

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

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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Taking College Prep Classes | <input type="checkbox"/> Career Assessments/Exploration      | <input type="checkbox"/> Cultural and Educational Activities |
| <input type="checkbox"/> Financial Aid Advising      | <input type="checkbox"/> College Campus Visits               | <input type="checkbox"/> College Admissions                  |
| <input type="checkbox"/> Academic Advising           | <input type="checkbox"/> GED Referrals                       | <input type="checkbox"/> College Selection                   |
| <input type="checkbox"/> ACT/SAT Test Resources      | <input type="checkbox"/> Study Skills/Test Taking Strategies | <input type="checkbox"/> Tutoring                            |
| <input type="checkbox"/> OGT Preparation             | <input type="checkbox"/> 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.

SOURCE(S) of FAMILY INCOME		
<input type="checkbox"/> Employment	<input type="checkbox"/> Public Assistance (TANF, OWF, Food Stamps)	<input type="checkbox"/> Child eligible for free lunch
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Public Assistance (Medicaid only)	<input type="checkbox"/> Child eligible for reduced lunch
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other: _____
TOTAL FAMILY ANNUAL INCOME		
<input type="checkbox"/> \$0 – 17,820 Amount \$ _____	<input type="checkbox"/> \$30,241 – 36,450 Amount \$ _____	<input type="checkbox"/> \$48,871 – 55,095 Amount \$ _____
<input type="checkbox"/> \$17,821 – 24,030 Amount \$ _____	<input type="checkbox"/> \$36,451 – 42,660 Amount \$ _____	<input type="checkbox"/> \$55,096 – 61,335 Amount \$ _____
<input type="checkbox"/> \$24,031 – 30,240 Amount \$ _____	<input type="checkbox"/> \$42,661 – 48,870 Amount \$ _____	<input type="checkbox"/> \$61,336 and up Amount \$ _____

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.***

THE UNIVERSITY OF AKRON  
**Educational Talent Search**  
Student Permission and Release Form

As the parent/guardian of: \_\_\_\_\_  
(circle one) 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



The University of Akron is an  
Equal Education and Employment Institution

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 five year grant period (2011-2016) is approximately \$2,221,140.

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.