

o Other _____

19. Do you have a college/university in mind? o Yes o No If yes, please list: _____

SECTION 3 – Family Information

20. Applicant's current living arrangement:

- Both Parents
- Mother
- Father
- Legal Guardian
- Independent, not living with parents/guardians
- Foster home
- Other _____

21. Name of Parent/Legal Guardian(s) please print: _____

Work Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____

Emergency Contact Name (if different than above) _____ Phone: _____

Medical Insurance Carrier: _____ Member Number: _____

22. o Yes o No Does either of the applicant's parents hold a Bachelor's Degree from a four-year college or university?

SECTION 4 – Family Unit Size and Taxable Income Information

To be eligible for the program per federal guidelines, your family size and taxable income amount must be accurate. You may: (1) attach your most current tax form to this application, and/or (2) fill out the information below.

23. How many people live in the household (including the applicant and anyone supported by the household income)?

- 1 2 3 4 5 6 7 8 9 other _____

24. **IMPORTANT: TAXABLE INCOME**

Please report your taxable information and attach a copy of your most current tax form if possible. *You must include your taxable income for us to process your application!*

→ **Where to find your TAXABLE INCOME AMOUNT on your most recent tax form:**

Form 1040 on line 43, or **Form 1040A** on line 27, or **Form 1040EZ** on line 6
(Note: taxable income is usually quite a bit less than gross and adjusted income)

Put Taxable Income here:

\$ _____

25. Does the applicant participate in the free or reduced school meal program? o FREE o REDUCED o No

26. Are you receiving any public assistance (ADC, ADFC, Food Stamps, etc.)? o Yes o No

SECTION 5 – Student Conduct Contract

As a new participant in the TRiO ETS program, we must have a sincere commitment that you will take advantage of all opportunities and be responsible for your success in ETS. Because a limited number of students can be involved, it is important that you will be an active participant until you graduate high school and are enrolled at a college. Once accepted into the program, you must agree to the following to continue to participate in the program. If the contract is not followed at any point, the ETS program does reserve the right to dismiss you from the program.

1. I will maintain a good grade point average at all times.
2. I will participate in as many ETS activities as my schedule allows and seek out the ETS coordinator as needed.
3. I will abide by all rules and regulations of ETS and adhere to the school code and rules during ETS activities.
4. I will attend school regularly, have a positive attitude, and maintain good behavior at all times.
5. I will notify my ETS Coordinator of any personal or academic problems I am having.

- 6. I will accomplish the goals that have been set with my ETS coordinator and enroll in college after high school.
- 7. I will encourage my parents/guardians to be active in my academics and attend ETS parent meetings.

Student Signature _____

Date _____

SECTION 6 – Parent/Guardian Authorization

I hereby accept and assume all risks and responsibilities surrounding my child(ren)'s participation in the UW-Fox Valley Educational Talent Search Program. I agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Colleges, their officers, agents, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out my child(ren)'s participation in the activity.

I give permission for my child(ren) to go on supervised field trips authorized by the UW-Fox Valley Educational Talent Search Program. Transportation may be provided by bus or by private car.

I authorize the sponsors of this activity to seek medical assistance for my child(ren) on my behalf if needed, and have noted any special conditions. This authorizes University personnel to obtain treatment from any reasonably accessible health care institution should the need arise. I understand that I am responsible for the costs of all medical services and medications.

I grant permission for the UW-Fox Valley Educational Talent Search Program to obtain a copy of my child(ren)'s middle, high school, and/or college status, grade reports, transcripts and test scores concerning behavior and academic progress. I understand that this information will be used solely by the Educational Talent Search Program and the contents will be kept in the strictest confidence.

I grant permission for use of my child(ren)'s picture to be used in Educational Talent Search publications, which may include the website, brochures, reports, and marketing materials.

o Check here if you DO NOT want your child(ren)'s picture to be used in Educational Talent Search publications.

I understand that by signing this document, I am authorizing my child(ren) to participate in the UW- Fox Valley Educational Talent Search Program and release the University from responsibility for any harm incurred by the student. The Privacy of Information Act protects the information on this application.

By signing below, I certify that all information on this application is true and correct to the best of my knowledge. I agree to give proof of any information when asked by officials of the ETS Program. I understand that completion of this application does not guarantee acceptance into the ETS Program.



Sibling Name: Please Print	Gender	Date of Birth	Social Security #	Grade	School
1.	M or F				
2.	M or F				

Parent/Guardian Signature *(must be signed for participation in program)*

Date

Are there other siblings in grades 6-12 you would like to have ETS services? Please complete the information below.

PLEASE MAKE SURE YOU HAVE COMPLETED EACH SECTION OF THE APPLICATION.
YOUR COMPLETED ETS APPLICATION CAN BE HANDED INTO YOUR SCHOOL OFFICE OR MAILED TO THE ETS OFFICE. YOU WILL RECEIVE NOTICE OF YOUR CHILD'S STATUS BY MAIL.

How did you hear about the program? Teacher/Counselor Presentation Parent Conferences Other: _____

Office Use Only

- LI
- FG
- Checked School Record
- Meeting with Student/Parent

