



SPONSORED BY THE  
GREELEY DREAM TEAM, INC.  
1025 9th Avenue, Greeley, CO 80631  
Phone: 970-348-6380  
Fax: 970-348-6330



## 2016-2017 EDUCATIONAL TALENT SEARCH APPLICATION PACKET

Parents: Upon completion of the application, the student will be notified if he/she is eligible.

### SECTION I. TO BE COMPLETED BY STUDENT AND PARENT

Student Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (This number is required)

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street  
City State Zip Code

Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Student School ID (Lunch Number) #: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mother Wk Ph: \_\_\_\_\_ Father Wk Ph: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's email: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Race and Ethnicity:

\_\_\_\_\_ Hispanic/Latino of any race  
\_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian

Citizenship: \_\_\_\_\_ U.S. Citizen  
\_\_\_\_\_ Permanent Resident A# \_\_\_\_\_  
\_\_\_\_\_ Eligible Non-Citizen A# \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Expected Year of HS Graduation: \_\_\_\_\_

# STUDENT NEEDS ASSESSMENT

## SECTION II. TO BE COMPLETED BY THE STUDENT.

What kind of College/University are you interested in attending?

- Vocational/Technical College/Trade School/Military
- Two-Year Community College Degree or Transfer Program
- Four-Year Degree University

What are your interests and hobbies? \_\_\_\_\_  
\_\_\_\_\_

What are you doing to earn good grades? \_\_\_\_\_  
\_\_\_\_\_

What is preventing you from earning good grades? \_\_\_\_\_  
\_\_\_\_\_

Would you use a tutor to help you earn better grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you involved in or would you like to be involved in any school activities (sports, clubs, bands, etc.) this year?  
\_\_\_\_\_

Why do you want to be a part of Educational Talent Search (ETS)? \_\_\_\_\_  
\_\_\_\_\_

Do you currently have or have had a sibling(s) in ETS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is/are the name of your sibling(s)? \_\_\_\_\_  
\_\_\_\_\_

Please check the areas that are of interest to you. (All services are not provided in the same school year).

- |  |  |
|--|--|
| <input type="checkbox"/> College Admissions/Application                        | <input type="checkbox"/> Study Skills      |
| <input type="checkbox"/> Field Trips to Colleges, Cultural Centers, Businesses | <input type="checkbox"/> Financial Aid     |
| <input type="checkbox"/> College Selection                                     | <input type="checkbox"/> Course Selection  |
| <input type="checkbox"/> Career Exploration                                    | <input type="checkbox"/> Motivation        |
| <input type="checkbox"/> Scholarship Search                                    | <input type="checkbox"/> Tutorial Services |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION

**SECTION III: TO BE COMPLETED BY PARENT. PLEASE PRINT.**

Number of people living in your home, including yourself: \_\_\_\_\_

List all people who live with you:

Name	Age	Relationship to you	Employer/School	Grade Level

*PLEASE CHECK THE AMOUNT BELOW WHICH BEST MATCHES THE LEVEL OF TAXABLE INCOME FOR 2015*

*THIS AMOUNT CAN BE FOUND ON TAX FORMS (1040 EZ LINE 6, 1040A LINE 26, OR 1040 LINE 43)*

- |                           |                          |
|---------------------------|--------------------------|
| _____ \$0 - \$17,820      | _____ \$42,661-\$48,870  |
| _____ \$17,821- \$24,030  | _____ \$48,871- \$55,095 |
| _____ \$24,031- \$30,240  | _____ \$55,096- \$61,335 |
| _____ \$30,241- \$36,450  | _____ OVER \$61,335      |
| _____ \$36,451 - \$42,660 |                          |

Please mark all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Free</b> School Lunches    | <input type="checkbox"/> Social Security Benefits  | <input type="checkbox"/> TANF                            |
| <input type="checkbox"/> <b>Reduced</b> School Lunches | <input type="checkbox"/> Food Stamps               | <input type="checkbox"/> Medicaid/Medicare               |
| <input type="checkbox"/> Veteran's Benefits            | <input type="checkbox"/> Disability Benefits       | <input type="checkbox"/> I <b>DON'T</b> receive benefits |
| <input type="checkbox"/> Student is ward of the State  | <input type="checkbox"/> Student is in Foster Care |  |

What is the highest grade completed by your mother? \_\_\_\_\_

Did she earn a 4-year college degree (Bachelor's) or beyond? \_\_\_ Yes \_\_\_ No

What is the highest grade completed by your father? \_\_\_\_\_

Did he earn a 4-year college degree (Bachelor's) or beyond? \_\_\_ Yes \_\_\_ No

I certify that the information on this form and any attachment is true, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## RELEASE OF RECORDS/CERTIFICATION

**All information will remain confidential.**

With my signature below (parent signature needed only if student is under 18 years of age), I hereby grant permission to the staff of the Greeley Dream Team, Inc., as part of the Talent Search program to access, as well as authorize District 6 and other agencies, to release my child's school records, including, but not limited to the following:

- **grades, attendance, test scores, free and reduced lunch eligibility, address, phone #, suspension, disciplinary records, ADA, etc.**

I hereby authorize post-secondary institutions to release to the Dream Team copies of:

- **college, academic, enrollment and student aid awards at the college I will be attending after high school graduation.**

Records will be used to access student needs, monitor student progress, document eligibility for the program and reporting purposes.

**This information shall only be transferred to a third party outside of the Dream Team Talent Search program on the condition that written consent of the parents or guardians (or applicant, if over 18) is first obtained.**

### CERTIFICATION

Our signatures indicate that, to the best of our knowledge, the information given on this application is true, complete and accurate.

### ACTIVITIES/PROMOTIONAL RELEASE

As a parent or guardian signing this form, I give permission for my child to participate in educational program-sponsored activities. I also give permission for the use of my child's name and/or photograph for editorial, promotional, recruitment and/or educational purposes. I will do my best to encourage and participate in my child's Educational Talent Search activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT AGREEMENT

If accepted to the program, I agree to attain all personal, academic and career goals that I and the Educational Talent Search staff set for myself. I also agree to treat myself, other students and staff with respect and be a positive representative of the program. I will do my best to attend Educational Talent Search activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Office Use Only

Eligibility: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Tagged: \_\_\_\_\_  
Advisor: \_\_\_\_\_