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

PERSONAL INFORMATION: (PLEASE PRINT)

SOCIAL SECURITY #: __________ - _______ - _______

Name: ___________________________ ___________________________ ___________________________

Address: ____________________________________________________________________________ Akron, OH Zip Code: __________

Home Phone #: ___________________________ Student Cell Phone #: ___________________________

Date of Birth: ___________________________ Age: __________

Email Address: ___________________________

Gender: □ Male □ Female

Ethnicity: □ Black/African American □ White/Caucasian □ Asian □ African
□ Hispanic/Latino □ American Indian □ Native Hawaiian/Pacific Islander □ More than one race reported □ Other

What languages are spoken at home? ___________________________ Where were your parents born? ___________________________

□ Consideration for physical limitation □ Consideration for hearing limitation

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

Mother’s Name: ___________________________ Father’s Name: ___________________________

Mother’s Place of Employment: ___________________________ Father’s Place of Employment: ___________________________

Mother’s Work Number: ___________________________ Father’s Work Number: ___________________________

Mother’s Cell Number: ___________________________ Father’s Cell Number: ___________________________

Email Address: ___________________________ Email Address: ___________________________

EDUCATIONAL/CAREER INFORMATION:

What school do you currently attend? ___________________________ Last Grade Completed: __________

What school will you attend next year? ___________________________ Year you will graduate high school: __________

YOU MUST ATTACH YOUR MOST RECENT REPORT CARD

NEED FOR ETS SERVICES: (STUDENTS, YOU MUST FILL OUT THIS SECTION)

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

□ Taking College Prep Classes □ 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 □ Tutoring
□ OGT Preparation □ Other ___________________________
What do you plan to do after high school? ________________________________________________________________

List your strongest subject(s): ______________________________ Weakest: ______________________________

List your most favorite subject(s): ______________________________ Least Favorite: ______________________________

Extracurricular Activities/Employment (school, church, work, etc.): __________________________________________________

List your career interests: __________________________________________________

List the post-secondary schools, colleges or universities you are interested in attending: ______________________________

Please give the date (month and year) you plan to begin your post-secondary (college) education: ______________________________

Who referred you to ETS: __________________________________________________

ELIGIBILITY INFORMATION:

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

With whom do you usually live? (Name) ______________________________ (Relationship) ______________________________

If you are under age 18, are you in foster care? □ Yes □ No

Are you a participant in any other AAP program such as Upward Bound or Upward Bound Math Science? □ Yes □ No

If yes, which program? ________________________________________________

Are you a participant in any other Pre-College program, such as STEP, Young Scholars, etc.? □ Yes □ No

If yes, which program(s)? ________________________________________________

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

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

CERTIFYING STUDENT SIGNATURE:

I certify that this application has been filled out completely and correctly to the best of my knowledge. I understand that I am required to keep a grade point average of at least 2.30 to remain in the program and to attend special activities such as field trips. I further understand that I must attend at least 2 ETS activities each program year (September 1 to August 31). I understand that if I attend a school other than an Akron public school, I must give ETS a copy of each report card and must maintain contact with my appointed Educational Specialist.

Signature of Student Applicant ____________________________________________ Date __________________________
ELIGIBILITY/INCOME INFORMATION:

The University of Akron's Educational Talent Search project is federally funded, 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 Taxable Income of your 1040 EZ form. Please ask us if it is not clear what to fill in.

<table>
<thead>
<tr>
<th>SOURCE(S) of FAMILY INCOME</th>
<th></th>
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<tbody>
<tr>
<td>□ Employment</td>
<td>□ Public Assistance (TANF, OWF, Food Stamps)</td>
</tr>
<tr>
<td>□ Unemployment</td>
<td>□ Public Assistance (Medicaid only)</td>
</tr>
<tr>
<td>□ Social Security Benefits</td>
<td>□ Veteran's Benefits</td>
</tr>
<tr>
<td>□ Other: ____________________</td>
<td>□ Child eligible for free lunch</td>
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<tr>
<td>□ Child eligible for reduced lunch</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL FAMILY ANNUAL INCOME</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ $0 – 17,505</td>
<td>□ $29,686 – 35,775</td>
</tr>
<tr>
<td>Amount $_________</td>
<td>Amount $_________</td>
</tr>
<tr>
<td>□ $17,506 – 23,595</td>
<td>□ $35,776 – 41,865</td>
</tr>
<tr>
<td>Amount $_________</td>
<td>Amount $_________</td>
</tr>
<tr>
<td>□ $23,596 – 29,685</td>
<td>□ $41,866 – 47,955</td>
</tr>
<tr>
<td>Amount $_________</td>
<td>Amount $_________</td>
</tr>
<tr>
<td>□ $47,956 – 54,045</td>
<td>□ $54,046 – 60,135</td>
</tr>
<tr>
<td>Amount $_________</td>
<td>Amount $_________</td>
</tr>
<tr>
<td>□ $54,046 – 60,135</td>
<td>□ $60,136 and up</td>
</tr>
<tr>
<td>Amount $_________</td>
<td>Amount $_________</td>
</tr>
</tbody>
</table>

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

Is the head of household □ Male or □ Female? What is the student’s relationship to that person? ______________________

How many people in the household are supported by the above income? _________

CERTIFYING PARENT/GUARDIAN SIGNATURE:

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 my student is required to keep a grade point average of at least 2.30 to remain in the program and to attend special activities such as field trips. I further understand that he/she must attend at least 2 ETS activities each program year (September 1 to August 31). I understand that if he/she attends a school other than an Akron public school, we must give ETS a copy of each report card and must maintain contact with our appointed Educational Specialist.

_________________________________________       _____________
Parent/Guardian Signature                  Date

Educational Talent Search (ETS) looks forward to helping your child prepare for life after high school. However, we need your help and the commitment of your child to want to pursue a post-secondary education.
As the parent/guardian of: _____________________________________________ Name of Student (Please include First Name, Middle Initial and Last Name)

I authorize and permit my student to participate in field trips, activities, and events offered by the University of Akron Educational Talent Search program. Further, I warrant and represent that:

1. My student is in good health and physically fit to participate in ETS field trips, activities, and events. There are no medical reasons, except as noted on the Medical Emergency Treatment Consent Form located on the back of this form, that preclude or limit my student’s participation in any field trips, activities, or events.

2. I know The University of Akron does not have medical insurance. Should my student need medical attention, I have adequate insurance to meet this need.

3. I am aware of the clothing needs for field trips, activities and events, and I will insure that my student is appropriately dressed.

4. I am aware that in any field trip, activity or event there are certain risks. I have explained to my student the appropriate behavior expected for participation in field trips, activities, and events and that my student must obey all rules, regulations and instructions given or applicable for the field trip, activity, or event in which he/she is a participant.

5. I agree that The University of Akron and anyone associated with it will not be liable for:
   a. any loss, injury or death related to the field trip, activity, or event except that caused by an employee as a result of his or her gross negligence or intentional tort; or
   b. any loss, injury or death that occurs as a result of another student's action or failure to act, or those of a nonparticipant's actions or failure to act related to this field trip, activity, or event.

Further, I agree to indemnify and hold harmless The University of Akron and its Board of Trustees, officers, faculty and staff, from any claims whatsoever occasioned in any of these situations for which I have agreed that The University of Akron shall not be liable.

I have read this Release form. I understand the form and all words used in the form.

_________________________________________ ____________________________
Parent/Guardian Signature Date

Internet Acceptable Use Release

I understand my child has applied to The University of Akron (UA) for computer access and my permission is needed before the account can be activated.

I further understand access to computers and computer networks open the door to a wide range of educational and entertainment material on the Internet, including some adult material. I acknowledge that UA cannot screen the material on the Internet.

By signing below, I acknowledge having read the statements above and, agreeing to these terms and conditions, give my permission for the University to give the above-named child access to University computers and computer networks, and to all of the material accessible by those means. I agree to take responsibility for my child’s use of the computers and networks.

_________________________________________ ____________________________
Parent/Guardian Signature Date