

MEMBERSHIP APPLICATION

Educational Talent Search II - Mineral Area College - P.O. Box 1000 – Park Hills, MO 63601 – Phone: (573) 518-2387 – Fax: (573) 518-2168

Last Name:		First Name:		MI:
School:		Grade:	Social Security No.:	
Home Address:		City:	State:	Zip:
Home Phone:		Other Phone:	Email:	
Emergency Contact Name:			Emergency Contact Phone Number:	
Birth Date: ____/____/____		Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		* Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain on back.)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race reported		<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White	

With whom do you live? Please check all that apply and give full names:

<input type="checkbox"/> Natural Mother	Name: _____
<input type="checkbox"/> Natural Father	Name: _____
<input type="checkbox"/> Stepmother	Name: _____
<input type="checkbox"/> Stepfather	Name: _____
<input type="checkbox"/> Female Guardian	Name: _____ Relationship to you: _____
<input type="checkbox"/> Male Guardian	Name: _____ Relationship to you: _____
<input type="checkbox"/> Other	Name: _____ Relationship to you: _____

Have either of the parents or guardians you live with earned a four-year Bachelor's degree? Yes No

How many people live in your home including you? _____

TOTAL ANNUAL TAXABLE FAMILY INCOME: \$ _____ YEARLY

ANY INFORMATION PROVIDED IS HELD IN THE STRICTEST CONFIDENCE BUT IS NECESSARY FOR DETERMINING ELIGIBILITY FOR THIS PROGRAM.

To determine family taxable income refer to *Form 1040 (line 43)*, *Form 1040A (line 27)* or *Form 1040EZ (line 6)* of your most recent federal income tax form (or forms if parents or guardians file separate returns).

PERMISSION TO RELEASE ACADEMIC INFORMATION AND CERTIFICATION OF ACCURACY:

I authorize the release of secondary and post secondary transcripts, test scores, enrollment status and other information that can assist Educational Talent Search II in determining the applicant's needs, academic potential, and interests. The signature below certifies the above information:

Parent/Guardian's Signature:

Date:

X _____



NEEDS SURVEY

Reaching goals doesn't have to be a solo effort. ETS II is here to help.

Please check all that apply. Sixth through eighth grade check items in the first column only.

I need help with the following:

- | | |
|--|---|
| <input type="checkbox"/> Improving grades in the following courses:
_____ | <input type="checkbox"/> Finding a way to pay for college |
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Choosing a college or tech school |
| <input type="checkbox"/> Test taking skills | <input type="checkbox"/> Preparing for college entrance exams |
| <input type="checkbox"/> Choosing a career | <input type="checkbox"/> Completing college or tech school applications |
| <input type="checkbox"/> Selecting the right courses | <input type="checkbox"/> Admissions information and college tours |
| <input type="checkbox"/> Finding a computer to use | <input type="checkbox"/> Returning to school to get my high school or college diploma |

Additional Comments _____

How did you hear about ETS II? _____

I have a friend who might be interested in ETS II. Please send them information.

Name _____	Address _____	Grade _____
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Office Use Only

- | | |
|----------------------------------|---|
| <input type="checkbox"/> LI | <input type="checkbox"/> Potential Documented |
| <input type="checkbox"/> FG | <input type="checkbox"/> Need Documented |
| <input type="checkbox"/> LI & FG | |
| <input type="checkbox"/> Other | |

Student Accepted Yes No

Advisor Signature _____

Date _____