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

PERSONAL INFORMATION: (PLEASE PRINT)

SOCIAL SECURITY #: ___________ - ___________ - ___________

Name: ________________________ Last ___________ First ___________ Middle Initial ___________ Akron, OH Zip Code: ___________

Home Phone #: _________________ Student Cell Phone #: _________________

Date of Birth: _________________ Age: _________________

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

Email Address: ______________________

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? ______________________

Parent/Guardian Name: ______________________ Parent/Guardian Name: ______________________

Place of Employment: ______________________ Place of Employment: ______________________

Work Number: ______________________ Work Number: ______________________

Cell Number: ______________________ 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
□ Financial Aid Advising □ Cultural and Educational Activities
□ Academic Advising □ College Campus Visits
□ ACT/SAT Test Resources □ GED Referrals
□ OGT Preparation □ Study Skills/Test Taking Strategies
□ Other: ______________________

Revised 10/10/19 v.r.
What do you plan to do after high school?

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

List your 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(s)/guardian(s) 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 UBC □ Yes □ No

Are you a participant in UB Math/Science □ Yes □ No

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 (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 ______________

Revised 10/10/19 v.r.
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>
<td>□ Child eligible for free lunch</td>
<td></td>
</tr>
<tr>
<td>□ Unemployment</td>
<td>□ Public Assistance (Medicaid only)</td>
<td>□ Child eligible for reduced lunch</td>
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<tr>
<td>□ Social Security Benefits</td>
<td>□ Veteran's Benefits</td>
<td>□ Other: ____________</td>
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TOTAL FAMILY ANNUAL INCOME

<table>
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<tr>
<th>□ $0 – 18,735</th>
<th>□ $31,996 – 38,625</th>
<th>□ $51,886 – 58,515</th>
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<td>Amount $</td>
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<tr>
<th>□ $18,736 – 25,365</th>
<th>□ $38,626 – 45,255</th>
<th>□ $58,516 – 65,145</th>
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<td>Amount $</td>
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<tr>
<th>□ $25,366 – 31,995</th>
<th>□ $45,256 – 51,885</th>
<th>□ $65,146 and up</th>
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<td>Amount $</td>
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Does either parent(s)/guardian(s) 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.*

Revised 10/10/19 v.r.
SCHOOL RECORD RELEASE 2019-2020

PRINT INFORMATION

<table>
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<tr>
<th>Student's Last Name</th>
<th>First</th>
<th>Middle</th>
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<thead>
<tr>
<th>Date of Birth (Month, day, and year)</th>
<th>Male/Female</th>
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<tr>
<th>Name of School Attending</th>
<th>Grade</th>
<th>Counselor Name</th>
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I hereby grant permission for the officials at my child's school to release copies of his/her permanent record, test scores, and grades to the Educational Talent Search Program at The University of Akron. Permission for the release of my child's school records will remain in effect until he/she is no longer a program participant or until he/she has graduated from high school.

Confidentiality of school records is protected by state and federal law. Any person/facility receiving authorized information may not make further disclosure without the written consent of the person to whom it pertains.

I understand that I can revoke this authorization at any time by providing written notice to the person/facility who I designated to release the information. I understand that any information released prior to revocation cannot be retrieved and neither person/facility receiving the information will be held responsible for such.

I hereby release Educational Talent Search, The University of Akron, and its employees and agents from all legal responsibilities or liabilities that may arise from this act.

Parent/Guardian Signature | Print Name | Date

The Educational Talent Search program is sponsored by The US Department of Education and The University of Akron. The total dollar amount of federal funds awarded in the five-year grant period (2016-2021) is approximately $2,332,800.
The University of Akron Educational Talent Search (ETS) is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between Akron Public Schools and The University of Akron Educational Talent Search (ETS).

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow The University of Akron Educational Talent Search (ETS) to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide The University of Akron Educational Talent Search (ETS) access to your child’s Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from The University of Akron Educational Talent Search (ETS) to Akron Public Schools; and from Akron Public Schools to The University of Akron Educational Talent Search (ETS). SEI is acting on behalf of both parties to match the information provided by The University of Akron Educational Talent Search (ETS) with your child’s school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student’s academic success and achievement, and to evaluate services being offered. No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.

**PARENT/GUARDIAN CONSENT**

I give consent for Summit Education Initiative to provide secure sharing of my child’s personally identifiable information between The University of Akron Educational Talent Search (ETS) and the Akron Public Schools. I understand the following information will be shared:
- Student Name, grade level and date of birth, student ID number
- School district name and school building name
- Course grades and Grade Point Average
- National and state test results
- Attendance records (classroom and school absence totals, both excused and unexcused)
- Results of surveys administered at the building and/or district level

I understand that my child’s information will only be shared between Summit Education Initiative, The University of Akron Educational Talent Search (ETS) and the Akron Public Schools, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is 18 years old, unless it is revoked by me in writing, or unless my child is no longer affiliated The University of Akron Educational Talent Search (ETS) or registered as a student in Akron Public Schools. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.

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<th>Parent/Guardian Name (print)</th>
<th>Date of Consent</th>
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<th>Parent/Guardian Signature</th>
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<table>
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<th>Child’s Name</th>
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<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Child’s School District</th>
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<th>Child’s School Building</th>
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<tr>
<th>Child’s School Student Number</th>
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Revised 10/10/19 v.r.
University of Akron Educational Talent Search Program
Health Information Form
Student Health Services

This page is to be filled out by a parent or guardian on every child attending University of Akron Programs.
To avoid confusion: ONLY ONE CHILD PER FORM. Please photocopy this page if you need additional forms.

Child’s Name ____________________________ Last ________ First ________ Initial ________ Age ________

Parent or Guardian ________________________ Day phone: ( ________ ) ________

Parent or Guardian ________________________ Day phone: ( ________ ) ________

Home Address ______________________________ Hm phone: ( ________ ) ________

City ___________________________ State ______________ Zip ________________

If neither the parent(s) nor guardian(s) are available in an emergency notify:

Name ___________________________ Day phone: ( ________ ) ________

Address ___________________________ Hm. phone: ( ________ ) ________

Child’s Physician ________________________ Bus. Phone: ( ________ ) ________

Medical Insurance Information – Please complete all sections

Primary Insured’s Name ___________________________ Policy # ________

Medical Insurance Company ___________________________ Group # ________

Insurance Company Address ____________________________

This section must be completed for attendance

Statement of Wellness for Participation:
I, ___________________________ do hereby verify that my child, ___________________________ to the best of my knowledge is free from contagious disease, is fully immunized, and can participate fully in the program.

Signed ___________________________ Date ______________

Parent/guardian

Permission to Administer Emergency Treatment:
In the case of a medical emergency and the event that the parent/guardians named on this form cannot be reached, I hereby give my permission for emergency treatment to be administered to my child, named above. I agree to assume financial responsibility for all expenses associated with the emergency care and/or transportation for said child. Additionally, I agree not to hold University of Akron Summer Programs, its officers, or its employees, liable for any injury or losses related to the emergency care my child receives.

Signed ___________________________ Date ______________

Parent/guardian

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Revised 10/10/19 v.r.
Please list allergies, significant illness, surgery, accidents, or other medical restrictions or limitations:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

List any regular medication currently being used:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Permission for Over the Counter Medications:
I authorize the school nurse, or athletic trainer to administer the following over the counter medications at their discretion.
Please Check:

___Acetaminophen (Tylenol)  ___Diphenhydramine HCL (Benadryl)  ___Anti-itch and antibacterial skin creams
___Ibuprofen (Advil, Motrin)  ___Pseudoephedrine (Sudafed)  ___Cough Medicine
___Antacids (Tums, Mylanta)

I understand that there are risks associated with taking any medication, and I agree not to hold University of Akron, its officers or its employees liable for any injury to my child related to the administration of any medication listed above.

Signed ___________________________ Date ________________
Parent/guardian

Revised 10/10/19 v.r.
THE UNIVERSITY OF AKRON

Educational Talent Search
Student Permission and Release Form

As the parent(s)/guardian(s) of: ____________________________
Name of Student (Please include First Name, Middle Initial and Last Name)
(circle one)

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

TRiO
Educational Talent Search

The Educational Talent Search (ETS) 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 five-year grant period (2016-2021) is approximately $2,332,800.

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.

Revised 10/10/19 v.r.
Educational Talent Search
The University of Akron
Ayer Hall – 3rd Floor
Akon, OH 44325-7909
Office (330) 972-5771
www.uakron.edu/aap/ets/
Fax (330) 972-8553

Program History
Educational Talent Search (ETS) is a federally funded TRiO program which provides services to assist in the successful enrollment or re-enrollment of students into postsecondary education for students. ETS has been at The University of Akron since September 1991. The program services 972 students in grades 6th through 12th and eligible adults who want to pursue a college degree.

Program Grant Objectives

• 85% of non-senior participants served each project year will complete the current academic year and continue in school for the next academic year, at the next grade level.
• 85% of seniors served during the project year will graduate during the project year with a regular secondary school diploma, within the standard number of years.
• 80% of seniors served during the project year will complete a rigorous secondary school program of study and will graduate during the project year with a regular secondary school diploma within the standard number of years.
• 55% of participants, who have graduated with a regular secondary school diploma, during the project year, will enroll in an institution of higher education by the fall semester immediately following high school graduation.

30% of participants serviced during the project year, who enrolled in an institution of higher education, by the next academic semester as a result of acceptance but deferred enrollment, will complete a program of postsecondary education with six years.

Academic Year Component
ETS staff conducts monthly workshops in Akron Public Schools. In addition, students have opportunities to attend cultural events as well as go on college tours.

Summer Component
Grade level academic enrichment summer camps are offered to ETS students to enhance the academic, cultural, and social skills of participants and their families.

Adult Services
Services are offered for free to adults who have not completed high school or college stop outs. These services include GED and college entry information, along with college tours and cultural events.

Services Include:
• Financial Aid Information & Workshops
• ACT/ SAT Prep and Waivers
• Tutoring Services
• College Campus Visits
• Monthly School Workshops
• Career Assessment & Exploration
• College Application Waivers
• Assistance in completing college applications
• ACT Prep Classes
EDUCATIONAL TALENT SEARCH
Annual Events

- Financial Aid Workshops
- Scholarship Information
- STARS Banquet
- College Tours
- Spring Break Student Events
- Summer Enrichment Camps
- ACT Prep Classes
- ACT/SAT Waivers

Mission Statement

Academic Achievement Programs is dedicated to the mission of preparing students for success in higher education. It provides academic, social, and cultural experiences for students from grades 6 through 12. Through four distinct programs it expands and enhances the academic instruction, and adds value to the development of students through an intensive summer component and full academic year activities. These experiences are intended to empower students to make good decisions at home, in school and in personal relationships, which will improve their home school graduation rates and facilitate their successful admission to and graduation from post secondary educational institutions.

Vision

- We view each participant as capable of achieving a college degree with appropriate guidance
- We involve each participant in academic experiences which improve skill levels
- We support the personal growth and development of each participant
- Through intellectually stimulating challenges which engage participants in critical thinking
- We provide leadership opportunities and encourage personal and group integrity
- We never negotiate when it comes to honesty and respect of self and others

The Educational Talent Search Program (ETS) is sponsored by The U. S. Department of Education and The University of Akron. The total dollar amount of federal funds in the five year grant period (2016-2021) is approximately $2,332,800.