

TRIO

TALENT SEARCH

Return to:

School's Counseling Office

OR

Kirkwood Community College
TRIO Talent Search, Linn County Regional Center
302 Main Office
1770 Boyson Road
Hiawatha, IA 52233

APPLICATION FORM

TRIO Talent Search at Kirkwood Community College is a **free**, educational program designed to assist 6th-12th grade participants in their preparation for enrollment into any college of their choice.

TRIO TS offers workshops, advising, tutoring, career exploration, and financial literacy all during the school day! We also take students on free college campus visits and other fun field trips!

Please complete all pages of this application, sign it and mail to the TS office at the above address or have your students drop it off to their counselor. All information on this application is confidential.

Thank you for your interest in the TRIO Talent Search Program.

TRIO Talent Search is 100% federally funded by the U.S. Department of Education.

TRIO TALENT SEARCH: STUDENT INFORMATION & NEEDS ASSESSMENT

School _____ Current Grade Level _____ Current Age _____ Birthday _____

Last Name _____ First Name _____ MI _____ Preferred Name _____

☐ Male ☐ Female

Is English the Student's Second Language (Y/N)? _____

Student is: _____ Citizen of U.S. _____ Permanent resident of U.S. _____ In process of becoming a permanent resident
_____ None of the above

Student Cell Phone #: _____ Student School Email Address: _____

Address _____ City _____ State _____ Zip Code _____

1. In which areas do you feel you need assistance from TRIO Talent Search? (Please check as many as apply).

☐ Academic Advising

☐ Career Exploration

☐ College Campus Visits

☐ College Planning/Information

☐ Cultural Enrichment

☐ Financial Aid/Scholarship Advisement

☐ Student Leadership

☐ Financial and Economic Literacy

☐ Test Preparation/Study Skills

☐ Tutoring

☐ Other _____

2. After finishing high school, what do you plan to do?

☐ Four-year College

☐ Two-year College/Community College

☐ Technical/Vocational College

☐ Enter the Armed Forces full-time

☐ Enter the Armed Forces and continue my education

☐ I am undecided about my future educational plans.

☐ Other (Please specify) _____

☐ I do not plan to attend college -- Reason for not attending college:

3. Which of the following best describes you?

(Please select 1 or more, if applicable)

_____ Pacific Islander

_____ Native American or Alaskan Native

_____ Asian

_____ Black or African American

_____ White or Caucasian

_____ Hispanic or Latino

4. Please select which one best describes your current situation:

_____ In Foster Care

_____ Ward of the Court

_____ Homeless

_____ None of the above

4. Please list any family members in grades 7-12:

Name (First and Last Name)	Grade Level	School Name

DO NOT SIGN UNTIL TRIO INTAKE MEETING

Student Signature _____ Date _____
TRIO Advisor Signature _____ Date _____

TRIO TALENT SEARCH: FAMILY INFORMATION AND INCOME

Student Name *(first and last)* _____ Student School _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Relation to Student: _____

Relation to Student: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Does the student live with you? Yes No

Does the student live with you? Yes No

Did you graduate from a 4-year college? Yes No

Did you graduate from a 4-year college? Yes No

If yes, what college? _____

If yes, what college? _____

INCOME INFORMATION

How many people live in your household? (Include parents/guardians): _____

Please check the income range that is closest to your taxable income:

- ☐ \$0 - \$23,475
- ☐ \$23,475- \$31,725
- ☐ \$31,725- \$39,975
- ☐ \$39,975- \$48,225
- ☐ \$48,225- \$56,475
- ☐ \$56,475- \$64,725
- ☐ \$64,725- \$72,975
- ☐ \$72,975- \$81,225
- ☐ \$81,225 & Above

Parent's Signature _____ Date _____

RELEASE of LIABILITY & CONSENT FORM

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Kirkwood Community College Talent Search sanctioned activities.

During the time Kirkwood Community College Talent Search (TS) or its representatives will be providing field trips, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors and other, as follows:

1. I UNDERSTAND THAT the Kirkwood Community College TS project will strive to protect all participants from danger, injuries and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for Kirkwood Community College TS participants, staff and representatives.
2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the Kirkwood Community College TS activity, the risk of property damage and

personal injury from motor vehicle accidents, the actions of fellow participants, my child's own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child's participation; and

3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child's participation;
4. With awareness of an agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE Kirkwood Community College Talent Search, their officers, faculty members, employees, agents, and volunteers, FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in Kirkwood Community College TS; and
5. That I WILL INDEMNIFY Kirkwood Community College, faculty members, teaching assistants, residence assistants, supervisors, and participants, Kirkwood Community College TS, their officers, employees, agents, and volunteers, FOR ANY Liability OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD'S ACTIONS.

If my student is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College and Kirkwood Community College TS to provide, or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the below named minor child.

MEDIA, CONFIDENTIAL INFORMATION & SCHOOL RECORD RELEASE FORM

By signing this application:

1. You hereby give your permission to the Kirkwood Community College's Talent Search Program to request and receive confidential information pertaining to any and all financial assistance awarded to you or your child (if under 18).
2. You also hereby release and discharge:
 - a. Any agency and/or person(s) from any liability for divulging such information to Kirkwood Community College's Talent Search Program (Kirkwood Community College TS).
 - b. Kirkwood Community College's Talent Search program and staff from any liability for divulging such information to any admission and financial aid offices at degree-granting institutions (i.e., colleges, universities, community colleges, and vocational/technical schools) and other agencies which aid Talent Search participants.
3. You give permission to your child's school district to release his/her school schedules, records and grades periodically to:

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4. You agree to cooperate with the KIRKWOOD COMMUNITY COLLEGE TS staff in follow-up activities, including the release of school records. These follow-up activities will continue throughout middle school, high school and college.
5. **You hereby consent to the use of photo, video, or other media recordings taken of your child by Kirkwood Community College or those acting on its behalf for the benefit Kirkwood Community College, including any lawful purpose whatsoever, including but not limited to use in any Kirkwood Community College publication**

or on Kirkwood Community College websites, without payment or any other consideration. You hereby waive any right that you may have to inspect and/or approve the finished product or the copy that may be used, or the use to which it may be applied. You do this with full knowledge and consent and waive all claims for damages.

☐ Yes, I give consent.

☐ No, I do not give consent.

By signing this form, I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE LIABILITY AND CONSENT FORM AND THE MEDIA, CONFIDENTIAL AND SCHOOL RECORD RELEASE FORM. I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent/Guardian's Full name PRINTED: _____

Parent/Guardian's Signature: _____ **Date:** _____

For Office Use Only:

Date Received _____ ☐ IE ☐ FG ☐ PSED ☐ ACA ☐ ITP ☐ UR ☐ REC ☐ OTHER ☐ _____ PTS

Director's Signature: _____ Date: _____