



EDUCATIONAL TALENT SEARCH INFORMATION SHEET

220 Wolf Ledges Parkway (Buckingham Center) Suite 051, Akron, OH 44325-7909

Office: 330-972-5771 Fax: 330-972-8553 www.uakron.edu/aap/ets/

TRiO

The University of Akron

OBJECTIVE

Educational Talent Search (ETS) is a federally funded TRiO program which provides services to assist in the successful enrollment or re-enrollment of students into postsecondary education. The Educational Talent Search Program is sponsored by The U.S. Department of Education and The University of Akron. The total dollar amount of Federal Funds awarded for the 5-year grant period (2021-2026) is approximately \$2,332,800. Our mission is to provide academic, social, and cultural experiences for students from grades 6th-12th. We also provide academic services for adults who have not completed high school or received their GED as well as those who stopped out of college. The ETS program enhances academic instruction through an intensive summer program and academic activities throughout the year.

SERVICES

ETS provides the following services at no cost to the student:

- Financial Aid Information
- Monthly Workshops
- Tutoring
- Career Assessment & Exploration
- College Campus Visits
- ACT Preparation Classes
- ACT Waivers
- College Application Waivers
- Assistance in Completing College Applications
- Assistance with Financial Aid Applications & Scholarships

OPPORTUNITIES

ETS provides the following opportunities for students at no cost to the student:

- 3 Week Summer Enrichment Program (1 Week for Seniors)
 - * Academic Preparation Courses
 - * Cultural Field Trips
- Special Events During the Academic Year
- Ceremonies

STUDENT EXPECTATIONS

In order to participate in the ETS program, students are expected to:

- Maintain a 2.3 or above GPA
- Attend In-School Workshops
- Attend Tutoring if their GPA falls below a 2.3
- Be Respectful & Have Good Character

ELIGIBILITY

Educational Talent Search provides services to a diverse population of students. 2/3 of the ETS participants are low income and potential first generation college students. The remaining 1/3 of the participants are either low income, potential first generation, or neither. All students are welcome to apply if they have a 2.3 grade point average or above and are enrolled in our service area.

TO APPLY

- Contact your School Counselor for an Application
- Contact the ETS office for an application
 - Apply online at:
www.uakron.edu/aap/ets/



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STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ Zip Code _____

(_____) _____ - _____ Home Cell **Current Grade:** _____

Primary Telephone Number _____

(_____) _____ - _____ Cell Neighbor Relative **Age:** _____

Alternative Telephone Number _____

• Legal Guardian's Email Address: _____

• What languages are spoken at home? _____

• In what country were your parents born? _____

• Consideration for physical limitation? Describe: _____

• Consideration for hearing limitation? Describe: _____

Date of Birth:

___ / ___ / ___

Gender Assigned at Birth:

Female

Male

What school do you *currently* attend? _____

What school will you attend *next* year? _____

What year will you graduate High School? _____

Overall G.P.A.: _____

Preferred Gender:

Female

Male

Other _____

Last Grades: English _____ Math _____ Science _____

Preferred Name: _____

ETHNIC/ RACIAL BACKGROUND (USED FOR STATISTICAL PURPOSES ONLY)

- African American Asian: Specify: _____ Caucasian/ White
 Hispanic/ Latino American Indian/ Alaskan: Tribal Affiliation: _____
 Native Hawaiian/ Other Pacific Islander Other: Specify: _____

STUDENT U.S. CITIZENSHIP

Are you an U.S. Citizen? Yes, I am an U.S. Citizen No, but I am an eligible non-citizen

If you are NOT an U.S. Citizen, we will need verification of permanent residency from the Immigration Department:

Permanent Resident Number: _____ **Date Issued:** _____

Are you enrolled in any of the programs below? If so please check the box.

Strive Toward Excellence Program (STEP)

Upward Bound Classic (UBC)

Upward Bound Math/ Science (UBM/S)

PARENT INFORMATION

With whom does the applicant reside? Mother Father Both Guardian: (relationship) _____

MOTHER/ GUARDIAN 1 INFORMATION

Is Mother/ Guardian living? Yes No

Relationship to Student:

Parent Legal Guardian Other _____

Name

Address

Occupation

(_____) _____ - _____

Telephone Number Home Cell

(_____) _____ - _____

Alternative Number Cell Work
 Relative Neighbor

Do you speak, read, and write English well?

Yes No

Highest Level of Education **Completed**

High School Diploma/ GED Associate Degree
 Bachelor Degree Graduate Degree

FATHER/ GUARDIAN 2 INFORMATION

Is Father/ Guardian living? Yes No

Relationship to Student:

Parent Legal Guardian Other _____

Name

Address

Occupation

(_____) _____ - _____

Telephone Number Home Cell

(_____) _____ - _____

Alternative Number Cell Work
 Relative Neighbor

Do you speak, read, and write English well?

Yes No

Highest Level of Education **Completed**

High School Diploma/ GED Associate Degree
 Bachelor Degree Graduate Degree

HOUSEHOLD INFORMATION

What is the range of your total TAXABLE family income? "Taxable Income" is the amount you earned after exemptions and deductions are figured (Line 6 of your 1040 EZ form, Line 43 of your 1040 form, or Line 27 of your 1040 A form).

Provide your actual taxable income in the blank space and mark the appropriate box.

Actual Taxable Income: \$ _____

- \$0 - \$20,385 \$20,386 - \$27,465 \$27,466 - \$34,545
 \$34,546 - \$41,625 \$41,626 - \$48,705 \$48,706 - \$55,785
 \$55,786 - \$62,865 \$62,866 - \$69,945 \$69,946 +

How many in the household are supported by this income? _____

I hereby certify that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Educational Talent Search Program (ETS).

Legal Guardian Signature

Date

I certify that this application has been filled out completely and correctly to the best of my knowledge. I understand that I am required to keep a **grade point average of at least 2.3 to remain in the program** and to attend special activities such as field trips. I further understand that I must attend **at least TWO ETS activities each program year (between 9/1 to 8/31)**. I understand that if I attend a school other than an Akron Public School, I must give ETS a copy of each report card and must maintain contact with my appointed Educational Specialist.

Student Signature

Date

Does your family receive benefits from any of the following?

No Benefits Received

- Unemployment Disability
 Veteran's Benefits
 Pension Benefits
 Social Security Benefits
 Food Stamps
 Housing Assistance
 Eligible for Free Lunch
 Eligible for Reduced Lunch
 Public Assistance (TANF and/or OWF)
 Medicaid
 Other: _____



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STUDENT MEDICAL HISTORY

Please complete this form accurately and list all information

Please provide all facts concerning the student's medical history. This information is used to better accommodate our participants.

Part I: Student Medical Background (Please Print)

Does the student currently have or has had any of the following conditions? If yes, please mark the box beside the condition and explain. EX: Cancer: Throat Cancer

Condition:	Date of Diagnosis	Currently Treated?
<input type="checkbox"/> Cancer: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Heart Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seizure Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Brain Disorder/ Injuries: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stomach Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Suicidal Attempts/ Desire: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arthritis: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Emotional or Mood Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Kidney Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Genetic Disorder: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Menstrual Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Joint Disorder/ Injuries: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Back Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eye Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ear Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nose or Throat Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Respiratory Problems: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Disabilities: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a brief description of any Treatment Plans. You may use and attach an additional sheet of paper if necessary.

Blank area for providing a brief description of any treatment plans.



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STUDENT MEDICAL HISTORY CONTINUED

Please complete this form accurately and list all information

Please provide all facts concerning the student's medical history. This information is used to better accommodate our participants.

Part II: Allergies (Please Print)

Please list all allergies, threatening and non-threatening.

	Allergy	Reaction to Allergy	Treatment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Part III: Professional Counseling (Please Print)

Please list counseling history. Ex. Depression, Family Counseling, ADHD

	Type of Counseling	Agency	Dates	Currently Attending	
1.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information:



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SCHOOL RECORD RELEASE

Student's Last Name

First Name

Middle Name

Date of Birth
(Month/ Day/ Year):

___ / ___ / ___

Gender Assigned at Birth:

Female

Male

Name of School Attending

Grade

Counselor Name

I hereby grant permission for the officials at my child's school to release copies of his/her permanent record, test scores, and grades to the Educational Talent Search Program at The University of Akron. **Permission for the release of my child's school records will remain in effect until he/she is no longer a program participant or until he/she has graduated from high school.**

Confidentiality of school records is protected by state and federal law. Any person/facility receiving authorized information may not make further disclosure without the written consent of the person to whom it pertains.

I understand that I can revoke this authorization at any time by providing written notice to the person/facility who I designated to release the information. I understand that any information released prior to revocation cannot be retrieved and neither person/facility receiving the information will be held responsible for such.

I hereby release Educational Talent Search, The University of Akron, and its employees and agents from all legal responsibilities or liabilities that may arise from this act.

Legal Guardian Signature

Print Name

Date



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SUMMIT EDUCATION INITIATIVE RELEASE OF STUDENT RECORDS

The University of Akron Educational Talent Search (ETS) is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between Akron Public Schools and The University of Akron Educational Talent Search (ETS).

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow The University of Akron Educational Talent Search (ETS) to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide The University of Akron Educational Talent Search (ETS) access to your child's Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from The University of Akron Educational Talent Search (ETS) to Akron Public Schools; and from Akron Public Schools to The University of Akron Educational Talent Search (ETS). SEI is acting on behalf of both parties to match the information provided by The University of Akron Educational Talent Search (ETS) with your child's school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student's academic success and achievement, and to evaluate services being offered. **No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.**

Parent/ Guardian Consent



I give consent for Summit Education Initiative to provide secure sharing of my child's personally-identifiable information between The University of Akron Educational Talent Search (ETS) and Akron Public Schools. I understand the following information will be shared:

- Student Name, Grade Level, Date of Birth, and Student Id Number
- School District Name and School Building Name
- Course Grades and Grade Point Average
- National and State Test Results
- Attendance Records (Classroom and School Absence totals, both Excused and Unexcused)
- Results of Surveys Administered at the Building and/or at the District Level

INITIAL HERE

I understand that my child's information will only be shared between Summit Education Initiative, The University of Akron Educational Talent Search (ETS) and the Akron Public Schools, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. **It is also my understanding that this consent will last until my child is 18 years old: unless it is revoked by me in writing, my child is no longer affiliated with The University of Akron Educational Talent Search (ETS), or registered as a student in Akron Public Schools.** As a legal guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.

Legal Guardian Name (Print)

Legal Guardian Signature

Date of Consent

Child's Name

____/____/_____
Date of Birth (MM/DD/YYYY)

Child's School District

School Building

Student ID Number