**About Educational Talent Search**

Educational Talent Search (ETS) is a federally funded program housed at Indian River State College. The program has served St. Lucie County schools since 2002. ETS provides 600 students in grades 6-12 with academic advisement, tutoring, career exploration, financial aid/scholarship and college admissions assistance, college tours and cultural events, and helps them in making appropriate decisions regarding post-secondary school or training.

The ultimate goal of the ETS Program is to assure that our participants graduate from high school, apply and enter the college of their choice, secure financial aid/scholarships to pay for their college education, and graduate with a postsecondary educational credential.

ALL SERVICES PROVIDED FREE OF CHARGE TO PARTICIPANTS!!

---

**Frequently Asked Questions:**

**Q: Why do you need a copy of my income taxes?**  
A: Since services are provided FREE of charge to students, ETS must verify your family’s income using the Department of Education guidelines. For ETS to determine eligibility for participation, federal regulations require documentation on the applicant’s family size, # of exemptions, and taxable income for the preceding calendar year. ALL information is kept confidential and secure within our office.

**Q: What if I make too much money?**  
A: You can’t make too much money. ETS works with 600 students every year. 400 of those students MUST meet the income guidelines, but 200 of our yearly participants DO NOT have to meet the income guideline. EVERYONE qualifies.

**Q: Why do you need my child's social security card?**  
A: To show proof of US citizenship. If your child is not a US citizen, please provide a copy of the student’s and parent’s permanent resident cards.

**Q: Do I have to recertify or complete an application every year?**  
A: No. Once your student has provided all documentation and has been accepted, ETS automatically enrolls them for the following year and works with them through high school graduation.

---

**Application Checklist**

To eliminate delay in processing your application, please be sure the following is completed:

- [ ] Page 4 of the application is signed by the student/applicant and parent/guardian
- [ ] Attach copies of the following documents:
  - Student’s most recent report card
  - Student’s social security card,
    - Or parent’s and student’s permanent resident card
  - Parent/Guardian’s most recent 1040/1040A tax return (See example on back)
    - Submit the “Dependant Page” and the “Taxable Income Page”.
    - The tax return must be signed by the Parent/Guardian on the second page.
Indian River State College
Educational Talent Search

Participant Application

Information on this form is confidential. Complete all items on the application. Please use black or blue ink. Do not use pencil.

Part I: Biographical/School Information (Applicant/Student)

Name:

First Name

Middle Name

Last Name

Mailing Address:

House/PO Box Number

Street

City

State

Zip Code

Home Phone: (_______) _____________

Student Phone: (______) _____________

Email: ________________________________

Social Security No.: ___-____-_____

(Please attach copy of SS card)

Date of Birth: ___/___/_______

Age: ______

Gender: ☐ Male ☐ Female

Residency Status: ☐ U.S. Citizen ☐ Permanent Resident A# ________________ ☐ Other: ________________

Ethnicity: (Check only ONE) ☐ Hispanic, Latino or Spanish ☐ Non-Hispanic, Latino or Spanish

Race: (Check all that apply) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African-American

☐ Native Hawaiian or Pacific Islander ☐ White

1st Language: ________________

Do you speak English? ☐ Yes ☐ No

Mark all that apply: ☐ Disabled ☐ ESL ☐ Foster Child ☐ Migrant Student ☐ Special Education ☐ Teenage Parent

Current School: ________________

Grade: ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Student ID: ________________________________

Are you taking any Honors/Dual Enrollment/Advanced Placement/International Baccalaureate courses? ☐ Yes ☐ No

Indicate if you previously participated in or are currently a participant in the following programs.

☐ AVID ☐ CROP ☐ EOC ☐ Upward Bound ☐ Upward Bound Math & Science ☐ Other

Part II: Needs/Interests Assessment

Check off all areas that interest you.

☐ Academic Advisement ☐ Career Exploration ☐ College Advising

☐ College Tours/Trips ☐ Communication Skills ☐ Course Selection

☐ Decision Making Skills ☐ Goal Setting ☐ High School/College Life

☐ Job Skills ☐ Mentoring ☐ Note Taking Skills

☐ Personal Finance ☐ SAT/ACT Tests ☐ Scholarships/Financial Aid

☐ Study Skills ☐ Technology Training ☐ Test Taking Skills

☐ Time Management ☐ Tutoring

What career interests do you have? ____________________________________________

What type of degree would you like to pursue in college?

☐ Certificate ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctoral/Ph.D.

Indicate your strongest subject(s) in school:

__________________________________________

Indicate your weakest subject(s) in school:

__________________________________________

In your opinion, what are the major areas where you need assistance?

☐ Communication Skills ☐ English ☐ Math ☐ Science ☐ FCAT

☐ Foreign Language ☐ Study Skills ☐ Other: ________________________________
Part III: FAMILY/INCOME INFORMATION

With Whom Does The Applicant/Student Live? Check all that apply.

☐ Father  ☐ Mother  ☐ Stepfather  ☐ Stepmother  ☐ Foster Parent(s)  ☐ Court Ordered Legal Guardian
☐ Other ____________________

Parent/Guardian #1: Name: ________________________________
Relation: Mother / Father / Step-parent / Other ________________________________
Occupation: ________________________________
Contact Number: Cellular _____________________ Work _____________________
Email: ________________________________
1st language ________________________________ Does parent/guardian speak English? ☐ Yes ☐ No

Highest level of education completed in USA:
☐ HS Diploma/GED  ☐ Associate  ☐ Bachelor  ☐ Master  ☐ Doctorate  ☐ Did NOT graduate from high school

Parent/Guardian #2: Name: ________________________________
Relation: Mother / Father / Step-parent/ Other ________________________________
Occupation: ________________________________
Contact Number: Cellular _____________________ Work _____________________
Email: ________________________________
1st language ________________________________ Does parent/guardian speak English? ☐ Yes ☐ No

Highest level of education completed in USA:
☐ HS Diploma/GED  ☐ Associate  ☐ Bachelor  ☐ Master  ☐ Doctorate  ☐ Did NOT graduate from high school

Which income tax form did you file last year? (Please attach signed copy of last year’s tax return)

Form #  Taxable Income
☐ 1040  $__________
☐ 1040EZ  $__________
☐ 1040A  $__________

-OR-  ☐Parent(s)/Guardian(s) DID NOT file income tax forms this past year

-AND-  Received the following (check all that apply):

Please indicate the Annual Benefited Amount below AND attach copy of documentation

☐ Social Security  $__________  ☐ Welfare/A.F.D.C  $__________
☐ Disability  $__________  ☐ Unemployment Insurance  $__________
☐ Foster Child  $__________  ☐ Food Stamps  $__________
☐ Veteran’s Benefits  $__________  ☐ Other (please explain below)  $__________

Family size ________  (total number of people living in the household or supported by parent/guardian)

I/We, the undersigned, declare under penalty of perjury that all the income reported on this application is true, complete, and accurate to the best of my knowledge.

__________________________ ____________________________ ______________
Signature of Parent/Guardian  Relationship to applicant  Date

This information is protected by the Privacy Act. No one may see the information unless they work with, or for the Educational Talent Search Program, or are specifically authorized to see it.
Health & Wellness Center
MEDICAL CONSENT FORM

Student’s Name: ____________________________ Sex: M____ F____

Birthdate: ____________________________ Parent/Guardian: ____________________________

Home Address: ____________________________ Telephone #: ____________________________

Allergies: ____________________________ Parent Work #: ____________________________

Dear Parent or Guardian:

IRSC’s Health and Wellness Center provides student health care services under the supervision of a registered nurse. It is necessary for you to sign this form for your child to receive student health care if he/she is under the age of 18. Your signature below authorizes the appropriate treatment for your child, which may include:

1. First Aid Care.
2. Treatment of health problems (stomachaches, earaches, headaches, cuts, sores, colds, coughs, ringworms, etc.).

Please indicate any special needs your child may have:

________________________________________________________________________

________________________________________________________________________

Your signature on the line below indicates you consent for treatment:

Parent/Guardian: ____________________________ Date: ____________________________

________________________________________________________________________

Please sign below if you do not want the health team to provide any services to your child:

Parent/Guardian: ____________________________ Date: ____________________________

If you have any questions, please contact the Health and Wellness Center at 772-462-7825
RECORDS RELEASE
I authorize the release of school records for the applicant’s file that may be requested by Educational Talent Search at Indian River State College. I understand that the U.S. Department of Education funds Educational Talent Search and will use these records to provide academic advisement and other services. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education.

This authorization release includes, but is not limited to, the following records:
- Official School Transcript
- Student History File with test scores
- Academic History with test scores
- Information concerning disciplinary actions
- Test Results (PSAT, SAT, ACT, TABE, PERT, FCAT if available)

Note: A photocopy of this record release form should be accepted as an original and the date of the application has no bearing when the Indian River State College Educational Talent Search Program requests the information.

MEDICAL AUTHORIZATION
If medical services are needed by my son/daughter while participating in the Educational Talent Search program or on field trips, I give my permission for my son/daughter to receive any medical services deemed necessary.

ACTIVITY AND FIELD TRIP AUTHORIZATION/RELEASE
As the parent/guardian of the applicant I do willingly execute this release in consideration of the educational benefit to be derived by my child in participating in Educational Talent Search, a College sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by my child for loss of property, personal injury or death sustained by my child arising out of travel or activity conducted by or under the control of the College. I understand that the term “College” as used herein shall include the employees, administrators, agents, and Board of Trustees of the College.

PHOTO RELEASE
I hereby grant Indian River State College Educational Talent Search permission to photograph/video my son/daughter and/or to use their likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Indian River State College Educational Talent Search, in perpetuity, and for other uses by the College or Program. I will make no monetary or other claim against Indian River State College Educational Talent Search for the use of the photograph(s)/video.

By signing, I hereby acknowledge and certify that the information contained in this application, and any attached supporting documentation provided, is true and correct.

Parent/Guardian Signature: ___________________________ Date: _____________
Applicant/Student Signature: ___________________________ Date: _____________

Do not write in this box. For ETS use only.

Recruitment: _____ Orientation: ______ Application rec’d: ______

Indian River State College does not discriminate on the basis of race, color, nationality, ethnicity, gender, religion, age, disability, sexual orientation, marital status, veteran status, or genetic information in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies:

Dean of Minority Affairs • IRSC Main Campus
3209 Virginia Avenue • Fort Pierce, FL 34981
(772) 462-7606