



## PROGRAM APPLICATION

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

### 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:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> 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, M.S., Director, Talent Search Program East, 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/academic-foundations-center/talent-search-east>