



TRiO Talent Search Application

Hocking College
3301 Hocking Parkway, DVD 120A
Nelsonville, OH 45764

Our Mission

The Talent Search Program provides academic, career, and financial counseling to its participant and encourages them to graduate from high school and continue on to complete postsecondary education.

Part I: Background and Contact Information

(Please complete all portions in blue or black ink and return application to your TS Coordinator)

Student's Last Name: _____ First Name: _____ MI: _____
Birthdate: _____ Phone: _____ Email: _____
Mailing Address: _____ City/State/Zip: _____
School: _____ Grade Level: _____

Ethnic Background (optional):

Are you Hispanic/Latino? Yes No Please choose the race(s) with which you identify:
 American Indian/Alaskan Native Asian Black/African American
 White Native Hawaiian/Pacific Islander More than one ethnicity (mark all that apply)

Gender (as identified on birth certificate): Male Female

Part II: Eligibility Information Based on Federal Regulations

→ (This section must be completed by parent or legal guardian)

Is the student a U.S. Citizen? Yes No If no, is the student a legal resident of the United States? Yes No

1. Did the student's MOTHER **graduate** from college with a 4-year degree? NO YES
2. Did the student's FATHER **graduate** from college with a 4-year degree? NO YES
3. Number of people living in your household? _____

What is your household's **Annual Taxable Income*** for the previous year? _____

→ (Taxable income can be found on IRS 1040 line 43, IRS 1040EZ line 6, or IRS 1040A line 27)

Signature of Parent or Guardian providing income information: _____

Please acknowledge and sign electronically above. By entering your name, you certify your consent to this action.

Part III: Parent/Guardian Information

→ (This section must be completed by parent or legal guardian)

Mother's Name: _____ Father's Name: _____
Mother's Phone Number: _____ Father's Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Phone Number: _____ Email: _____

This person is authorized to drop off/pick up student from activities. Yes No Parent/Guardian Initials: _____

Part IV: Needs Assessment

Please mark any of the following areas of need:

Tutoring (Circle one or more): Reading Writing Math Science Other: _____

Advice/Assistance in Course Selection Understanding HS Graduation Requirements

Assistance with: Searching for College College entrance examinations & admission applications

ACT/PSAT/SAT Test Preparation Workshops Scholarship Applications

College visit Information about Financial Aid options Assistance filling out the FAFSA

Assistance in:

Returning to high school

Finishing GED program

Alternative Education Programs

Part V: Consent and Permission

Consent to participate in the program and to release school records for limited purposes: I understand the application and other data (grades, test scores, income, social security number, etc.) are requested and maintained to be used for eligibility, needs assessment, service delivery, and federal reporting purposes. At no time will my student’s name be identified or linked to published data without written permission.

Permission to use images: I authorize the program to interview me/my student and to use their picture for publication such as newsletters, news releases, recruiting presentations, and other forms of communications not listed. I may elect to withdraw this permission at any time without penalty or denial of services. Yes No

I understand that, if accepted, participation in TRIO is a privilege and that the rules and regulations must be adhered to during all occasions related to program activities or they may be dismissed from the program.

Student Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please acknowledge and sign electronically above. By entering your name, you certify your consent to this action.

Office Use Only:

Is the student being served by another Federal TRIO or GEAR UP program? ___Yes ___ No

Intake completed by: _____ Date: _____

Eligibility to participate in the program:

___ Low-income/First Generation ___ Low-income ___ First-gen only

Intake Approved by: _____ Date: _____

The Hocking College Talent Search program is 100% funded by the United States Department of Education.