|  |  |  |  |
| --- | --- | --- | --- |
| **Student Information** | | | |
| Date: | Student Phone Number: | | |
| Name: | Birth Date: (mm/dd)yyyy) | | Student Social Security #: |
| Mailing Address: | Email: | | |
| City, State, Zip: | School: | | Grade: |
| Do you have a disability? (Physical, Learning, IEP)  Yes  No If yes, please explain: | Gender (check one):  Male  Female | | |
|  | Student Citizenship:  U.S. Citizen  Legal Resident | | |
| **Ethnic Origin** | | | |
| Race (you may check more than one):  American Indian  African American  Asian  Caucasian(White)  Hispanic  Other  If Indian, Tribe: Do you have a CDIB card?  Yes  No Degree Indian Blood \_\_\_\_ | | | |
| **Additional Information** | | | |
| Are you enrolled in an Upward Bound program? Yes No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you employed?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per Week \_\_\_\_\_\_\_\_  Are you married?  Yes  No Name of spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a parent?  Yes  No Number of Children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you expecting a child?  Yes  No If yes, due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What grades do you earn most of the time?  A’s  B’s  C’s  D‘s  F’s | | | |
| **Individual Program Plan** | | | |
| Which workshops and activities would be most helpful to you? ***You may check as many as you like.***  How to study  How to reach your goals  How to take tests  All about high school  How to make smarter decisions  Getting ready for the ACT  How to feel better about me  Financial aid information  Career exploration  Getting ready for college  Career field trips  Campus visits  What are your career goals at this time? (What do you want to be when you grow up?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have access to a computer at home?  Yes  No At school?  Yes  No  Do you have access to the Internet at home?  Yes  No At school?  Yes  No    **Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Parent/Guardian 1: Parent/Guardian 2:** | | | | | |
| Name: | | | Name: | | |
| Mailing Address: | | | Mailing Address: | | |
| City, State, Zip: | | | City, State, Zip: | | |
| Phone Number: | | | Phone Number: | | |
| Email Address: | | | Email Address: | | |

Parent(s)/Guardian(s) marital status?  Single  Married  Legally Separated  Divorced  Widowed

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the student live?  Both Parents  One Parent (mother/father)  Parent & Stepparent  Grandparents

Foster Parents Date Established: \_\_\_\_\_\_\_  Legal Guardian Date Established: \_\_\_\_\_\_\_  Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did either parent/guardian earn a degree?

**Mother -**  Yes  No If yes, pick one:  Masters  Bachelors  Associates

Date Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father -**  Yes  No If yes, pick one:  Masters  Bachelors  Associates

Date Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother/Guardian’s Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Circumstances: If any of these apply to either parent, please mark the box.

**Father:** Unemployed Disabled Incarcerated Deceased **Mother:** Unemployed Disabled Incarcerated Deceased

\*The following income information is required & kept confidential. Educational Talent Search is a federally funded program that requires verification of every participant’s income. Please check your annual income level below for the last tax year. Using your **2015 Federal Income Tax Return**, please indicate the range of your **Taxable Income, NOT ADJUSTED GROSS INCOME**, From **Form 1040-line 43**: **Form 1040A-line 27**: or **Form 1040EZ-line 6**.

$0—$17,820 $36,451—$42,659 If above $61,336, please write amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$17,821—$24,030 $42,660—$48,870 If you do not file Federal Income Tax, what is your estimated

$24,031—$30,240 $48,871—$55,095 household income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$30,241—$36,450 $55,096—$61,335

Number of Tax Exemptions (Line 6d on 1040 & 1040A forms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in household: Adults (ages 18 and over) \_\_\_\_\_\_\_\_\_\_\_\_ Children (ages 0-17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which lunch program does your child participate:  Free  Reduced  Neither

Is your child enrolled in Oklahoma’s Promise? (formally OHLAP)  Yes  No

My signature below certifies that the above information is correct. I also authorize the release of my child’s test scores, transcripts, financial aid awards and any other information that may assist Educational Talent Search in determining the academic potential and needs for participation in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature (if over 18) Parent/Guardian’s Signature

I give permission for my child to be photographed while attending ETS activities including workshops and field trips for use in the program newsletter and on the ETS website and social media.  Yes  No