

## TRiO Talent Search Program Application

Rutgers University | Newark • Academic Foundations Center • 110 Warren Street – Bradley Hall, Room 120 • Newark, NJ 07102 Main Office: (973) 353 – 3563 • Fax Number: (973) 353 – 1945 • Website: <a href="https://www.ncas.rutgers.edu/afc/ts">www.ncas.rutgers.edu/afc/ts</a>

"Please <u>PRINT</u> All Information in Blue or Black Ink Only"

## STUDENT & PARENT INFORMATION: First Name Middle Name Last Name Date of Birth: / MM DD Age: ☐ Male Social Security #: \_\_\_\_\_ - \_\_\_ (SS# Required) Are you a US Citizen? ☐ Yes (If not a US Citizen, are you a Permanent Resident? 🗖 No 🗗 Yes, please indicate Green Card #:\_\_\_\_\_ Ethnicity: ☐ Alaska Native ☐ American Indian ☐ Asian ☐ Hispanic/Latino ☐ African American ☐ Pacific Islander ■ White ☐ Other: Student Email Address: Home Address: \_\_\_ Apt. Do you live with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian: \_\_ Relationship to Student (i.e. Grandparent, etc.) Parent/Guardian Name(s): Parent Email Address: \_\_\_\_\_ SCHOOL INFORMATION: Current School Year: Grade Level: $\Box$ 6<sup>th</sup> $\Box$ 7<sup>th</sup> $\Box$ 8<sup>th</sup> $\Box$ 9<sup>th</sup> $\Box$ 10<sup>th</sup> $\Box$ 11<sup>th</sup> $\Box$ 12<sup>th</sup> Name of School: \_\_\_\_ Year of Expected High School Graduation: \_\_\_\_\_ Guidance Counselor's Name: If not a student in grade 6-12, please note here your current status (for example, Veteran, etc.): PROGRAM ELIGIBILITY STATUS & 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=\_\_\_\_\_ Household Taxable Income: \$ \*According to TRIO Legislation §1070a-11 Program Authority; authorization of appropriations (e) Documentation of status as a low-income individual (1) Except in the case of an individual's status pursuant to subsection (h)(4) shall be made by providing the Secretary with – (A) a signed statement from the individual's parent or legal guardian; (B) verification from another governmental source; (C) a signed financial aid application; or (D) a signed United States or Puerto Rico income tax return. Please be advised by filling out this section and signing the program application on page 2, this document will serve as your statement, as in (A). Student 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 ☐ Financial Literacy Information ☐ Test Taking Skills (i.e. NJ ASK, HSPA, SAT/ACT) ☐ Tutoring Services/Resources ☐ Other: \_\_\_\_\_ ☐ Financial Aid Information

Student Name:  Please complete the following sections and provide a signature to complete this application.  MEDICAL RELEASE & EMERGENCY INFORMATION:  History of health conditions (Please include any food allergies, etc.):			
		Physician Name:	(if applicable) Phone #: ()
		In Case of an Emergency, Contact:	
		Name Emergency Contact Phone #(s): Home #: ( )	Relationship to Student  and/or Cell Phone #: ()
your Emergency Contact (listed) in the event of an accident permission is needed to seek medical attention. All financia of an emergency, is to be assumed by the parent/guardian.  Can the program seek medical attention if needed?   AUTHORIZATION FOR RELEASE OF ACADEMIC (For duration of Program Participation)  I hereby voluntarily authorize the school to release informathe following information or category of information – cla Competency Exam), quarterly report cards, transcripts, disc	ation to the Talent Search Program. Specifically, I authorize disclosure of ass schedules, standardized test scores (NJ ASK, HSPA, and NJ Biology ciplinary actions, evaluations, attendance history and medical records for participation. This authorization will remain in effect from the date it is		
Parent/Guardian Signature:	Date:		
	d its authorized employees and agents, the absolute right and and/or publish my photographic likeness, name, voice, and/or image ographs, video and in any and all other media forms.		
Parent/Guardian Signature:	Date:		
connection with receipt of Federal & State funds and that Ormy child's application for the Rutgers University-Newark	st of my knowledge. I understand that this application is being made in rganization Officials may verify this information. I approve and authorize k Talent Search Program. Additionally, I hereby authorize my child to sity-Newark Talent Search Program and give the program permission to		
Parent/Guardian Signature:	Date:		
Student Signature:	Date:		
Thank you for completing the program ann	lication. You will be notified of admission status shortly.		

## Applications can be returned the following ways:

- Fax to: (973) 353-1945
- Drop off at the Guidance Department or Main Office at your child's school
- Mail or Return to:

Mr. Jason Moore, Director TRiO Talent Search Program, Rutgers University-Newark Academic Foundations Center, Bradley Hall, Room 120 110 Warren Street - Newark, New Jersey 07102

