



East Tennessee State University Educational Talent Search

Application

ETSU at Kingsport
1501 University Blvd.
Kingsport, TN 37660
(423) 392-8041

**Complete (BOTH SIDES) of Application with REQUIRED signature & date.
Applications will NOT be accepted via FAX. Only ORIGINAL applications will be accepted.**

Student's Full Official Name (print): _____ Goes by _____
First Name Middle Name Last Name
 ___ Male ___ Female Student Social Security No. (held in strict confidentiality) _____ - _____ - _____

Student's Date of Birth _____ Current Age _____
 Mailing Address _____ City _____ Zip Code _____

Student Cell Phone (_____) _____ Parent Phone (_____) _____

Student E-mail Address (only if used regularly) _____

School _____ Current Grade _____

Student can only participate in one TRIO Program at a given time (Educational Talent Search, Upward Bound (UB), or UB Math Science)
 ___ I am not a participant in any other TRIO Program.

Do you have sibling(s) in the Educational Talent Search program? ___ Yes ___ No Name(s) _____

Student is a U.S. Citizen or Permanent Resident: ___ Yes ___ No

ETHNIC BACKGROUND (Ethnic information is for statistical data only, and is not a factor in program eligibility):
Do you consider yourself to be Hispanic/Latino? ___ Yes ___ No
 In addition, select one or more racial categories that apply:
 ___ American Indian/Alaskan Native ___ Asian ___ African American/Black
 ___ Native Hawaiian/Pacific Islander ___ Caucasian/White ___ Specify Other _____

Parent / Guardian FIRST Name	Parent / Guardian LAST Name	Relationship to Student	Graduated from a 4-year college		If yes, indicate name of College & Year of Graduation
			Yes	No	

PARENT/GUARDIAN EMAIL ADDRESS (print clearly): _____

PARENT/GUARDIAN CELL PHONE: (_____) _____ - _____ (_____) _____ - _____

*The term parent applies to the parent/parents with whom the student regularly resides.

The Parent/Guardian (P/G) rights are with: Both Parents Single Parent Parent & Step-parent / partner
 Grandparent Aunt/Uncle/Sibling Other _____
 Court-Appointed Foster Parent **(please attach copy of foster-care documents)**
 Court-Appointed Legal Guardian **(please attach copy of guardianship documents)**
 Family Guardian, no court or legal document, but I have Educational/Medical Rights for said student.

How many people live in your household? _____

YES, The family filed a Federal Income Tax Report for last tax year.

Indicate your **TAXABLE INCOME** from 2020 Income Tax from Form 1040 Line 15.

- did not pay taxes or taxable income below \$19,320
- from \$19,321 to \$26,130
- from \$26,131 to \$32,940
- from \$32,941 to \$39,750
- from \$39,751 to \$46,560
- from \$46,561 to \$53,370
- from \$53,371 to \$60,180
- from \$60,181 to \$66,990
- greater than \$66,990

Attached is a **signed** copy of most recent federal tax form.

NO, The family DID NOT File a Federal Income Tax Report for last tax year.

Check all sources of income:

- ALIMONY CHILD SUPPORT
- DISABILITY SSI VETERAN BENEFITS
- RETIREMENT UNEMPLOYMENT
- SOCIAL SECURITY SURVIVOR'S BENEFITS
- SOCIAL SERVICES TANF/ Food Stamps/ HUD Assistance
- OTHER (write in): _____

PUBLICITY PERMISSION

I hereby authorize Educational Talent Search (ETS) Program and East Tennessee State University to (a) record my likeness and/or voice on ETS video, audio, ETS activity/event photographs, digital, electronic medium, press releases, news sources or other mediums (b) to use my name in connection with these recordings (c) to use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/ www) these recordings for student and ETS publicity, that the ETS Program/University deems appropriate, including program promotional efforts. I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the Educational Talent Search Program and the University. I have read and fully understand the terms of this release. PARENT INITIALS _____ STUDENT INITIALS _____

EDUCATIONAL RECORDS RELEASE

I authorize the release of official school records (e.g., student transcripts, educational support documents, progress reports, test scores, free/reduced lunch reports) and permission to verify postsecondary enrollment and financial aid eligibility to ETSU Educational Talent Search. Additionally, I also allow Educational Talent Search to track and follow my child until he/she graduates from college. I understand that the information in these records will be used only to assess the student need for program services, discern his/her educational progress, evaluate the effectiveness of program services, aid in completing postsecondary, financial aid and scholarship applications, and fulfill statistical program reporting requirements. I further understand that my records will be strictly confidential.

I also grant permission for my child to participate in/access Khan Academy, an online educational resource utilized by Talent Search staff and students.

Print Student's Full Name

Student's Social Security Number (required for program)

I understand, and give permission for participation, publicity, and records release. I verify that all information given on this application is true, and to the best of my knowledge is correct.

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



East Tennessee State University Educational Talent Search Request for Services

Name _____

What are your future career plans?

What are your educational plans after high school?

How are your parents/guardians involved in your education?

Cumulative Grade Point Average (GPA): _____ AND/OR
The number of most recent letter grades: A's _____ B's _____ C's _____ D's _____ F's _____

Student has the ability and desire to continue education beyond high school: ___Yes___No

Indicate any services with which Educational Talent Search can help you:

- | | |
|---|--|
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Test Prep (including ACT) |
| <input type="checkbox"/> Career Guidance | <input type="checkbox"/> College Admission Assistance |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> Paying for college/Financial Aid Assistance |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Academic Planning |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Tutoring/Tutoring Referral | <input type="checkbox"/> College Visits |

Student's Signature

Date

Completed Form must be returned with your Talent Search application.

RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

Program Information

Program Name: East Tennessee State University Educational Talent Search

Participant Information

Participant Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____

I am the parent or legal guardian of the Participant named above ("Participant"), who is under eighteen (18) years of age. I am fully competent to sign this Release, Hold Harmless, and Indemnification Agreement ("Agreement"). In consideration for Participant being allowed to participate in the Program identified above ("Program"), the receipt and sufficiency of which I hereby acknowledge, I agree as follows:

1. I acknowledge, understand, and accept that as part of Participant's participation in the Program there are dangers, hazards, and inherent risks to which Participant may be exposed, including but not limited to the risks of serious physical injury, temporary or permanent disability, death, and economic and property loss. I know of no reason why Participant should not participate in the Program.
2. I, individually, and on behalf of Participant and our respective heirs, successors, assigns, and personal representatives, hereby forever release, acquit, discharge, covenant not to sue, and agree to indemnify and hold harmless for any and all purposes East Tennessee State University and its trustees, officers, employees, agents, and volunteers in official and individual capacities ("Releasees") from any and all liability whatsoever for any and all damages, losses, or injuries (including but not limited to death) to persons or property or both, including but not limited to any and all claims, demands, actions, cause of actions, damages, losses, injuries, costs, expenses, and attorney's fees, that result from, arise out of, or are related to:
 - a. Participant's participation in the Program, Participant's travel to or from the Program, or Participant's presence on premises owned, leased, or operated by Releasees, *INCLUDING BUT NOT LIMITED TO DAMAGES, LOSSES, OR INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES;*
 - b. the administration of prescription or over-the-counter medication to Participant, and/or the failure to administer prescription or over-the-counter medication to Participant, *INCLUDING BUT NOT LIMITED TO DAMAGES, LOSSES, OR INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES;* or
 - c. medical treatment of Participant, any decision whether to seek medical treatment for Participant, and/or traveling to or from a medical care facility, *INCLUDING BUT NOT LIMITED TO DAMAGES, LOSSES, OR INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES,* even if a Releasee has signed medical documentation promising to pay for the treatment due to my inability to sign the documentation.
3. I, individually, and on behalf of Participant and our respective heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless the Releasees for any and all damages, losses, or injuries (including but not limited to death) to persons or property or both, including but not limited to any and all claims, demands, actions, cause of actions, damages, losses, injuries, costs, expenses, and attorney's fees, that result from, arise out of, or are related to Participant's negligent or intentional act(s) or omission(s) during Participant's participation in the Program, Participant's travel to or from the Program, or Participant's presence on premises owned, leased, or operated by Releasees.
4. I agree that this Agreement shall be governed by the laws of the State of Tennessee. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and if any provision of this Agreement is held invalid, I agree that the remaining provisions shall, notwithstanding, continue in full legal force and effect.
5. In signing this Agreement, I acknowledge and represent that I have read and understand it and sign it voluntarily, and no oral representations, statements, or inducements apart from the foregoing Agreement that has been reduced to writing have been made.

Signature of Participant's Parent or Legal Guardian: _____

Printed Name of Participant's Parent or Legal Guardian: _____

Date: _____