

Educational Talent Search

Minnesota State University, Mankato
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Mankato, MN 56001
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www.mnsu.edu/ets

Educational Talent Search provides support and information to enable students to complete high school and thereafter enter postsecondary providing equal opportunities in education.

**Our Mission is
YOUR
College Admission**

TRIO

Educational Talent Search Application for Services

Host Institution – Minnesota State University, Mankato

The Educational Talent Search (ETS) program is funded to serve students who meet the eligibility criteria of low-income and/or first generation potential college student status. In meeting this federal regulation we ask that you provide the following information used to determine eligibility. You are not legally required to provide the information ETS is requesting; however ETS will not be able to consider your application if you do not provide sufficient information. The information you provide is private information and used solely to determine eligibility, report aggregate data and to track student success.

STUDENT INFORMATION – Please print with ink pen

Name _____		
_____ Last	_____ First	_____ Middle Initial
Address _____		
City _____	State _____	Zip _____
Phone _____	Cell Phone _____	Soc. Sec. Number _____
Student Email _____		Date of Birth ____ / ____ / ____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, indicate Permanent Resident Number: _____ AND you must attach a copy of your Green Card.		
Are you currently enrolled in an Upward Bound Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please answer the following questions about your ethnic and cultural background:		
A. Do you identify yourself as Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Which of the following best describes your ethnic/cultural background? Please check ALL that apply to you:		
____ Native American/American Indian	____ Asian-American	
____ African American/African (Black)	____ Caucasian (White)	
____ Hawaiian/Pacific Islander	____ More Than One Race	
<input type="checkbox"/> Current School _____ Grade (2024–25 Academic Year) _____ GPA _____		
<input type="checkbox"/> Out of school <input type="checkbox"/> Dropout <input type="checkbox"/> GED <input type="checkbox"/> Other _____ Highest grade completed _____		
How did you learn about the ETS program? <input type="checkbox"/> Classroom presentation <input type="checkbox"/> School Counselor		
<input type="checkbox"/> Referral from friend <input type="checkbox"/> Info in mail <input type="checkbox"/> Other _____		

ETS SERVICES

After finishing high school, what do you plan to do?		
<input type="checkbox"/> Four year college (public OR private)	<input type="checkbox"/> Two year college (Community OR Technical)	
<input type="checkbox"/> Vocational OR Trade OR Private Institute	<input type="checkbox"/> Military Service (Branch): _____	
<input type="checkbox"/> Other: _____		
Please check ETS services you are interested in/need.		
<input type="checkbox"/> Study Skills (time management, test taking, communication skills, etc.)	<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Reading/Writing Skills	<input type="checkbox"/> Academic Planning	<input type="checkbox"/> Career Choices
<input type="checkbox"/> Career Planning	<input type="checkbox"/> College Admissions Information	<input type="checkbox"/> College Visits
<input type="checkbox"/> Application Fee Assistance/Waiver	<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Scholarship Information
<input type="checkbox"/> ACT/SAT Fee Waivers	<input type="checkbox"/> ACT Workshop	<input type="checkbox"/> Succeeding in College

If accepted into the ETS program, I agree to meet with Talent Search advisors, and do my best to academically prepare to enter a Trade School, Technical College, 2-Year College or 4 Year College program after high school.

Student Signature _____ Date _____

CONFIDENTIAL ELIGIBILITY INFORMATION

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HOUSEHOLD INFORMATION ONLY FROM THE HOUSEHOLD OF THE STUDENT LIVES WITH MAJORITY OF THE TIME

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____

Address(if different than student) _____

Home Phone _____ Cell Phone _____

Email address (important for ETS communication and follow-up) _____

Student lives with most of the time (Check all that apply): Both Parents (in same household)

Mother Father

Step Mother Step Father

Guardian Foster Parents

Other: _____

Language spoken in the home: English only English and _____

Language other than English (specify) _____

Please list any other school and college aged children (add last name if different than parents):

Name	Age	School/College	Attending Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does Parent/Guardian #1 from household listed above have a four-year college degree? Yes No

Does Parent/Guardian #2 from household listed above have a four-year college degree? Yes No

FINANCIAL INFORMATION **Please complete for the household in which student resides the majority of the time.

Total number of people in household (include yourself) _____

Taxable Income (from the most recent completed tax form – indicate range below with a check mark)(1040 [(line 15)])

_____ 0 – 22,590	_____ 22,591 – 30,660	_____ 30,661 – 38,730
_____ 38,731 – 46,800	_____ 46,801 – 54,870	_____ 54,871 – 62,940
_____ 62,941 – 71,010	_____ 71,011 – 79,080	_____ 79,081 – Over



ACKNOWLEDGMENTS AND RELEASES

► To participate in activities outside of the school, my child requires special accommodations. Yes No
 If yes, describe _____

► I authorize the use of my child's photo by ETS for publicity and recruitment purposes for the Yes No
 duration of the student's involvement in the ETS program.

RELEASE OF RECORDS

The "Release of Records" is essential to and required in order for ETS staff to determine eligibility and provide appropriate services. The information requested will be relative to and consistent with my (or my child's) education. Such information may include, but is not limited to: a copy of school transcript, test scores, free and reduced lunch eligibility, class schedules, attendance and financial aid information for as long as I (or my child) is enrolled in the Educational Talent Search program. I authorize the representatives of my (or my child's) secondary school or schools to which they might transfer to release said records to the Educational Talent Search staff for purposes said above.

Further, I/we authorize ETS representatives to communicate with representatives from postsecondary institutions and access enrollment records from the National Student Clearinghouse on my (my child's) behalf for up to six years post high school graduation. This also authorizes the postsecondary institution in which said student is enrolled to release information about admissions, college academic enrollment and financial aid information including award letters.

This information is used to best determine program services specific to your (your child's) needs, educational progress and for program reporting and verification of postsecondary completion. This information is private and protected under the General Education Provision Act as well as the Family Education Rights and Privacy Act. Should you choose not to sign the release of information, program services may be limited or ETS may not be able to serve you (your child).

I, the undersigned, confirm that all the information on this application is true to the best of my knowledge. I grant ETS the right to obtain verification of my child's free or reduced lunch status from the school named in this application. I understand that eligibility for services takes into consideration current academic progress. **To expedite processing, please enclose a current school transcript.**

 Student Name (Please print clearly)

 Parent/Guardian Name (Please print clearly)

REQUIRED - Parent/Guardian Signature (if student is under 18)
 or Student Signature (if 18 or older)

 Date

Federal and state laws do authorize release of private information without your consent to school officials who have legitimate educational interests in the information; the US Department of Education for the purposes of program compliance; evaluation; in connection with a subpoena; if necessary to protect your health or safety or the health or safety of others; or if required by a court order.

FOR OFFICE USE ONLY:

_____ U.S. Citizen or Permanent Resident (Residency Number Included)	_____ Need
_____ Completed 5th Grade or 11-27 years old OR meets criteria for adult participation	_____ Signatures

<input type="checkbox"/> LI/FG	<input type="checkbox"/> LI
<input type="checkbox"/> FG	<input type="checkbox"/> Neither _____

<input type="checkbox"/> Add	<input type="checkbox"/> Waiting List
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Pending _____

Technician's Initials _____	Date _____
Director's Initials _____	Date _____
Date Keyed _____	Data Base ID _____
Recruitment Code _____	
Notes _____	

