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INITIALS:	DATE:
INITIALS:	DATE:

*This is a required field

Talent Search Application

DIRECTIONS: In order to process your application for the Talent Search Program at Humboldt State University, you must turn in this completed application form and income verification (see page 2: Financial Information). All information on this application **MUST BE COMPLETED. PLEASE PRINT ALL INFORMATION.** Be sure to sign the application.

Student Information

Student's Name: _____
(first) (middle initial) (last)

*Social Security Number: _____ - -

Mailing Address: _____
(street or P.O. box) (city) (zip) (state)

Home Phone Number: _____ Student's Cell Number: _____

Student's email Address: _____

Parent's email Address: _____

Date of Birth: ____ / ____ / ____

Ethnic Background (please check one):

- American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino White Native Hawaiian or Other Pacific Islander
 Multicultural

Gender: Female Who do you currently live with: both parents
 Male (please check one) one parent: mother father
 foster home or legal guardian
 other (please specify): _____

What grade are you in? _____ What school do you currently attend? _____

Citizenship Status:

- U.S. Citizen Permanent Resident Intend to become a citizen or permanent resident of U.S.

Mother/Guardian Name: _____
(first) (last)

Father/Guardian Name: _____
(first) (last)



Talent Search Application

Did your father graduate from a 4-year college or university? Yes No
Did your mother graduate from a 4-year college or university? Yes No
Do you have any brothers/sisters participating in TRiO Talent Search? Yes No

If yes, please list their name(s): _____

Do you have a disability of any kind? Yes No If yes, please explain: _____
Primary language spoken at home: _____

How did you find out about Talent Search? Counselor/Guidance Teacher Friend Other: _____

Financial Information

The Humboldt State University Talent Search Program is federally funded. Therefore, you are required to document your family's income for the purpose of determining your child's eligibility for the program.

Please check the box below that reflects your family's **taxable** income for the preceding calendar year. **Taxable** income is the amount you earned **AFTER** exemptions and deductions. Please see below right for the correct line on your applicable tax form.

- Below \$18,210 \$31,170-\$37,650 \$50,610-\$57,090
- \$18,210-\$24,690 \$37,650-\$44,130 \$57,090-\$63,570
- \$24,690-\$31,170 \$44,130-\$50,610 \$63,570 or more

IRS 1040: Line 43
IRS 1040A: Line 27

Receiving TANF or Social Security, OR not required to file because of low income status

Please indicate the number of dependents in your household (including parents): _____

Release Statement

I hereby certify that the information in this application is correct to the best of my knowledge.

I give permission to the Talent Search TRiO program at Humboldt State University to have any school records of my student to determine eligibility for the program and to monitor the status and progress in middle, secondary, and post-secondary education as well as eligibility for financial aid.

In consideration of the granting of permission by the Board of Trustees California State University for the student to participate, during the period of time set forth, in the program described above, the participant and his/her parent(s) or legally appointed guardian hereby agree to indemnify, hold harmless and release and forever discharge the Board of Trustees of the California State University and their employees and agents from all claims and demands which the participants, his/her parent(s) or legal guardian or the representatives or successors of them or any other person may have against the Board of Trustees and its employees and agents by reason of acts, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of the participant in the aforementioned Talent Search Program, or any time subsequent thereto.

My student has permission to participate in field trips planned for and supervised by Talent Search TRiO. Further, should my son/daughter require medical attention and/or care while participating in Talent Search TRiO, I/we give my/our consent to medical examination and any treatment as may be deemed necessary by the attending physician. This consent shall remain effective so long as my son/daughter is a participant in Talent Search TRiO. Should an emergency arise, staff will attempt to reach me/us and be guided by my/our wishes. In the event that I cannot be contacted, the attending physician has my consent to act as medical judgment may dictate.

In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by Talent Search TRiO for promotional, publicity or instructional purposes. Please check here if you do not want your child's photo to be used in our newsletter or other promotional material.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____