

Woodland Community College Educational Talent Search Application



**Student Information** 

		Student mil	1 mation	
Legal Name:	(Last)		0	Grade: 6 7 8 9 10 11 12
		(First)	(MI)	CD A.
				GPA:
-			(City)	(State) (Zip Code)
DOB://////	/ Student C	Gender: Female Mal	e Preferred Pronoun(s):	
T-Shirt Size (Adul	t): Student's Cell #:	. ( )	Check here, if ETS can	n send you, the student, text notification
			erican Hispanic or Latina	
Student Personal I	Email ( <b>DO NOT use schoo</b>	ol email):		
	participating in any of the ESA EAOP		neck all that apply. C Upward Bound Dther: _	
Do you have a phy	ysical or learning disability	? 🗌 Yes 🗌 No		
-	DENT, have any children w	who live with you (Teen P	arent)? 🗌 Yes 🗌 No	
Are you a foster y	outh? 🗌 Yes 🗌 No	-	e court? Yes No *Please	e provide documentation.
		Personal Sta	atement	
What would you	be interested in doing aft	er high school?		
		Parent/Guardian		
Student Resides		•	Only Darent & Stepparent	Foster parent(s)
Parent/Guardian		Other (specify):		
		Relationship.	Occupation:	
			0000pulloni	
			D Some College/No Deg	
Education Level.			rond	Associate s Degree
Have you received	d a four-year degree from a			
Parent/Guardian	<u>12</u>			
Name:		Relationship:	Occupation:	
Contact Phone:		Email:		
Education Level:		ol HS Diploma/GEI	D Some College/No Degr	ree Associate's Degree
Have you received	d a four-year degree from a			
Parent(s) preferr	ed language:	What p	rimary language is spoken at l	home?
		Contact us at (530) 6	661-2285 or wcctrio@yccd.edu	
este Testate			e of our offices or apply online:	G
		nmunity College Sibson Road	<u>Colusa County</u> 99 Ella St	
SCAN ME	woodland	l, CA 95776	Williams, CA	195987

Parent/Guardian Income Information				
APPLICATIONS WILL NOT BE PROCESSED, IF SECTION BELOW IS NOT COMPLETED. If appli please provide proof of foster care status and skip to the signature section. Otherwise answer ques	•			
What is the TOTAL number of persons in your household:				
Please check ONE: Provide your family's total <u>TAXABLE</u> Income I filed taxes, My family's <b>TAXABLE</b> (not total) income from the last calendar year was:	.00			
You can find your taxable income on line 15 (refer to example below)         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)	12 13 14 15			
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.       Cat. No. 11320B         I DID NOT       file a Federal Income Tax Return for the last calendar year. My family's income was:	Form <b>1040</b> (2023)			
I had no taxable income for the last calendar year (if you checked this option an additional form may be re-	quired)			

## 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:			