THE UNIVERSITY OF AKRON
Educational Talent Search
Adult Enrollment Application
www.uakron.edu/app/ets/
Ayer Hall 317
Akron, Ohio  44325-7909
(330) 972-5771

***Please be sure to complete all sections of the application. Failure to complete the application will delay your acceptance into the program.**

This application should only be completed by applicants 18 years of age and older and not enrolled in high school.*

PERSONAL INFORMATION: (PLEASE PRINT)

Name: _____________________________________________________________________________________________________

Last  First  Middle Initial

Address: ________________________________________________________________________________________________

City: ___________________ State: _______ Zip Code: ___________

Home Phone #: ____________ Cell Phone #: ________________ Work Phone #: __________________________

Social Security #: __________-_________ Date of Birth: _______________ Age: __________

□ Consideration for physical limitations  □ Consideration for hearing limitation

Gender: □ Male  □ Female  Ethnicity: □ Black/African American  □ Hispanic/Latino  □ More than one race reported

□ White/Caucasian  □ Asian  □ African  □ American Indian  □ Native Hawaiian/Pacific Islander

Are you a U.S. Citizen? □ Yes □ No  If no, what is your residency status? ____________________  Are you a veteran? □ Yes □ No

What languages are spoken at home? ____________________________ Where were you born? ____________________

Place of Employment: ___________________________________________ Phone: ______________________

Emergency contact and how related to applicant: ___________________________ Phone: ______________________

EDUCATIONAL/CAREER INFORMATION:

List the name of the last school attended __________________________ Dates: ______________________

Check your current educational level (CHECK ONLY 1):

□ Did not complete high school  □ GED Certificate  □ Currently taking GED classes  □ High School Graduate _____ year

□ College (number years attended) _____ Name of school attended __________________________

NEED FOR ETS SERVICES (please take time to think about this section):

Please indicate the areas in which you/your student need assistance from the ETS program:

□ Career Assessments/Exploration  □ Cultural and Educational Activities

□ Financial Aid Advising  □ College Campus Visits  □ College Admissions

□ Academic Advising  □ GED Referrals  □ College Selection

□ ACT/SAT Test Resources  □ Study Skills/Test Taking Strategies  □ College Readiness Information

□ Other ____________________________
College Enrollment Information

List your career or major interests: ____________________________________________

List the post-secondary schools, colleges or universities you are interested in attending:
1) ______________________________________ 2) ______________________________________ 3) ______________________________________

Please give the date (month and year) you plan to begin your post-secondary (college) education:  □ Fall (August) _________
□ Spring (January) _____________  □ Summer (June) _____________

ACT/SAT results: (for those under 21 at the time of application). Most universities require the ACT or SAT for students under 21.
□ Yes, I have taken the ACT or SAT  □ No, I have not taken the ACT or SAT)

Who referred you to ETS: ____________________________________________________________

ELIGIBILITY/INCOME INFORMATION:

The University of Akron's Educational Talent Search project is federally funded by the U.S. Department of Education; therefore, we must document your family's income for the purpose of determining your eligibility status.

Please check below the source(s) of your family income and the range of your total taxable family income. “Taxable income” is the amount you earned after exemptions and deductions are figured. If you filed an income tax form, use the Adjusted Gross Income of your 1040 EZ for. Please ask us if it is not clear what to fill in.

<table>
<thead>
<tr>
<th>SOURCE(S) of FAMILY INCOME</th>
<th>TOTAL FAMILY ANNUAL INCOME</th>
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<tbody>
<tr>
<td>□ Employment</td>
<td>□ $0 - 17,505</td>
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<tr>
<td>□ Public Assistance (TANF/ADC/DA, Food Stamps, Medicaid)</td>
<td>□ $17,506 – 23,595</td>
</tr>
<tr>
<td>□ Social Security Benefits</td>
<td>□ $23,596 – 29,685</td>
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<tr>
<td>□ Unemployment</td>
<td>□ $29,686 – 35,775</td>
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<tr>
<td>□ Veteran's Benefits</td>
<td>□ $35,776 – 41,865</td>
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<tr>
<td>□ Other:</td>
<td>□ $41,866 – 47,955</td>
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<td>□ $47,956 – 54,045</td>
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<td></td>
<td>□ $54,046 – 60,135</td>
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<td>□ $60,136 and up</td>
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How many people in the household are supported by the above income? ___________

Do you have a 4 year college degree? Yes □  No □

Does either parent (natural or adoptive, do not include step-parent) with whom you live have a 4 year college degree?
Yes □  No □

Income Verification Statement

I certify that the income information as stated above is accurate and that this application has been filled out completely and correctly to the best of my knowledge. I understand that the Educational Talent Search Program will only provide services for one calendar year. I understand that it is my responsibility to provide updated information regarding my post-secondary enrollment status to ETS personnel.

___________________  ___________________
Signature of Applicant  Date
Write briefly why you want to be in the Educational Talent Search (ETS) Program and what you want to receive from the program.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

___________________________

_________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

CHECK LIST

☐ I have entered my social security number.
☐ I have completed & signed the Emergency Medical Form.
☐ I have completed & signed the Adult Permission and Release Form.
☐ I have completed & signed the School Record Release Form.
☐ I have completed & signed the application.

I certify that the income information as stated above is accurate and that this application has been filled out completely and correctly to the best of my knowledge. I understand that as an ETS participant who is not currently enrolled in either high school or a post-secondary program, I am eligible for services until I enroll in a post-secondary program. I understand that I am expected to strive toward my goal of enrollment through attendance at workshops, field trips or office visits. I will notify ETS of the date and the name of the institution when I do enroll in a post-secondary program.

APPLICANT SIGNATURE of COMMITMENT:

Signature of Applicant ___________________________ Date ____________

The Educational Talent Search program is sponsored by The U.S. Department of Education and The University of Akron. The total dollar amount of federal funds awarded in the four year grant period (2006-2010) is approximately $1,716,699.

It is the policy of this institution that there shall be no discrimination against any individual at The University of Akron because of age, color, creed, handicap, national origin, race, religion, sex, or sexual orientation. The University of Akron will not tolerate sexual harassment of any form in its programs and activities.
TO BE COMPLETED BY:
ADULT PARTICIPANTS

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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I, ________________________________, hereby consent to the release of my school/college records to The University of Akron’s Educational Talent Search program. I understand that these records may include: high school/college transcripts, grade reports, test results and financial aid award information. I also grant permission to the Educational Talent Search staff to speak with teachers/counselors/principals at my school in order to obtain and exchange information as part of the services I will receive through the Educational Talent Search program. I further understand this information will be kept on file in the Educational Talent Search office and will be kept confidential.

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<thead>
<tr>
<th>Signature</th>
<th>Social Security Number</th>
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