my child to attend workshops and/or tutoring sessions.
- **I WILL** provide my child with time and space to do homework.
- **I WILL** make a minimum of one contact with the Program Representative per school year.
- **I WILL** encourage my child to participate in TRIO/ETS field trips when appropriate.
- **I UNDERSTAND** that I can withhold my child's permission to participate in the program in writing, at anytime without any negative recourse for myself or my child.
- **I UNDERSTAND** that I have access to my child's TRIO/ETS file.

I certify that each response within this two-page application is true and complete to the best of my knowledge. My signature indicates that I have read and reviewed the application with my parent/student.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Date

*Note to parents/guardians: The personal information you provide to the Educational Talent Search Program is retained at the TRIO/Pre-College office. The information is protected by the Privacy Act. No one may see the information, unless they work with or for the Educational Talent Search Program or are specifically authorized to see it. This information is necessary to determine if your child is eligible to participate in the Educational Talent Search Program. The Department of Education has the authority to gather such information (20 USC 1231a) in order to help make better Educational Talent Search Programs.*