Program Application

Working in partnership with the Beaverton and Hillsboro School Districts

TRIO TALENT SEARCH

Portland Community College
Rock Creek Campus – Room 102B
17705 NW Springville
Portland, OR 97229
Tel: 971-722-7572 Fax: 971-722-7377
Webpage: www.pcc.edu/triots

Revised 14-Mar-17
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 TRIO TS program.

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

*SSN is required for your application, and kept confidential.

Legal Name: Last, First MI

Mailing Address: ____________________________
City State Zip

Primary Phone: ( ) Student Cell Phone: ( )
Home Cell
Would you like to receive texts? Yes No

Would you like to receive texts? Yes No

Please note that message and data rates may apply, depending on plan.

Student Email Address: _______________________

Age ______ Date of Birth: __/__/____ Gender: Female Male

Is English your first language? Yes No

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

Language(s) spoken at home: ______________________

Are you homeless or at risk of becoming homeless? Yes No

Are you in foster care? Yes No

Are you a ward of the court (Have a guardian appointed by the court)? Yes No

If yes, caseworker name: __________ Phone: __________

Name of Your School ____________________________ Cumulative GPA ______

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

How did you hear about the TRIO TS Program? TRIO Advisor Teacher: __________

Counselor Friend: __________ Other: __________

Please check the programs that you are currently enrolled in: TRIO Upward Bound GEAR UP AVID

After high school I plan to continue my education at (please select one):
Community College Technical/Vocational School Military
4-Year College/University I am undecided about my educational goals Other __________

Please list the colleges you may be interested in attending: 1. ____________________________ 2. ____________________________

Please list the careers you are most interested in: 1. ____________________________ 2. ____________________________

Academics
Yes No

I understand what college core requirements are
I need to learn how to take better notes in class
Taking tests or quizzes is difficult for me
I need to learn or develop better studying habits
I need tutoring in the following: __________
I struggle with math or science subjects
I need help with reading, English or writing subjects

Careers
Yes No

I need to develop a career plan for my future
I know what I need to do to achieve my career plan
I need help figuring out what to do after high school
I need more resources to help explore career options
I’d like to visit a workplace to learn more about careers
I need to learn job finding skills
I need help understanding my abilities and interests

Ethnicity/Race:
Do you identify yourself as Hispanic or Latino? Yes No

If not Hispanic, check all that apply:
Black/African American American Indian/Alaska Native
Asian Native Hawaiian/Pacific Islander White/Caucasian

Other (please specify): __________

Citizenship Type (Check One):
U.S. Citizen Resident Alien
Res. Alien #: __________
Other Visa/Permit Type: __________

USE INK TO COMPLETE THIS FORM
DO NOT leave ANY item blank.
Only COMPLETE Applications will be processed.

PLEASE INK IN ALL Boxed Items.
**Postsecondary Education**
- Yes [ ] No [ ]
  - I need to learn about education options after high school [ ]
  - I need help getting to and preparing for college [ ]
  - I need to visit college campuses [ ]
  - I need to learn about financial aid and scholarships [ ]
  - I need to develop an educational plan for my future [ ]
  - I know the admissions requirements for college [ ]
  - I need to prepare for college entrance exams (SAT/ACT) [ ]

**General**
- Yes [ ] No [ ]
  - I need to participate in educational field trips [ ]
  - I need to improve how to manage my time [ ]
  - I need to develop financial literacy skills [ ]
  - I have a computer at home [ ]
  - I have access to the internet at home [ ]
  - I need resources to get off of homelessness [ ]
  - Talking to my parents/guardians about my future is easy [ ]

### Parent/Guardian #1

**Name:**
- Last, First [ ] MI [ ]

**Cell:** ( )

**Work:** ( )

**E-mail Address:**

**Language(s) spoken:**

**Employer/Occupation:**

**How is this person related to you?**
- Parent [ ]
- Stepparent [ ]
- Legal Guardian [ ]
- Other [ ]

**Do you live with this person?**
- Yes [ ]
- No [ ]

**Did this person graduate from High School?**
- Yes [ ]
- No [ ]

**Did this person graduate from a 4 year college?**
- Yes [ ]
- No [ ]

**Preferred Contact Method:**
- Cell [ ]
- Work [ ]
- Email [ ]
- Mail [ ]

**Preferred Language:**
- English [ ]
- Spanish [ ]
- Other [ ]

### Parent/Guardian #2

**Name:**
- Last, First [ ] MI [ ]

**Cell:** ( )

**Work:** ( )

**E-mail Address:**

**Language(s) spoken:**

**Employer/Occupation:**

**How is this person related to you?**
- Parent [ ]
- Stepparent [ ]
- Legal Guardian [ ]
- Other [ ]

**Do you live with this person?**
- Yes [ ]
- No [ ]

**Did this person graduate from High School?**
- Yes [ ]
- No [ ]

**Did this person graduate from a 4 year college?**
- Yes [ ]
- No [ ]

**Preferred Contact Method:**
- Cell [ ]
- Work [ ]
- Email [ ]
- Mail [ ]

**Preferred Language:**
- English [ ]
- Spanish [ ]
- Other [ ]

### Total Number of Dependents:

Please begin with yourself (student) and include parent(s)/guardian(s), then list siblings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Age</th>
</tr>
</thead>
</table>

**What is your family’s TAXABLE income?** $ ____________

As reported on your IRS Tax Form from last year.

**NON-TAXABLE INCOME:** If your family received non-taxable income last year, please check the source(s) below:
- [ ] Unemployment Benefits
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Food Stamps
- [ ] Disability Benefits
- [ ] VA Benefits
- [ ] Social Security Benefits
- [ ] Retirement Benefits
- [ ] Other Sources (specify) ____________

**2016 Taxable Income Estimator**

**Annual Gross Income:** __________________

- Less Standard Deduction
  - Head of Household: $9,300
  - Married filing Jointly or Widow(er): $12,600
  - Single or Married filing Separately: $6,300

- Less Deduction for Exemptions
  - $4,050 x (# of Exemptions) __________________

**Estimated Taxable Income** __________________

Example: For a family of four whose gross income is $34,000, who file “Married filing Jointly”, their estimated taxable income is $5,200.

$34,000 - $12,600 – $16,200 ($4,050 x 4) = $5,200
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 2.50 GPA in middle school and a 2.00 GPA in high school;
3. I will accept appointments and attend all meetings arranged by my TS Advisor;
4. I will abide by all rules and regulations of TRIO TS and PCC;
5. I will inform my teachers of my absence prior to the date of a field trip and get assignments before the trip;
6. In the event that I am no longer able to participate in a field trip I have already committed to, I will notify the supervisor immediately (at least two days before the event) or lose field trip privileges;
7. Poor attendance or lack of participation will be a basis for dismissal from the program.

My signature below indicates my commitment to the TRIO TS Student Contract.

Student/Applicant Signature ___________________________ Date ____________

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 below authorizes the PCC TRIO TS program to:

1. Contact and request information (e.g. high school records, transcripts, standardized test scores, etc.) from my child’s school, as well as share information with my child’s school, teachers, and counselors.
2. Use my child’s personally identifiable information (e.g. name, social security number, date of birth, etc.) to access his/her education records and request a copy of their financial aid application, transcripts, college enrollment status, and awards from federal & state funding agencies, post-secondary institutions, and the National Student Clearinghouse.
3. Release my child’s information to the U.S. Department of Education.
4. Communicate with representatives from agencies or postsecondary institutions on behalf of my child.

I hereby declare that the information provided herein is correct to the best of my knowledge. I authorize the PCC TRIO TS program to transmit any information with the above-mentioned parties for the purpose of assistance in making educational decisions and plans. I understand this information will be held in strict confidence and will be used solely for academic purposes.

I give permission for my son/daughter to participate in TRIO TS sponsored activities if accepted. I further give permission to the TRIO TS program to arrange transportation to and from sponsored events, in vans, busses, or other vehicles driven or arranged by the program. I understand TRIO TS will notify me IF and WHEN transportation is provided. I hereby understand that should a major medical problem arise, I will be notified by telephone. In the event that I cannot be reached, I hereby give my consent for the TRIO TS staff and its Director to authorize necessary medical services in an emergency.

Photo/Video Permission: I give permission to the TRIO TS program to showcase the great things our students are doing by displaying photographs by digital, stills, or video recorder of my son/daughter for use on radio, TV, print media, social media sites, or in project documentation and promotional material. Please mark the box below and initial next to it:

☐ I give permission __________ Initial Here: _______ Student Name: ____________________________

My signature below indicates my understanding and commitment to the TRIO TS Student & Parent Contract.

Parent/Guardian Signature ___________________________ Date ____________