Educational Talent Search Information Sheet (PLEASE KEEP)

220 Wolf Ledges Parkway (Buckingham Center) Suite 051, Akron, OH 44325-7909
Office: 330-972-5771 www.uakron.edu/aap/ets/

THE MISSION OF ETS

Educational Talent Search (ETS) is a federally funded TRIO program sponsored by the U.S. Department of Education and The University of Akron that helps students prepare for college, careers, and other postsecondary opportunities. For the 2026–2031 grant period, The University of Akron has been awarded approximately $2.4 million in federal funding to support the program. ETS provides students in grades 6–12 with opportunities for college and career exploration, postsecondary planning, academic preparation, college application and financial aid guidance, career development, and workforce readiness. The program also serves eligible adults seeking to complete their high school education or re-enroll in postsecondary education. Through summer enrichment and academic-year programming, ETS connects students with experiences and resources designed to help them explore their options, plan for their future, and prepare for success after high school.

SERVICES

ETS provides the following services at no cost to the student:

- College & Career Advising
- Postsecondary Planning & College Exploration
- Career Exploration & Workforce Readiness
- Academic Support & Evidence-Based Literacy
- College Application & Financial Aid Guidance
- Scholarship & Postsecondary Funding Resources
- Test Preparation & College Readiness
- Tutoring & Academic Success Support
- Campus Visits & Career Experiences
- Career Pathway, Training & Apprenticeship Exploration
- Technology & Artificial Intelligence in Education
- Civic Education & American History
- Educational Choice & Postsecondary Options
- Summer Enrichment, Workshops & Special Events

OPPORTUNITIES

ETS provides the following opportunities for students at no cost to the student:

- Summer Enrichment Program
- Academic Preparation & College Readiness
- College & Career Exploration Experiences
- Academic-Year Workshops & Special Events
- Student Recognition & Achievement Events (Banquets)

STUDENT EXPECTATIONS

In order to participate in the ETS program, students are expected to:

- Maintain a 2.5 GPA or higher
- Attend and participate in ETS workshops, activities, and events
- Participate in academic support and tutoring as needed
- Meet with ETS staff for college and career planning
- Complete required ETS forms and program activities
- Demonstrate respect, responsibility, and good character

Eligibility

Educational Talent Search (ETS) serves eligible students attending Akron Public Schools (APS) and select schools throughout Summit County within the program's approved service area. Priority is given to students who meet federal low-income and/or potential first-generation college student eligibility criteria; however, students who do not meet these criteria are also encouraged to apply. Students who meet program requirements are encouraged to apply.

Students must have a 2.5 GPA or higher to participate in ETS.

How To Apply

- Request an application from your School Counselor

OR

- Apply online at www.uakron.edu/aap/ets/

Educational Talent Search
Student Enrollment Application

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Student Information

Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ Zip Code _____

(_____) _____-_____ ☐ Home ☐ Cell **Current Grade:** _____

Primary Telephone Number

(_____) _____-_____ ☐ Cell ☐ Neighbor ☐ Relative **Age:** _____

Alternative Telephone Number

Date of Birth: __ __ / __ __ / __ __

- Legal Guardian's Email Address: _____
- What languages are spoken at home? _____
- In what country were your parents born? _____
- Consideration for physical limitation? Describe: _____
- Consideration for hearing limitation? Describe: _____

Gender Assigned at Birth:

☐ Female

☐ Male

What school do you ***currently*** attend? _____

What school will you attend ***next*** year? _____

What year will you graduate High School? _____

Overall GPA: _____

Last Grades: English _____ Math _____ Science _____

Ethnic/ Racial Background (Used for Statistical Purposes ONLY)

☐ **African American** ☐ **Asian: Specify:**_____ ☐ **Caucasian/ White**

☐ **Hispanic/ Latino** ☐ **American Indian/ Alaskan: Tribal Affiliation:**_____

☐ **Native Hawaiian/ Other Pacific Islander** ☐ **Other: Specify:**_____

Student U.S. Citizenship

Are you an U.S. Citizen? ☐ Yes, I am an U.S. Citizen ☐ No, but I am an eligible non-citizen

If you are NOT an U.S. Citizen, we will need verification of permanent residency from the Immigration Department:

Permanent Resident Number:_____ Date Issued:_____

Are you currently enrolled in another program? If yes, please check the box. Students may participate in only ONE program.

☐ Strive Toward Excellence Program (STEP) ☐ Upward Bound Classic (UBC) ☐ Upward Bound Math/ Science (UBM/S)

Parent Information

With whom does the applicant reside? ☐ Mother ☐ Father ☐ Both ☐ Guardian: (relationship)_____

Mother/ Guardian 1 Information

Is Mother/ Guardian living? ☐ Yes ☐ No

Relationship to Student:

☐ Parent ☐ Legal Guardian ☐ Other_____

Name

Address

Occupation

(_____) _____- _____

Telephone Number ☐ Home ☐ Cell

(_____) _____- _____

Alternative Number ☐ Cell ☐ Work ☐ Relative ☐ Neighbor

Do you speak, read, and write English well?

☐ Yes ☐ No

Highest Level of Education Completed

☐ High School Diploma/ GED ☐ Associate Degree

☐ Bachelor Degree ☐ Graduate Degree

Father/ Guardian 2 Information

Is Father/ Guardian living? ☐ Yes ☐ No

Relationship to Student:

☐ Parent ☐ Legal Guardian ☐ Other_____

Name

Address

Occupation

(_____) _____- _____

Telephone Number ☐ Home ☐ Cell

(_____) _____- _____

Alternative Number ☐ Cell ☐ Work ☐ Relative ☐ Neighbor

Do you speak, read, and write English well?

☐ Yes ☐ No

Highest Level of Education Completed

☐ High School Diploma/ GED ☐ Associate Degree

☐ Bachelor Degree ☐ Graduate Degree

Household Information

What is the range of your total TAXABLE family income? "Taxable Income" is the amount you earned after exemptions and deductions are figured (Line 6 of your 1040 EZ form, Line 43 of your 1040 form, or Line 27 of your 1040 A form).

Provide your actual taxable income in the blank space and mark the appropriate box.

Actual Taxable Income: $_____

☐ $0 - $18,753 ☐ $18,736 - $25,365 ☐ $25,737 - $31,995

☐ $31,996 - $38,625 ☐ $38,626 - $45,255 ☐ $45,256 - $51,885

☐ $51,886 - $58,515 ☐ $58,516 - $65,145 ☐ $65,146 +

How many in the household are supported by this income? _____

I hereby certify that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Educational Talent Search Program (ETS).

_____ _____

Legal Guardian Signature **Date**

Does your family receive benefits from any of the following?

☐ No Benefits Received

☐ Unemployment ☐ Disability

☐ Veteran's Benefits

☐ Pension Benefits

☐ Social Security Benefits

☐ Food Stamps

☐ Housing Assistance

☐ Eligible for Free Lunch

☐ Eligible for Reduced Lunch

☐ Public Assistance (TANF and/or OWF)

☐ Medicaid

☐ Other: _____

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 2.3 to remain in the program** and to attend special activities such as field trips. I further understand that I must attend **at least TWO ETS activities each program year (between 9/1 to 8/31)**. 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.

_____ _____

Student Signature **Date**

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Student Medical History

Please complete this form accurately and list all information

Please provide all facts concerning the student's medical history. This information is used to better accommodate our participants.

Part I: Student Medical Background (Please Print)

Does the student currently have or has had any of the following conditions? If yes, please mark the box beside the condition and explain. EX: Cancer: Throat Cancer

Condition:	Date of Diagnosis	Currently Treated?
☐ Cancer: _____	_____	☐ Yes ☐ No
☐ Heart Disorder: _____	_____	☐ Yes ☐ No
☐ Seizure Disorder: _____	_____	☐ Yes ☐ No
☐ Brain Disorder/ Injuries: _____	_____	☐ Yes ☐ No
☐ Stomach Disorder: _____	_____	☐ Yes ☐ No
☐ Suicidal Attempts/ Desire: _____	_____	☐ Yes ☐ No
☐ Arthritis: _____	_____	☐ Yes ☐ No
☐ Emotional or Mood Disorder: _____	_____	☐ Yes ☐ No
☐ Kidney Disorder: _____	_____	☐ Yes ☐ No
☐ Genetic Disorder: _____	_____	☐ Yes ☐ No
☐ Menstrual Problems: _____	_____	☐ Yes ☐ No
☐ Joint Disorder/ Injuries: _____	_____	☐ Yes ☐ No
☐ Back Problems: _____	_____	☐ Yes ☐ No
☐ Eye Problems: _____	_____	☐ Yes ☐ No
☐ Ear Problems: _____	_____	☐ Yes ☐ No
☐ Nose or Throat Problems: _____	_____	☐ Yes ☐ No
☐ Respiratory Problems: _____	_____	☐ Yes ☐ No
☐ Disabilities: _____	_____	☐ Yes ☐ No
☐ Other: _____	_____	☐ Yes ☐ No

Please provide a brief description of any Treatment Plans. You may use and attach an additional sheet of paper if necessary.

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Student Medical History Continued

Please complete this form accurately and list all information

Please provide all facts concerning the student's medical history. This information is used to better accommodate our participants.

Part II: Allergies (Please Print)

Please list all allergies, threatening and non-threatening.

	Allergy	Reaction to Allergy	Treatment
1.			
2.			
3.			
4.			
5.			

Part III: Professional Counseling (Please Print)

Please list counseling history. Ex. Depression, Family Counseling, ADHD

	Type of Counseling	Agency	Dates	Currently Attending
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

Additional Information:

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School Record Release

Student's Last Name **First Name** **Middle Name**

Date of Birth (Month/ Day/ Year): __ __ / __ __ / __ __

Gender Assigned at Birth: ☐ Female ☐ Male

Name of School Attending **Grade** **Counselor Name**

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.

Legal Guardian Signature **Print Name** **Date**

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Summit Education Initiative Release of Student Records

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

Summit Education Initiative

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 Akron Public Schools. I understand the following information will be shared:

- **Student Name, Grade Level, Date of Birth, and 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 at the District Level**

_____
INITIAL HERE

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, my child is no longer affiliated with The University of Akron Educational Talent Search (ETS), or registered as a student in Akron Public Schools. As a legal 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.

Legal Guardian Name (Print)	**Legal Guardian Signature**	**Date of Consent**
Child's Name	**Date of Birth (MM/DD/YYYY)**	
Child's School District	**School Building**	**Student ID Number**

THE UNIVERSITY OF AKRON
EDUCATIONAL TALENT SEARCH

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TRiO
The University of Akron

STUDENT PHOTO RELEASE FORM

I authorize the Educational Talent Search program of The University of Akron to record my picture and/or voice (on standard or digital photographs, film, and/or tape), to edit these recording at its discretion, to incorporate these recordings into a broadcast medium, such as a web site or PowerPoint presentation, to use such recording for ***EDUCATIONAL PURPOSES*** or publicity, and to use my name, photograph, likeness, voice, or demographic information concerning me in connection thereto. I know that The University of Akron owns all rights to the aforementioned recording, photographs, and likeness.

I release The University of Akron from any loss, damage, and liability arising out of my appearance on printed materials, photographs, web sites, film, and /or tape.

I understand that signing this release does not guarantee publication of any photos.

Print Student's Name

Print Parent/Guardian's Name

Parent/Guardian's Signature

Please complete the above information and return it to the Educational Talent Search Program:

The University of Akron
Educational Talent Search Program
Buckingham Building Suite 51
220 Wolf Ledges Parkway
Akron, Ohio 44325

The educational Talent Search program is sponsored by The U.S. Department of Education and The University of Akron. The dollar amount of federal funds awarded in the five year grant period (2021-2026) is approximately $2,332,800.

Current Student Grade: