



COAHOMA COMMUNITY COLLEGE
EDUCATIONAL TALENT SEARCH
 3240 Friars Point Rd. Clarksdale, MS 38614
 662-621-4836



EDUCATIONAL TALENT SEARCH STUDENT APPLICATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Phone: _____ Birthday (mm/dd/yyyy): _____ Social Security #: _____ - _____ - _____

Sex: Male Female Are You a U.S. Citizen? Yes No

Ethnicity: _____ Other: _____

Email Address: _____ Do You Prefer to Receive Text? Yes No

Do you have a Facebook account? Yes No Name of School You Currently Attend: _____

Current Grade: _____ GPA: _____ Are you a dual enrollment student Yes No If yes, what course _____

Are you enrolled in a rigorous curriculum (advanced courses)? Yes No If yes, what class? _____

Name of college, university, or technical institute that you plan to attend after high school _____

Projected Enrollment Date: _____

_____ I do not plan to continue my education after high school _____ I am undecided about my future educational plans

ELIGIBILITY INFORMATION

To Parent/Guardian): We are required by the U.S. Department of Education to obtain family income and other eligibility information from all participants served by the Educational Talent Search (ETS) Program. Please complete the following eligibility information. All information will be held in strict confidence.

With which parent does the child live? Both Mother/Guardian Father/Guardian

Does your mother have a Bachelor's Degree? Yes No Does your father have a Bachelor's Degree? Yes No

Custodial/ Parental Information: (Please provide the information for the parent(s) that you presently live with)

Parent(s)/Guardian(s) Name _____

Address _____

City/State/Zip _____

Home/Cell/Work Phone _____

Emergency Contact Person _____ Relationship to Student _____ Phone _____

I would like to participate in ETS and receive the free services and benefits provided.

 Student's Signature

 Date

CONFIDENTIAL FAMILY INCOME AND INFORMATION

You must complete all portions of this application to be considered for eligibility

Number of people living in household: _____ (including students away at college)																			
My child is a participant in the free or reduced school lunch program ____ Yes ____ No																			
Did the family file a federal income tax report last year? ____ Yes ____ No (If YES, complete Section A below left. If NO, Complete Section B, below right)																			
SECTION A: <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Family Size</th> <th style="text-align: center;">Taxable Income (refer to "Taxable Income" line on tax form)</th> </tr> </thead> <tbody> <tr> <td>_____ 1</td> <td style="text-align: center;">\$0 - \$19,140 _____</td> </tr> <tr> <td>_____ 2</td> <td style="text-align: center;">\$19,141 - \$25,360 _____</td> </tr> <tr> <td>_____ 3</td> <td style="text-align: center;">\$25,361 - \$32,580 _____</td> </tr> <tr> <td>_____ 4</td> <td style="text-align: center;">\$32,581 - \$39,300 _____</td> </tr> <tr> <td>_____ 5</td> <td style="text-align: center;">\$39,301 - \$46,020 _____</td> </tr> <tr> <td>_____ 6</td> <td style="text-align: center;">\$46,021 - \$52,740 _____</td> </tr> <tr> <td>_____ 7</td> <td style="text-align: center;">\$52,741 - \$59,460 _____</td> </tr> <tr> <td>_____ 8</td> <td style="text-align: center;">\$59,461 - \$66,180 _____</td> </tr> </tbody> </table>	Family Size	Taxable Income (refer to "Taxable Income" line on tax form)	_____ 1	\$0 - \$19,140 _____	_____ 2	\$19,141 - \$25,360 _____	_____ 3	\$25,361 - \$32,580 _____	_____ 4	\$32,581 - \$39,300 _____	_____ 5	\$39,301 - \$46,020 _____	_____ 6	\$46,021 - \$52,740 _____	_____ 7	\$52,741 - \$59,460 _____	_____ 8	\$59,461 - \$66,180 _____	SECTION B: Complete this side if family did not file a federal income tax report for last year. Check all sources of income: <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> FOSTER CARE SUPPORT <input type="checkbox"/> SOCIAL SERVICES (TANF OR OTHER) <input type="checkbox"/> ALIMONY <input type="checkbox"/> DISABILITY <input type="checkbox"/> VETERAN BENEFITS <input type="checkbox"/> OTHER (please specify)
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PERTINENT INFORMATION and MEDICAL RELEASE

Information Release: I/we authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of my child's school transcript, test scores, ACT scores, and school lunch program eligibility. I/we authorize ETS to obtain information related to my child's application for him/her to participate in the Educational Talent Search Program. I/we authorize ETS to obtain information from any agency or program providing supplemental services. I/We have answered all questions on the ETS student and parent application forms to the best of our knowledge. I/We would like to be part of the ETS program. I/We hereby give my permission for my child to participate in all Educational Talent Search activities. In addition, I hereby give my permission for my child's name, photograph, work, and/or statements to be used by Educational Talent Search for promotional, publicity, or instructional purposes.

Parent Initials _____ **Date:** _____

Medical Release: I do hereby grant permission to the Educational Talent Search Program (ETS) at Coahoma Community College and its authorized representatives, to furnish emergency first aid as my son/daughter may require, as well as to seek medical attention through the nearest medical facilities when students are on field trips and other authorized activities. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or major surgery, ETS will use all reasonable efforts to contact me. Failure in such efforts should not prevent ETS from providing emergency treatment as may be necessary for the best interest of my child.

Parent Initials _____ **Emergency Phone** _____ **Date** _____

PARENTS: I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____

Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities and employment opportunities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, (662) 621-4853, mhouston@coahomacc.edu.

THIS AREA IS FOR EDUCATIONAL TALENT SEARCH STAFF AND OFFICE USE ONLY

Date application rec'd in office _____ Date approved _____ Returned for completion _____ Completed & approved _____

Student withdrawal: Transferred to another school _____ Completed Junior High School _____ Completed High School _____

Dropped out of school _____ Dropped out of ETS Program _____

LI/FG _____ LI only _____ FG only _____ Other _____