

ETS Program Application

TRiO

T A L E N T S E A R C H



**Portland
Community
College**

17705 NW Springville Rd.
RC 5/201

Portland, OR 97229

Tel 503-614-7572 Fax 503-614-7377

email: emartine@pcc.edu

webpage: <http://spot.pcc.edu/ets>

Working in
partnership
with the
Beaverton
and
Forest Grove
School
Districts

Biographical Information

STATEMENT OF CONFIDENTIALITY: The information you provide in this application is confidential according to the Family Rights and Privacy Act. Please provide us with all information requested on this form in order to best serve you. The U.S. Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized staff of the PCC Rock Creek ETS/TRIO program.

**DO NOT leave ANY item blank
Only COMPLETE Applications will
be processed**

Social Security Number: _____ - _____ - _____ School ID No: _____

USE INK TO COMPLETE THIS FORM

Name: _____
Last First MI

Mailing Address: _____
Address

City State ZIP County

Telephone Number : (_____) _____ Emergency Number : (_____) _____

E-mail Address: _____

Date of Birth: Month Day Year Gender: Female Male

Do you have any dependents? Yes No

Is English your first language? Yes No

Do you have difficulty reading writing, speaking or understanding English? Yes No

Are you a ward of the court? Yes No

If yes, caseworker name: _____ Phone: _____

Ethno-Racial Background:

- Black/African American
- American Indian/Alaska Native
- Latino/Chicano/Hispanic
- Asian
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other (please specify): _____

Citizenship Type (Check One):

- U.S. Citizen
- Resident Alien
 Res. Alien #: A _____
- Other
- Visa/Permit Type: _____

Student Survey

Name of Your School _____ Current GPA _____

Current Grade (circle one) 6 7 8 9 10 11 12 GED

Name of Guidance Counselor _____

Are you in the *Upward Bound* program? Yes No

After high school I plan to continue my education at:

- Community College
- Technical/Vocational School
- Military
- 4-Year College/University
- I am undecided about my educational goals
- Other _____

Please list the careers you are most interested in:

1. _____
2. _____

Please list the colleges you may be interested in attending:

1. _____
2. _____

Academics	Yes	No
I understand what college core requirements are	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn how to take better notes in class	<input type="checkbox"/>	<input type="checkbox"/>
Taking tests or quizzes is difficult for me	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn or develop better studying habits	<input type="checkbox"/>	<input type="checkbox"/>
Improving my GPA is important	<input type="checkbox"/>	<input type="checkbox"/>
I struggle with math or science subjects	<input type="checkbox"/>	<input type="checkbox"/>
I need help with reading, English or writing subjects	<input type="checkbox"/>	<input type="checkbox"/>

Careers	Yes	No
I have a career plan for my future	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to achieve my career plan	<input type="checkbox"/>	<input type="checkbox"/>
I need help figuring out what to do after high school	<input type="checkbox"/>	<input type="checkbox"/>
I need more resources to help explore career options	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to visit a workplace to learn about careers there	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn job finding skills	<input type="checkbox"/>	<input type="checkbox"/>
I need help understanding my abilities and interests	<input type="checkbox"/>	<input type="checkbox"/>

College	Yes	No	General	Yes	No
I need to learn about study options after high school	<input type="checkbox"/>	<input type="checkbox"/>	I would like to go on field trips related to college	<input type="checkbox"/>	<input type="checkbox"/>
I need help getting to and preparing for college	<input type="checkbox"/>	<input type="checkbox"/>	I need to improve how to manage my time	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to visit a college campus to learn	<input type="checkbox"/>	<input type="checkbox"/>	Being organized is one of my strengths	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn about financial aid and scholarships	<input type="checkbox"/>	<input type="checkbox"/>	I have a computer at home	<input type="checkbox"/>	<input type="checkbox"/>
I would like to develop an educational plan for my future	<input type="checkbox"/>	<input type="checkbox"/>	I have access to the internet at home	<input type="checkbox"/>	<input type="checkbox"/>
I know the admissions requirements for college	<input type="checkbox"/>	<input type="checkbox"/>	Self-confidence is something I feel I have	<input type="checkbox"/>	<input type="checkbox"/>
I need to prepare for college entrance exams (SAT/ACT)	<input type="checkbox"/>	<input type="checkbox"/>	Talking to my parents/guardians about my future is easy	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian

Parent/Guardian

Name: _____
Last First MI

Name: _____
Last First MI

Language(s) spoken: _____

Language(s) spoken: _____

How is this person related to you? Parent
 Stepparent
 Foster Parent
 Legal Guardian

How is this person related to you? Parent
 Stepparent
 Foster Parent
 Legal Guardian

Do you live with this person? Yes No

Do you live with this person? Yes No

Did this person graduate from High School? Yes No

Did this person graduate from High School? Yes No

Did this person graduate from a 4 year college? Yes No

Did this person graduate from a 4 year college? Yes No

How many people live in your household? _____ (list everyone below, begin with student and include parent(s)/guardian(s))

Name	Relationship to Student	Age
	<i>Self</i>	

What is your family's GROSS or TAXABLE income?

Use either TAXABLE or GROSS
DO NOT LEAVE BLANK – even if amount is -0-

Check **TAXABLE** or **GROSS** (DO NOT check BOTH)

TAXABLE INCOME – As reported in your IRS 1040 Tax Form from last year: \$ _____

GROSS INCOME – Your family's total income for the year, without taxes taken out: \$ _____

NON-TAXABLE INCOME: If your family received non-taxable income last year, please check the source(s) below:

- Unemployment Benefits AFDC VA Benefits Retirement Benefits
 Food Stamps Disability Benefits Social Security Benefits Other Sources (specify) _____

Please write briefly about yourself, telling us about your academic and career goals. Write about your hobbies, interests, and hopes for your future. This will give us an opportunity to get to know you. Thank you!

In order for us to serve you with a strong academic, cultural, and collegiate program, we must have a sincere commitment from you. Please carefully review the following:

1. My goal is to complete middle/high school and pursue post-secondary education.
2. I will maintain or work toward at least a 2.25 GPA in middle school and a 2.50 GPA in high school.
3. I will accept appointments and attend all meetings arranged by my ETS Advisor.
4. I will abide by all rules and regulations of ETS and PCC Rock Creek.
5. Poor attendance or lack of participation will be a basis for dismissal from the program.

In addition to the application data given here, we will need to obtain information from other sources to sufficiently meet the academic needs of our students and the reporting requirements of the U.S. Department of Education. We gather information from schools attended, colleges, testing institutions, and other agencies or universities on behalf of our students and program. Your signature authorizes the PCC Rock Creek ETS/TRIO program to:

1. Access or request your school and/or college transcript, course schedule and test scores.
2. Request a copy of your SAT or ACT test scores.
3. Use your social security number to request a copy of your financial aid application, transcripts, college enrollment status, and awards from federal & state funding agencies, post-secondary institutions, and the National Student Clearinghouse.
4. Communicate with representatives from agencies or post secondary institutions on your behalf.

I hereby declare that the information given here is correct to the best of my knowledge. I authorize PCC Rock Creek ETS/TRIO to transmit any information with the above mentioned parties for the purpose of assistance in making educational decisions and plans. I give permission for my son/daughter to participate in ETS/TRIO activities if accepted. Our signatures below indicate our commitment to the ETS/TRIO Student & Parent Contract. I understand that all information given here will be held in the strictest of confidence.

_____ (Initial) I give my permission to publish name and/or photographs for Educational Talent Search promotional material.

Parent/Guardian Signature _____ Date _____

Student/Applicant Signature _____ Date _____

Eligibility: LI FG FGLI Neither
Recommended for Admission: Yes No If no, reason: _____

Program Entry Date: _____ Program Exit Date: _____

ETS Advisor's Signature: _____ ETS Director Signature: _____