

# Educational Talent Search a pre-college program at Napa Valley College

Educational Talent Search (ETS) is a federally funded pre-college TRIO program designed to provide academic support to students in grades 6<sup>th</sup> through 12<sup>th</sup> from designated schools within the Napa Valley Unified School District. The ETS Program's primary objective is to assist students in graduating from high school and to successfully transition into a post-secondary educational institution. Program participants will benefit from the following services: academic counseling, college and financial aid application assistance, essential skills workshops, tutoring, mentoring, college visits and cultural activities. All applicants are selected without regard to race, color, national origin, gender or disability. The ETS program is sponsored by Napa Valley College.

ALL SERVICES ARE FREE!!!



Educational Talent Search Program
2277 Napa-Vallejo Hwy.
Building 1100, Room 1132
Napa, CA 94558
(707) 256-7390 (office) | (707) 259-8030 (fax) ets@napavalley.edu



# ALL SECTIONS <u>MUST</u> BE COMPLETED IN ORDER FOR THE APPLICATION TO BE PROCESSED.

# **STUDENT INFORMATION** (All information on this page is pertaining to the student)

School			Grade			Male	☐ Female
Student Name			Date of Birtl	h			
(Name as it app	pears on school records)			М	onth	Day	Year
Student Social Security a		Place	of Birth_	City	State and	d Country	,
Student Residency Statu	,					,	
U.S. Citizen or	_	ent: Alien Regist	ration #				
		one full region		(Required	if Perman	ent Resid	lent)
Home Address							
Home AddressStreet Num	ber and Name		City			State	Zip Code
Student Primary Phone #_			Studer	nt Cell Phone	#		
Student Personal Email: _							
Main language spoken at h	nome:						
Ethnic background (For s	statistical purposes only.	Please mark all that	t apply):				
☐ American Indian	or Alaska Native	☐ Asian		☐ Native Ha	waiian d	or Other	r Pacific Island
☐ Hispanic or Latino ☐ Whit				☐ Prefer not	to state	/unkno	wn
☐ Black or African	American			☐ Other	Plea	se specif	у
Do you have any madical	physical or learning disc	hilitias/aanditians?	□ No	☐ Yes			
Do you have any medical,	physical of learning disa	billities/conditions?	□ INO	□ res			
☐ ADD	☐ ADHD	☐ Dyslexia	☐ Othe	「Describe any sp	ecial needs	s)	
Do you participate in the N	lational School Lunch Pro	ogram (free or reduc	ed school	lunch progran	n)? 🗆	No I	☐ Yes
Are you currently enrolled	in any program(s) listed t	pelow?				No	☐ Yes
AVID	☐ Migrant Education		☐ Othe	r			
<b>&amp;</b> ****	***** Section	below to be complet	ed by stude	ent ********	*****	** 🞝	
PERSONAL ASSESSM	<u>ENT</u>						
My favorite school subjects	are:						
The most important person(	s) in my life:						
What do I want to be when I	grow up:						
EDUCATIONAL PLAN	AND STUDENT ACAD	DEMIC NEEDS AS	SESSME	NT_			
After I graduate from high					ow):		
☐ University of Califor	nia (UC)   California State	e University (CSU)	Community	College	ivate Col	lege	
Other:					o not know	N	
Please check off the service	ces that you would like m	ore information on:					
College Info	• • • • • • • • • • • • • • • • • • • •	Academic advising		F			е
Tutoring		Financial planning		P		•	
High school  Test-taking s	graduation requirementsstrategies	PSAT/SAT/ACT pre Organizational and	-	F			
Other (please specify):		Organizational allu	oludy aniila		arour expit	ao.i./gull	au 100

### PARENT INFORMATION

With whom does the student live?   Both Parents	☐ Parent and Stepparent ☐ One Parent, Mother Father
☐ Legal Guardian(s) ☐ Foster Parent(s)	Other
If the student does <u>NOT</u> live with parent(s) is the student for the student does is marked on either of the questions below, please include a co	nt a: opy of the official documentation.
Foster youth?  No  Yes Ward of the court?	□ No □ Yes
Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Parent/Guardian #1 Address:	Parent/Guardian #2 Address:
City, State, Zip:	City, State, Zip:
Parent/Guardian #1 Primary Phone #:	Parent/Guardian #2 Primary Phone #:
Parent/Guardian #1 Cell Phone #:	Parent/Guardian #2 Cell Phone #:
Parent/Guardian #1 Email:	Parent/Guardian #2 Email:
Parent/Guardian #1 Employer:	Parent/Guardian #2 Employer:
Occupation/Position:	Occupation/Position:
Did the mother graduate from a 4-year college/uni	versity with a hachelor's degree?
	City & State
Did the father graduate from a 4-year college/university	ersity with a bachelor's degree?  City & State
Size of family household: □ 2 □ 3 □ 4 [	□ 5 □ 6 □ 7 □ 8 □ More (Please indicate number)
Please indicate your <u>Taxable Income</u> (NOT Adjust (Taxable Income information can be found on Tax Form 1040)	ed Gross Income) for the preceding calendar year.
,	26,131 - \$32,940
□ \$46,561 - \$53,370 □ \$53,371 - \$60,180 □ \$	60,181 – \$66,990 □ \$66,991 – \$73,800 □ \$73,801 <b>-</b> or more
☐ Public Assistance (TANF, Social Security, Child Supp	port or other) \$ Monthly or Annually
☐ Did not file, Income earned for last year \$	
-, <del>,</del>	

## PROGRAM EXPECTATIONS

Student and parent(s) need to read

- As a representative of the Educational Talent Search Program you are required to be courteous and respectful to other Educational Talent Search students and staff at all times.
- Educational Talent Search would like to assist you in achieving your educational goals, therefore as an ETS participant you are required to put forth your best effort in order to succeed in graduating from high school and enroll in a college or university.
- All students are expected to maintain a Grade Point Average of 2.5 or higher.
- Enroll in appropriate college preparatory classes.
- Participate in ETS workshops, activities and events.
- Mandatory tutoring is required for students receiving grades of D/F.
- Take the required college admissions tests (such as SAT and ACT).
- Apply for financial aid via the Free Application for Federal Student Aid (FAFSA).
- High School seniors are required to apply and enroll in a college or university.
- High School seniors need to provide a copy of college/university enrollment and FAFSA application verification to the ETS Program.
- Academic Progress: Upon graduation from high school, I am to notify the ETS Program of my academic progress in obtaining my
  degree after each academic year.
- Notify the ETS Program of any changes to contact information (i.e. address, phone, etc.) and/or school of attendance.

#### INFORMATION ENDORSEMENT

#### ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

#### **AUTHORIZATION FOR SCHOOL RELEASE OF EDUCATIONAL RECORDS**

Parent's Signature

The signatures below grant the Napa Valley College Educational Talent Search Program permission to access and obtain the academic records for your son/daughter from the Napa Valley Unified School District.

#### NAPA VALLEY COLLEGE PHOTO RELEASE

We hereby grant permission to the Napa Valley College Educational Talent Search Program to use student's photograph for publications and media releases. We do understand that this use is without compensation. The Educational Talent Search Program and the Napa Valley Community College District will not be held liable for any unintentional use. If we prefer our son/daughter not be photographed it is the student's responsibility to notify and remove themselves at the time of picture.

#### MEDICAL RELEASE

The Educational Talent Search Program staff is not medically trained to administer medication. Should your son/daughter require medical attention while participating in ETS activities and you cannot be contacted, you give your consent to medical examination and treatment deemed necessary by the attending medical professional.

#### **CERTIFICATION OF INFORMATION PROVIDED**

☐ Entered in database

In accordance with all Title IV Federally Funded programs, the Department of Education requires verification of income and residency status stated on this application. Information may be verified and documentation of income and residency status may be requested in order to comply with the Federal guidelines of the Educational Talent Search Program, as well as future applications for college financial aid.

\*Due to the COVID-19 Pandemic some or all of the ETS services, activities and/or events may be conducted through virtual format.

By signing our names on the signature lines below, we certify that each response within this application is true and complete to the best of our knowledge. It also indicates that we acknowledge and give consent to the requests of the ETS Program.

Student's Signature			Date						
SECTION BELOW FOR OFFICE USE ONLY S									
Last Name	First Name	Middle Name	Student District ID #	Expected Graduation Year	Birthdate				
Limited English Proficiency (LEF	P) 3 or 5:  No	] Yes	Total GPA:	•					
Student Records Attached:   Student Grades			emographics   Stude anguage (LEP) Report	nt Schedule	scripts				
Adminis	strative Assistant I	nitials	Dat	e					
•	Advisor		Datestudent name matches sc	hool records					
☐ Interest in careers in Mat ☐ Limited English Proficien (previously English Language Le	th & Science acy (LEP) 3 or 5 earner)	☐ Lack of ca ☐ Learning _	reer goals	☐ Low grade(s) in: ☐ Medical					
Notes: First Generation	_	-Income	☐ Both	☐ Other					
After review  Participant's Status:	ETS Particip	oant Selection Cri	belief that the above name teria Total Points:  ending	ned student's application is					

ETS Application: ☐ Accepted ☐ Denied ☐ Wait List ☐ Pending

☐ Letter of acceptance

ETS Director \_\_\_\_\_ Date \_\_\_\_\_

☐ File Created Notes: