

Woodland Community College **Educational Talent Search**



<i>NAME</i> : <i>GRADE</i> :	
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The Educational Talent Search Program is a federally funded pre-college program for middle and high school students, from designated schools. The program is designed to motivate and prepare students, with academic potential, for success in education beyond high school. Program advisors meet individually with students twice a semester and once a month in a group setting to motivate, support, and encourage students to graduate from high school and continue on to a post-secondary school of their choice.

The ETS program provide its participants with a variety of <u>FREE</u> services including:

- Academic Advising
- SAT/ACT Fee Waivers
- Tutoring Services

- Course Selection
- Post-Secondary Assistance
- Cultural events and campus tours

Who's eligible for ETS?

Students who are

- (a) U.S. citizen or permanent resident
- (b) Attending one of the target schools:

Colusa County

Yolo County

- Lloyd G. Johnson Jr High School
- Pierce High School
- Maxwell Elementary School
- Maxwell High School
- Williams Jr./Sr. High School
- Douglass Middle School
- Pioneer High School
- (c) AND You also need to meet ONE or more of the following criteria:
 - 1. Be a first generation college student (neither parent has received a four-year college degree);
 - 2. Meet federal low-income guidelines (as determined by the federal government)

Questions?

Contact us at (530) 661-2285 or wcctrio@yccd.edu You can also visit one of our offices:

Woodland Community College 2300 E. Gibson Road Woodland, CA 95776 Building 800 Room 850

Colusa County Campus 99 Ella Street Williams, CA 95987 Room 121

For official use -					
1st Check: Staff initial	Date	2 nd Check: Staff initial	Date	3 rd Check: Staff initial	Date



Woodland Community College

Educational Talent Search Application



Student Ini	oi manon	
Legal Name:	Grade: 6 7 8 9 10 11 12	
Legal Name:	(MI)	
Current School Attending:	School ID:GPA:	
Mailing Address:	(City) (State) (Zip Code)	
Student Gender: Female Male DOB://		
T-Shirt Size (Adult): Student's Cell #: ()	Check here, if ETS can send you, the student, text notifications	
Are you a U.S. citizen/ Permanent Resident? Yes No (If you man	ked No or do not know, please STOP here and talk to an ETS Staff Member)	
Social Security #: Perm	nanent Resident #:	
Ethnicity: American Indian Asian Black/African A Native Hawaiian or other Pacific Islander Other		
Do you have a physical or learning disability?		
If yes, please explain:		
Does the student have Gmail account?		
Student Email Address:		
Are you currently participating in any of the pre-college programs?	Check all that apply.	
AVID MESA EAOP ETS (Specify):	Upward Bound (Specify): Other:	
Do you, the STUDENT, have any children who live with you (Teen $$	Parent)?	
Are you a foster youth? Yes No Are you a ward of	the court? Yes No *Please provide documentation.	
Parent/Guardia	n Information	
Student Resides with: Both parents Mother Only Fathe	r Only Parent & Stepparent Foster parent(s)	
Legal guardian(s) Other (specify):		
Name:	Name:	
Relationship:	Relationship:	
Occupation/Job Title:	Occupation/Job Title:	
ontact Phone: Contact Phone:		
Email:	Email:	
☐ Check here, if ETS can send you text/email notifications	☐ Check here, if ETS can send you text/email notifications	
Parent(s) preferred language: What	primary language is spoken at home?	
Biological Parent Education Level: Please check highest level of education completed by biological/adoption No Formal Education Elementary School Jr. High Has biological/adoptive father received a four-year degree from a contraction The second s	High School Associate's Degree Bachelor's Degree	
Please check highest level of education completed by biological/adop No Formal Education		

Parent/Guardian Income Information

APPLICATIONS WILL NOT BE PROCESSED, IF SECTION BELOW IS NOT COMPLETED. If applicant is a foster child, please provide proof of foster care status and skip to the signature section. Otherwise answer questions below.

What is the TOTAL number of p	ersons in your family (Tax reti	urn form 1040 or 1040A tax form, line 6d):
Please check ONE: Provide your f	amily's total <u>TAXABLE</u> Income	e (Tax return form 1040 use line 43; Tax return form 1040A use line 27)
☐ My family's TAXABLE (not	total) income from the last caler	ıdar year was:
		ax return you filed for the last calendar year. ne; do not confuse it with your total wages or
☐ I DID NOT file a Federal Inco	ome Tax Return for the last calen	dar year. My family's income was:
_		ed this option an additional form may be required)
Parent/Guardian Signature		Date:
Tareny Guardian Signature		Duc.
	Student Need	s Assessment
	ur needs. Your answers will be k	e ask you to give your honest opinion about how the Educational tept confidential. Please check all that may interest you /benefit
Academic Support Tutoring Science Writing Reading Math	Academic Advising Major Exploration Course selection assistance Developing a graduation plan Transfer information and assistance	Financial Aid/ Financial Literacy FAFSA information/application help Scholarship information/Application help BOG Fee Waiver Saving and Debt information
Career Advising Career Exploration Resume Building Interview skills	Other Time management skills Study Skills	What are your plans after you graduate from high school? 4-Year College Community College Technical/Vocational Work Military Other
	Student Perso	nal Statement
What are some obstacles you face	e in reaching a college educatio	on?
What are some of your interest?	What careers fit those interest	? major(s) are you interested in?
	Information and	Medical Delega
ETS sponsored field trip, the follow	the event that your child may ne ring information is necessary for	ed medical attention for an illness or injury while attending a WCC the licensed medical staff to treat the underage minor. Students will without this form being completed. Please print legibly.
Is your child presently under a phy	sician's care? Yes No	
If yes, why?	- -	
Are there limits on your child's ph		
If yes, explain:		
Does your child have allergies (i.e.		
If yes, explain:		
		y ill in the past 3 years? Yes No
If yes, explain:	•	

Student and Parent/Guardian Agreement

If accepted to the Educational Talent Search Program, I, the student, agree to:

- Attend ETS monthly workshops.
- Communicate with my ETS Advisor about my educational and/or personal goals.
- Enroll in courses that are required for college admissions, achieve and maintain at least a 2.0 GPA, and graduate from high school.
- Apply for college and financial aid during my senior year.
- Enroll in the college of my choice the semester after I graduate from high school.
- Be committed to my education and the ETS program.
- Grant access to my college enrollment, retention, and completion information.
- Grant access to my financial aid information from colleges and the federal government.

If accepted to the Educational Talent Search Program, I, the parent, agree to:

- Encourage my son/daughter in their education.
- Support the ETS goals for my son/daughter.
- Require my son/daughter to attend ETS tutoring if they receive a C grade or below in any school subject areas.
- Attend and participate in ETS event that require my presence.

Student Signature	Date:
Parent/Guardian Signature	Date:

Parent/Guardian Authorization

Medical Release: Should my student require medical attention while participating in ETS activities and I cannot be contacted, I give my consent to medical examination and treatment deemed necessary by the attending medical professional.

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 harm to oneself or others must be reported by law to the appropriate individuals.

Permission to Access School Records: I hereby give TRIO/ETS Program staff permission to have access to grades, progress reports, school transcripts, assessment test scores, school lunch program eligibility, and updated contact information from the school administration. I authorize ETS to obtain information related to my child's application for college admission and acceptance status, financial aid application (FAFSA), and award letter at any and all colleges and universities.

Media Release: I hereby give permission to the TRIO/ETS Program Staff to photograph my child for promotional purposes and/or file records related to the TRIO/ETS Program and/or statements to be used by ETS for promotion, publicity, or instructional purposes.

Participation: I give permission for my child to participate in ETS activities. I agree to encourage my child to do well in high school and pursue post-secondary education.

In consideration of granting permission by the Educational Talent Search program for the above named minor to participant in the activities sponsored by WCC ETS. The participant, his/her parent(s) or legally appointed guardian hereby agree to indemnify, hold harmless, release and forever discharge the employees and/or agents from all claims and demands which the participant, his/her parent(s) or legal guardian or the representatives or successors of them or any person may have against Yuba Community College District, its employees and agents by reason of acts, illness, injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned.

Note: All personal records or documentation will be held in strictest confidence by the staff of WCC ETS and the Yuba Community College District. (Consistent with the Federal Family Education Rights and Privacy Act of 1974, regulations, and other laws) Personal records will not be released to any other entity without my prior acknowledgment and consent. This acknowledgment will be effective for the duration of my child's participation in the program.

By signing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I acknowledge and give consent to the requests of the ETS Program.

Parent/Guardian Name:		
	(Please print name)	
Parent/Guardian Signature:		Date: