

Woodland Community College **Educational Talent Search**



<i>NAME:</i>	SCHOOL:	GRADE:
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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



Stu	ent Information	
Legal Name:	Grade: 6 7 8 9 10 11 12	
(Last) (Fi	(MI)	
	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 notification	
Are you a U.S. citizen/ Permanent Resident? ☐Yes ☐No	f you marked No or do not know, please STOP here and talk to an ETS Staff Member	
Social Security #:	Permanent Resident #:	
Ethnicity: American Indian Asian Black/A Native Hawaiian or other Pacific Islander	frican American Hispanic or Latina/o White Other (specify):	
Do you have a physical or learning disability? Yes N	o	
If yes, please explain:		
Does the student have Gmail account? Yes No		
Student Email Address:		
Are you currently participating in any of the pre-college pro	grams? Check all that apply.	
□AVID □ MESA □ EAOP □ETS (Specify):	Upward Bound (Specify): Other:	
Do you, the STUDENT, have any children who live with yo	u (Teen Parent)?	
Are you a foster youth? Yes No Are you a	ward of the court? Yes No *Please provide documentation.	
Parent/C	uardian Information	
Legal guardian(s) Other (spe	☐ Father Only ☐ Parent & Stepparent ☐ Foster parent(s) cify):	
Name:	Name:	
Relationship:	Relationship:	
Occupation/Job Title:		
Contact Phone:	Contact Phone:	
Email:	Email:	
☐ Check here, if ETS can send you text/email noti		
Parent(s) preferred language:	What primary language is spoken at home?	
Biological Parent Education Level: Please check highest level of education completed by biological parent Education completed by biological Parent Education Level:	ical/adoptive Father :	
☐ No Formal Education ☐ Elementary School ☐ Jr. H	gh High School Associate's Degree Bachelor's Degree	
Has biological/adoptive father received a four-year degree f	om a college or university in the USA?	
Please check highest level of education completed by biolog	ical/adoptive Mother:	
	gh High School Associate's Degree Bachelor's Degree	
Has biological/adoptive mother received a four-year degree	from a college or university in the USA? Yes No	

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 o	f persons in your household:	
Please check ONE: Provide you	ır family's total <u>TAXABLE</u> Incom	e (Tax return form 1040 use line 10)
My family's TAXABLE (n	ot total) income from the last cale	ndar year was:
(Note: Your TAXABLE incom All IRS forms will have a separ your adjusted gross income.)	the can be found on the federal income the trate line for the total TAXABLE incom	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 In	ncome Tax Return for the last caler	ndar year. My family's income was:
☐ I had no taxable income for	the last calendar year (if you check	ted this option an additional form may be required)
Parent/Guardian Signature		Date:
8		
		s Assessment
	your needs. Your answers will be l	We ask you to give your honest opinion about how the Educational cept 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 assist	Financial Aid/ Financial Literacy FAFSA information/application help Scholarship information/Application help BOG Fee Waiver ance Saving and Debt information What are your plans after you graduate from high school?
Career Advising Career Exploration Resume Building Interview skills	Other ☐ Time management skills ☐ Study Skills	☐ 4-Year College ☐ Community College ☐ Technical/Vocational ☐ Work ☐ Military ☐ Other
	Student Perso	onal Statement
What are some obstacles you f	ace in reaching a college education	on?
What are some of your interes	t? What careers fit those interest	? major(s) are you interested in?
	Information and	Medical Release
ETS sponsored field trip, the foll	In the event that your child may ne owing information is necessary for	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 p	ohysician's care? Yes No	
If yes, why?		
Are there limits on your child's	physical activities?	0
If yes, explain:		
Does your child have allergies (i.e. to medications, insects, etc.)?	☐ Yes ☐ No
If yes, explain:		
Does your child have medical pr	roblems, or has (s)he been seriousl	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 employment, 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.

FERPA Consent: 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. I authorize the release of verifying placement and retention in college and/or employment after graduating high school to provide support with retention in college and employment.

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: