

Tehama County Department of Education
 Bridge to College and Career Department
 Educational Talent Search (ETS) Program Application

Please be sure to **Complete, Sign, and Date the ENTIRE** application by the **Student and Parent/Legal Guardian(s)**.
Incomplete applications to the program will delay the process for participation in the ETS Program.
Use Blue or Black Ink Only. Do Not Use Pencil or Erasable Ink

Section 1: Student Information

Legal Name: _____ **Nickname:** _____
 (First) (M) (Last) (any, if used)

Are you a Foster Youth? Yes No Are you a Ward of the Court? Yes No

Mailing Address: *(Be sure to include apt # or letter, if applicable)*

 (Number and Street Name; include apt # or letter)

 (City) (State) (Zip Code)

Home Phone: (530) _____ **Student Cell Phone:** () _____

Student Email Address: *(Please include your email for future reminders and contact information)*

Gender: Male Female Declined to State **Birthdate:** _____

Name of School: _____ **Current Grade Level:** _____

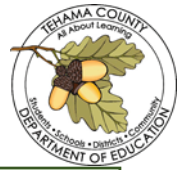
Grade Point Average (GPA): _____ **High School Graduation Year:** _____
(Students Must have a minimum of a 2.0 to participate)

Are you of Hispanic or Latino descent? Yes No

Ethnic Background: American Indian Asian Hispanic/Latino
 White Pacific Islander Black/African American
 Other (specify) _____

Are you currently participating in any of the following program listed below?
 AVID GEARUP (GU) Upward Bound (UB) Other Tehama County Department of Education Program

Name of sibling(s) currently enrolled in Educational Talent Search (ETS) or other programs listed above:



Section 2: Parent or Legal Guardian Information

Student Resides with:

- Both Parents
 Mother Only
 Father Only
 Parent and Stepparent
 Foster Parent(s) or Legal Guardian(s)
 Other: _____

Parent/Legal Guardian #1	Parent/Legal Guardian #2
Name:	Name:
Relationship:	Relationship:
Work/Employment:	Work/Employment:
Cell Phone:	Cell Phone:
Home or Work Phone	Home or Work Phone
Email:	Email:

What is the primary language used in the home? _____

List **ALL** persons currently living in the student's home:
(First line should be the student applying on this application)

Name	Age	Relationship to Student	Name of School or Job
		<i>Self</i>	

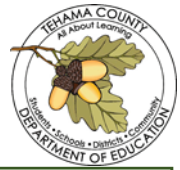
Signature of Parent or Legal Guardian ONLY

**Funding is provided by the US Department of Education and requires specific documentation of household income level and educational background level(s) for enrollment into the ETS Program. The information is protected by the Family Educational Rights and Privacy Act (FERPA).*

*All student documentation will be shredded for confidentiality, who are found to **NOT Eligible** to participate in the ETS program from the Federal guidelines and regulations,*

The Information collected is ONLY used to determine the student's eligibility to participate in the ETS program.

Parent/Legal Guardian Signature: _____ Date: _____



Section 3: Eligibility Criteria

Number of People in the Household: _____

Family Income Status:

Taxable Income (not Adjusted Gross Income) see 1040 tax form, line 43; or 1040A tax form, line 27; or 1040 EZ tax form, line 6:

- \$0-\$18,090 \$30,631-\$36,900 \$49,441-\$55,710
- \$18,091-\$24,360 \$36,901-\$43,170 \$55,711-\$61,980
- \$24,361-\$30,630 \$43,171-\$49,440 \$61,981 or above
- Did Not File Taxes**

Biological Parent, Adoptive Parent or Legal Guardian Education Levels:

Biological/Adoptive Father or Male Legal Guardian – Please check highest level of education completed:

- No Formal Education Elementary School Jr. High High School Grad GED/HS Diploma Equivalent
- Associate’s Degree Bachelor’s Degree Master’s Degree Post-Graduate Degree or higher

Did the Biological/Adoptive Father or Male Legal Guardian receive a four-year degree from a college or university in the US?

- Yes No

If so, please list degree(s) earned, year, and institution where earned:

Degree or Certification Type	Year Earned	College/University Name

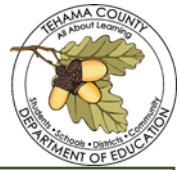
Biological/Adoptive Mother or Female Legal Guardian – Please check highest level of education completed:

- No Formal Education Elementary School Jr. High High School Grad GED/HS Diploma Equivalent
- Associate’s Degree Bachelor’s Degree Master’s Degree Post-Graduate Degree or higher

Did the Biological/Adoptive Mother or Female Legal Guardian receive a four-year degree from a college or university in the US? Yes No

If so, please list degree(s) earned, year, and institution where earned:

Degree or Certification Type	Year Earned	College/University Name



Section 4: Parent/Legal Guardian Authorization

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – MINOR

Medical Release: In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Tehama County Department of Education, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Tehama County Department of Education, its officers, agents or employees.

Mandated Reporting Release: Most information shared between participants and Program Representatives is secured and completely confidential. Please be aware that a few exceptions will apply when/if information is shared regarding abuse (physical, mental, or sexual) and/or harm to oneself or others must be report by law to the appropriate individuals.

The California Child Abuse and Neglect Reporting ACT (CANRA) can be found in California Penal Code Sections 11164 - 11174.3.

Under CANRA, mandatory reports are legally mandated to report the list below, is not limited but includes the following individuals who must report abuse or neglect: Clergy Members and custodian of records for clergy members; Child Care Providers; Educator or any local district, county, or state education employees, Law Enforcement; Medical Providers; Mental Health Professionals; and Commercial Film and Photographic Print Processors.

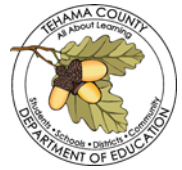
Permission to Access School Records: I hereby give TCDE/BCC Program staff permission to have access to grades, progress reports, school transcripts, and updated contact information from the school administration. I authorize TCDE/BCC to assist with my child’s college admission, financial aid application (FAFSA), acceptance status, and award letter(s) to any and all colleges/universities they choose to apply to after they graduate from high school.

Participation: I give my permission for my child to participate in TCDE/BCC (ETS) activities; I agree to encourage my child to do well in middle and high school, as well as pursue post-secondary education based on their career interests. Lack of participation and/or non-attendance at any group or individual meetings for ETS may result in the student being dropped from the ETS program for the academic year or remaining academic year, as noticed by the site Program Specialist of lack or non-attendance from students. Please have students notify the site Program Specialist or the BCC office know if you are moving out of the service or school site area boundaries.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Legal Guardian Signature

Date



Section 5: Student Must Complete, Sign, and Date Section Below

What are your plans after you graduate from high school? *(Choose any that apply)*

- 2 Year - Community College 4 Year – College/University Private Technical School
- Military Work Part-time and College Work Full-time and College
- Work (Not Attending College at this time) Other: _____

What are your top three (3) Colleges or Universities to attend after high school? *(Not necessary in order of priority)*

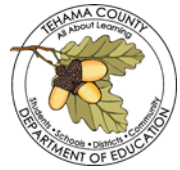
What are your top three (3) Career choices or interests? *(Not necessary in order of priority)*

What do you see as your strengths (academically and/or socially)?

What do you see as your area(s) to improve in/on (academically and/or socially)?

What services do you need in order to prepare yourself for a Career and College?

- Tutoring in (academic subject(s) need): _____
- Mentoring needs (academic, personal, or social need): _____
- High school Expectations and Requirements of students
- College/University Expectations and Requirements of students
- Career Exploration and opportunities
- College/University Exploration and Education Major(s) Options
- Job Shadow/Internship/Work Experience Opportunities
- Affording College/University (Post-Secondary/High School) financial aid information
- Support and Information on College Admissions Process while in High School (and after for Parents)
- Assistance and/or information on how to strengthen my study and test taking skills for high school and college/university entrance exams
- Organizational Skills Development
- Leadership Skills Development
- Other: _____

**Section 6: Student Contract - Complete, Sign, and Date Section Below (Required)**

I, _____ agree to the following of the TCDE - BCC/ETS Program requirements outlined below, that if I am accepted into the ETS program, I will completely and fully follow the direction of the Program Specialist from ETS while I am participating in this program:

1. Strive to continually improve my school grades, attendance, and participation in the ETS program and **maintain no less than a 2.0 GPA**
2. Follow all the education and career recommendations of my Program Specialist and/or Program Support contact(s) to attend any recommended tutoring sessions when my grades are not meeting appropriate standards or I need support
3. Attend all ETS workshops, individual appointments, and activities with my Program Specialist and/or Program Support contact(s), unless there is a conflict with other academic or personal obligations/responsibilities and notify in advance the Program Specialist and/or Program Support contact(s) of those conflicts
4. Remain an active participant in the BCC – ETS Program through my high school graduation
5. Understanding that **Lack of participation or attending** any individual and/or group workshops **MAY** result in my being dropped from the BCC – ETS program
6. Follow the instructions and complete required documentation while participating in the BCC – ETS activities and traveling on official BCC – ETS approved field trips
7. Communicate with Program Specialist and/or Program Support contact(s) about my educational and personal career goals
8. Graduate from high school
9. Make every attempt to apply, attend, and complete a post-secondary education program after high school graduation
10. Provide follow-up information to the TCDE/BCC – ETS Program concerning my success in obtaining a post-secondary degree, career achievements, and/or military achievements.

This is not a complete or whole list of requirements of students of the ETS program, as the list can be edited, revised, or add additional requirements as needed by local, state, and federal laws and regulations apply. Please see the Bridge to College and Career Student/Parent Program Handbook for more requirements, eligibility, and participation rules.

By signing my name on the signature line below, I certify to the best of my ability that each response within the application is true and complete to the best of my knowledge. It all indicates that I have read, reviewed, and understand the requirement material and questions asked above.

Student Name (printed)

Student Signature

Date