



PROGRAM APPLICATION

STUDENT & PARENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Date of Birth: ____/____/____ Age: _____ Gender: Female Male
MM DD YYYY

Social Security #: _____ (SS# Required) Student School ID #: _____

Are you a US Citizen? Yes No (If not, are you a Permanent Resident? No Yes, please indicate Green Card #: _____)

Ethnicity: African American Alaska Native American Indian Asian Hispanic/Latino
 Pacific Islander White Other: _____

Home Address: _____
Street Apt.

Do you live with: Both Parents Mother Only Father Only Guardian: _____
City State Zip Code

Parent/Guardian Name(s): _____

Parent/Guardian Marital Status: Single Married Separated Divorced Widowed

Home Phone #: (____) _____ - _____ Alternate #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Parent Email Address: _____

Student Email Address: _____

SCHOOL INFORMATION:

Grade Level: 6th 7th 8th 9th 10th 11th 12th School: _____

Guidance Counselor's Name: _____ Year of Expected High School Graduation: _____

PROGRAM ELIGIBILITY & NEEDS ASSESSMENT:

(Parent(s)/Guardian(s), please provide the following information)

Level of education of Mother/Guardian: Does mother have a 4-year degree? No Yes

Level of education of Father/Guardian: Does father have a 4-year degree? No Yes

Number of people in household: Adults= _____ Children= _____ Household Taxable Income: \$ _____

Student/Applicant is in need of the following services from Talent Search: (Please select all that apply)

College Entry Information Improving Grades Overall Assistance with Educational/Career Goals

Tutoring Services/Resources Financial Literacy Information Test Taking Skills (NJ ASK, HSPA, SAT/ACT)

Financial Aid Information Other: _____

APPLICATION CERTIFICATION & AUTHORIZATION:

I certify that this information is true and correct to the best of my knowledge. I understand that this application is being made in connection with receipt of Federal & State funds and that Organization Officials may verify this information. I approve and authorize my child's application for the Rutgers University-Newark Talent Search Program. Additionally, I hereby authorize my child to participate in all activities organized by the Rutgers University-Newark Talent Search Program.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Applications can be returned the following ways:

- ✓ Fax to: (973) 353-1945 or Drop off at the Guidance Department or Main Office at your child's school
- ✓ Mail or return to: Jakyrra S. Tyson, Acting Director, Talent Search Program, Rutgers University-Newark
 Academic Foundations Center, Bradley Hall, Room 113
 110 Warren Street, Newark, New Jersey 07102

For more information, call (973) 353-3553 or visit our website at: <http://www.ncas.rutgers.edu/afc/ts>

FOR OFFICE USE ONLY:

Session (example: Fall 2012): _____

Form Accepted by: _____ Date: _____



MEDICAL INFORMATION & RELEASE FORM

"Please PRINT All Information in Blue or Black Ink Only"

Student Name: _____ Date: _____

MEDICAL & EMERGENCY INFORMATION:

Physician Name: _____ (if applicable) Phone #: (_____) _____

History of health conditions (Please include any food allergies, etc.): _____

In Case of an Emergency, Contact: _____
Name Relationship to Student

Emergency Contact Phone(s): Home #: (_____) _____ and/or Cell Phone #: (_____) _____

"Parents the following release statements require your initials to verify & provide consent to conduct services on the behalf of your child"

RELEASE	PARENT APPROVAL
<p>Liability Release: In consideration of being permitted to participate in any way in the Rutgers-Newark AFC Talent Search Program, hereinafter called "Activity," I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge Rutgers University, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activity. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Injuries could range from scratches, bruises, cuts, eye injury or loss of sight, joint or bodily injuries, catastrophic injuries including paralysis and death.</p> <p>I have read the previous paragraph and I acknowledge, know, understand and appreciate these and other risks that are inherent in any Activity. I hereby assert that my child's participation is voluntary and that I and my child knowingly assume all such risks. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature/initials to be a complete and unconditional release of all liability to the greatest extent allowed by law.</p>	<p>_____ Parent/Guardian Initials</p>
<p>Medical Release: Every reasonable precaution will be taken to provide safety and care of your child. Every effort will be made to notify you and/or your Emergency Contact (listed) in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to the staff of Talent Search East to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent/guardian.</p>	<p>_____ Parent/Guardian Initials</p>
<p>Photo & Media Release: I hereby freely and irrevocably grant Rutgers University and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the Activity in photographs, video and in any and all other media forms.</p>	<p>_____ Parent/Guardian Initials</p>
<p>Report Card, Transcript, & Standardized Test Scores Release: I understand that as a participant in the Rutgers University – Academic Foundations Center – Talent Search Program my child will be required to submit a record of his/her grades and standardized test scores for each year of participation up to year six after high school graduation and complete college. This includes a copy of my child's report card/transcript (<i>transcripts may be unofficial</i>) for every marking period and test results when they become available.</p> <p>I hereby grant permission for the school/district to release my child's report card/transcript and standardized test scores to the Talent Search Program of the United States Department of Education for the purposes of program reporting and evaluation during the duration of my child's participation between 6th-12th grades.</p>	<p>_____ Parent/Guardian Initials</p>

CERTIFICATION & AUTHORIZATION:

I certify that this information is true and correct to the best of my knowledge. I approve and authorize my child's releases for the Rutgers University-Newark Talent Search Program for the duration of my child's participation in the program.

Parent/Guardian Signature: _____ Date: _____