TRIO EDUCATIONAL TALENT SEARCH
To help you better understand your educational opportunities and options.

TRIO is a federally funded program that assists individuals who want to pursue post-secondary education. The program provides academic, career, and financial counseling to its participants.

TRIO ETS works with students in 6th – 12th grade as well as adults who want to explore their opportunities for college and career.

Our services include:
- Academic advice and planning
- Career counseling
- Assistance with Testing Fees
- ACT/SAT Preparation
- College Admission Assistance
- Scholarship Assistance
- Financial Aid guidance
- Helping you choose the right program for your career goals
  - College, University, Trade, Technical

**TRIO Eligibility Information**

*Only 2/3 of participants need to meet both the Income eligibility and the Potential first generation eligibility.*

If you do not meet this criteria you can still participate if spots are available

**Income eligibility**

*Is based on Taxable income*

<table>
<thead>
<tr>
<th>Federal TRIO Programs Income Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of Family Unit</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<td>6</td>
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<td>7</td>
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<tr>
<td>8</td>
</tr>
</tbody>
</table>

For families with more than 8 members add 6,270 for each additional member

**Potential first generation**

*Is defined as…*

1. An individual neither of whose natural or adoptive parents received a baccalaureate degree;
2. An individual who, prior to the age of 18, regularly resided with and received support from only one parent and whose supporting parent did not receive a baccalaureate degree; or
3. An individual who, prior to the age of 18, did not regularly reside with or receive support from a natural or an adoptive parent.

The Future belongs to those who believe in the beauty of their dreams.  Eleanor Roosevelt
**PLEASE COMPLETE IN INK**

- Legal Name: ____________________________
  - First ____________________________
  - Middle Initial __________
  - Last __________
- Mailing Address: ________________________________________________________________
  - PO Box/Street __________ __________ __________
  - City __________
  - State __________
  - ZIP __________
- Date of Birth: ________ / ________ / ________
- Age: ________
- Gender: [ ] F [ ] M
- Last 4 of SSN: ____________________________
- Home Phone: (_______) _______ _______ _______
  - Cell: (_______) _______ _______ _______
  - Texting [ ] Yes [ ] No
- E-mail: ____________________________
- Citizenship Type (Check One): [ ] U.S. Citizen [ ] Permanent Resident A #: ____________________
  - Are you Hispanic/Latino? [ ] Yes [ ] No
  - (Check all that apply) [ ] Black/African American [ ] American Indian/Alaska Native [ ] Asian [ ] White/Caucasian [ ] Native Hawaiian/Pacific Islander
  - Are you a veteran? [ ] Yes [ ] No
  - Marital Status: [ ] Single [ ] Married [ ] Partner [ ] Widowed [ ] Separated [ ] Divorced

This program is federally funded. The following information is required in order to process your application. This information will remain confidential if you have any questions please call 292-2539.

<table>
<thead>
<tr>
<th>Natural/Adoptive Mother has completed a 4 year Bachelor’s Degree?</th>
<th>[ ] Yes [ ] No</th>
<th>Natural/Adoptive Father has completed a 4 year Bachelor’s Degree?</th>
<th>[ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people in Household</td>
<td><strong>Taxable</strong> income (after deductions)</td>
<td>$</td>
<td><strong>If we did not file taxes last year because Income was less than was required to file.</strong></td>
</tr>
<tr>
<td><strong>Does Applicant qualify for public assistance</strong></td>
<td>[ ] Yes [ ] No [ ] Not Sure</td>
<td><em>(Found on federal tax form 1040 line 43 or 1040A line 27)</em></td>
<td></td>
</tr>
</tbody>
</table>

Are you interested in enrolling in a program of postsecondary education (education after high school/GED completion)? [ ] Yes [ ] No [ ] Maybe

**Information Release** I understand that by signing below I am agreeing to give permission to release information where it is deemed necessary to discuss with and to relay academic and financial issues to other professionals (teachers, college officials, advisors, vocational rehabilitation counselors, tutors, etc.) as needed to ensure my continued success as a student.

**Applicant Initials**

I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge. All Information will be kept confidential.

**Applicant Signature** ____________________________

**Date** ____________________________

**Signature of Parent/Legal Guardian if under 18:** ____________________________

**Date** ____________________________

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Revised 07/12/2017
Current Level of Education

☐ Dropped out of High School
Grade: ______________

☐ High School Student
Grade: _____ School: ____________

☐ Completed GED/HSE or graduated high school
Year: ______________ State & School _______________

☐ Some college no degree
School: ____________ Credits: _______________

☐ Other (Please Explain) ________________________________________________________________

Check Services you are Interested In

☐ Academic Advising

☐ Admissions Information

☐ Career Guidance

☐ College Opportunities

☐ Financial Aid (FAFSA)

☐ Study Skills/Tutoring

☐ Testing (GED/Placement Exams)

☐ Workshops

☐ Scholarships

☐ Other ________________________________________________________________

In case of Emergency and I cannot be reached, please contact:

Name: ____________________________________________________________ Phone: _______________________

Relationship to applicant: ____________________________

Office Use Only

Participant Eligibility Verification: ☐ Both ☐ First Generation Only ☐ Low Income Only ☐ Other GPA: ____________

Application Received by: ____________________________ Date: ____________ Application is… ☐ Complete ☐ Incomplete

Notes: __________________________________________________________________________________________

By signing below, I have reviewed this application, it is complete, and I declare this applicant to be eligible to receive ETS project services.

TRIO Staff Signature: ____________________________ Date: __________________

Revised 07/12/2017