

## **ETS Application**

For Office Use Only
Date Received:

□ LIFG □LI □FG □Other

Acceptance: □yes □no

2021 - 2022

PO Box 967, Roseburg, OR 97470 (541) 440-4606 phone (541) 440-7676 fax

Please fill out both sides completely in ink.

JDENT INFORMATION					
ame:					
Last	First		Middle Initial		
ailing Address:		City/State/	Zip:		
ome S	Student		Student		
none:	Cell:		ail:		
e you a citizen of the United States? $\Box$	yes □no If no	, give permanent resid	ent ID#:		
ender: □Male □Female Birth date:		Language(s) spo	ken at home:		
hool:	Current Grade Level:			GPA:	
Cultural Background: Are you Hispani	c/Latino? Yes □	No □			
Select one or more from below:					
American Indian or Alaskar	n Native	☐ Asi	an		
☐ Black or African American		☐ Native Hawaiian/Pacific Island			
☐ White		□ Tw	☐ Two or More Races		
	COLLEGE DEGREE? or Reduced Meal Proted on tax return): ax form from person(s . If the answer is zero ille taxes, please write ther Only her and Stepmother	Yes  gram? Yes  s) student lives with 51 b, write "0". If possible "Do Not File".  Father Only  Other (describe):	No ☐ No ☐ % or more of the time. , please include a copy ☐ Foster Parents ☐ Other Guardian:	\$19,320 to \$26,130 to \$26,130 to \$32,940 to \$32,940 to \$32,940 to \$39,750 to \$46,560 to \$53,370 \$60,180 to \$66,990 \$66,990	
Parent/Legal Guardian I/Contact #1			uardian Contact #2		
Full Name:		Full Name:			
Relationship to student:		Relationship to	Student:		
Student lives with me % of the time Student lives with me		vith me	% of the time		
Home Phone:	_	Home Phone:			
Cell Phone:		Cell Phone:			
Email:		Email:			
Place of Work:		Place of Work:			
Work Phone:		Work Phone:			
Please list names of all the siblings v	ho live in the studen	t's primary household	(use additional paper i	f needed).	
Name	Age	Relationship	School/Grade	(if in grades K – 12)	
				-	

## **RELEASE OF INFORMATION**

I/we authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of school transcripts, report cards, test scores, ACT/SAT or GED scores, and school lunch program eligibility. I/we authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other), a copy of my award notification from the financial aid office, and college admission information. I/we authorize ETS to release to or obtain information from any agency or program providing supplemental services. We would like to be part of the ETS program. I hereby give my permission for my child to participate in all ETS activities.

Your signatures below testify to the accuracy of	all information provided on this appl	lication.		
Parent Signature Parent I	nature Parent Name Printed			
Please check: Yes No I give permission videotaped by Educational Talent Search for use promotional materials and documentation.				
STATEMENT OF CONFIDENTIALITY  The information you provide in this application is confident persons authorized to examine the contents of this apattended, and authorized Educational Talent Search st	the information requested in this applicat oplication are the student, their parents, e	ion (20 USC 1231a). The only		
ASSESSMENT OF STUDENT NEED – TO BE FIL		u		
To enroll in post-secondary education (college),  Study skills, and habits Organization/time management Tutoring (Subject:) PSAT/SAT preparation Planning high school/college classes Career exploration College scholarships, financial aid, admissio		ETS ONLINE APPLICATION		
COLLEGE AND EDUCATIONAL PLAN  TOP 3 COLLEGE AND CAR		AREER CHOICES		
After high school, I expect to complete:	List your Top 3 College Ch	List your Top 3 College Choices		
Community College (Associates Degree)	1.			
4-year University (Bachelor's Degree)	2.			
Master's Degree	3.			
Doctoral Degree	List your Top 3 Career Ch	oices		
Vocational Training / Trade School	1.			
Military	2.			
	3.			
Extra Curricula (Sports, clubs, student council, otlessed Student Signature				