



Woodland Community College Educational Talent Search Application



Student Information

Legal Name: _____ Grade: 6 7 8 9 10 11 12
(Last) (First) (MI)

Current School Attending: _____ School ID: _____ GPA: _____

Mailing Address: _____
(City) (State) (Zip Code)

DOB: ____/____/____ Student Gender: Female Male Preferred Pronoun(s): _____
MM/DD/YY

T-Shirt Size (Adult): ____ Student's Cell #: () _____ *Check here, if ETS can send you, the student, text notifications*

Ethnicity: American Indian Asian Black/African American Hispanic or Latina/o White
 Native Hawaiian or other Pacific Islander Other (specify): _____

Student Personal Email (**DO NOT use school email**): _____

Are you currently participating in any of the pre-college programs? Check all that apply.

AVID MESA EAOP ETS-Chico State WCC Upward Bound Other: _____

Do you, the STUDENT, have any children who live with you (Teen Parent)? Yes No

Are you a foster youth? Yes No Are you a ward of the court? Yes No **Please provide documentation.*

Personal Statement

What would you be interested in doing after high school? _____

Parent/Guardian Information

Student Resides with: Both parents Mother Only Father Only Parent & Stepparent Foster parent(s)
 Legal guardian(s) Other (specify): _____

Parent/Guardian 1

Name: _____ Relationship: _____ Occupation: _____

Contact Phone: _____ Email: _____

Education Level: Less than High School HS Diploma/GED Some College/No Degree Associate's Degree
 Bachelor's Degree Master's and beyond

Have you received a four-year degree from a college or university? Yes No

Parent/Guardian 2

Name: _____ Relationship: _____ Occupation: _____

Contact Phone: _____ Email: _____

Education Level: Less than High School HS Diploma/GED Some College/No Degree Associate's Degree
 Bachelor's Degree Master's and beyond

Have you received a four-year degree from a college or university? Yes No

Parent(s) preferred language: _____ What primary language is spoken at home? _____



SCAN ME

Contact us at (530) 661-2285 or wcc trio@yccd.edu

You can also visit one of our offices or apply online:

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

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 persons in your household:

Please check ONE: Provide your family’s total TAXABLE Income
 I filed taxes, My family’s **TAXABLE (not total)** income from the last calendar year was: .00

You can find your taxable income on line 15 (refer to example below)

<small>household, \$19,400</small>	12	Standard deduction or itemized deductions (from Schedule A)	12	
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2022)

I **DID NOT** file a Federal Income Tax Return for the last calendar year. My family’s income was: .00

I had no taxable income for the last calendar year (if you checked this option an additional form may be required)

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, as the parent and student agree to participate in ETS activities. I, the student, agree to do well in high school and pursue post-secondary education and I, the parent, will support and encourage my child in these efforts.

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.

Student Name (Please print name): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please print name): _____

Parent/Guardian Signature: _____ Date: _____