

# TRIO Educational Talent Search (TS)

The University Of South Dakota

## Participant Application

**PLEASE FILL OUT COMPLETELY IN BLUE OR BLACK INK!**

**STUDENT INFORMATION** needed for program requirements. All information will remain confidential

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male

Citizenship:  US Citizen  Perm Resident. # A \_\_\_\_\_  Other \_\_\_\_\_ (attach verification)

Student email address: \_\_\_\_\_ Address if diff than parent(s): \_\_\_\_\_

Ethnicity:  American Indian  Asian  Black  Hispanic  White  Pacific Islander  Two or more

**Current Grade:** \_\_\_\_\_ Student is in  Upward Bound  MSIP  Gear Up  Out of school adult

School attending: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

(Expected) high school graduation year: \_\_\_\_\_ or GED completion date (mm/yy): \_\_\_\_/\_\_\_\_

**PARENT/ GUARDIAN INFORMATION:** Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_, \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_ Parent email: \_\_\_\_\_

1. Does either guardians in the home have a 4 year college (bachelor) degree?  Yes  No

2. Number of Household Members: \_\_\_\_\_

3. **Income:** I certify that my total household **taxable income** during the last calendar year was \$ \_\_\_\_\_.

[Form 1040](#). **Taxable income is on line 15 on the 2020 form.** This is the **income AFTER all the deductions** have been taken out. (You don't have to disclose your income if you receive any form of public assistance).

Family receives Public Assistance (ex: EBT, WIC, Medical Assistance, CHIP, TANF, General Assistance)  Yes  No

Student is ward of the court  Yes  No

Student resides in foster home  Yes  No

### Current Plans:

4 yr College/ University  2 yr College  2 or 4 year Tribal College  GED

Vo-Tech School  Military  Other: \_\_\_\_\_

**Talent Search Services requested:** Please check all that apply.

<input type="checkbox"/> Tutoring	<input type="checkbox"/> Acad. Counseling	<input type="checkbox"/> Goals/ Decisions Making	<input type="checkbox"/> Financial Aid/ FAFSA
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Career Awareness	<input type="checkbox"/> Cultural Awareness Activ.	<input type="checkbox"/> Scholarship Search
<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Computer Assistance	<input type="checkbox"/> College Preparation	<input type="checkbox"/> Summer Program
<input type="checkbox"/> Campus Visits	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Acquiring Adult Life Skills	<input type="checkbox"/> GED Assistance
<input type="checkbox"/> Other Field Trips	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> ACT Preparation	<input type="checkbox"/> Other: _____

I certify the above information is correct. I give permission to the TRIO Talent Search Program to provide services and to obtain information necessary to determine program eligibility and assistance needed, **including transcripts, student email address(es), income verification, test scores and eventually college enrollment verification.**

**A dependent student under the age of 24 must obtain a parent signature.** Contact your TS advisor for questions regarding dependency status. Unless you indicate otherwise, we may publish your picture on display boards or in TS newsletters, local newspapers, and brochures.  I do not want my picture published.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY: TS Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TS Staff: \_\_\_\_\_  LI  FG  LIFG  Other

Test Results: \_\_\_\_ ACT \_\_\_\_ SAT \_\_\_\_ GED \_\_\_\_ TABE \_\_\_\_ ASVAB \_\_\_\_ Other \_\_\_\_\_

Advisor notes/ rationale, including reasons for selection or non-selection into the program, continue on reverse side.