

TRIO

TALENT SEARCH

Return to:

School's Counselor 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.

Programming is offered year-round at select middle and high schools in Cedar Rapids, Wyoming and Iowa City. Participants receive services until enrolled in college. Educational workshops and advising sessions focus on topics such as: academic advising, tutoring, ACT/SAT, pre-college advising, career exploration, financial aid, and study skills.

Additionally, students will be able to attend STEM programming, college campus visits and other 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

School _____ Current Grade Level ____ Current Age ____ Graduation Year _____ Birthday _____

Last Name _____ First Name _____ MI _____ Preferred Name _____

Male Female

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

Student Cell Phone #: _____ Student 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).

- | | |
|---|--|
| <input type="checkbox"/> Academic Advising
<input type="checkbox"/> Career Exploration
<input type="checkbox"/> College Campus Visits
<input type="checkbox"/> College Planning/Information
<input type="checkbox"/> Cultural Enrichment
<input type="checkbox"/> Financial Aid/Scholarship Advisement | <input type="checkbox"/> Student Leadership
<input type="checkbox"/> Financial and Economic Literacy
<input type="checkbox"/> Test Preparation/Study Skills
<input type="checkbox"/> Tutoring
<input type="checkbox"/> 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

Student 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 in the U.S? Yes No

Did you graduate from a 4-year college in the U.S? Yes No

If yes, what college? _____

If yes, what college? _____

INCOME INFORMATION

You must include your taxable income for us to process the application

Total Taxable Income: _____
(Taxable income found: Form 1040 or 1040-SR on line 15)

TOTAL Number of people in household (including parents/guardians): _____

Parent's Signature _____ Date _____

MEDICAL EMERGENCY CONTACT INFORMATION

Primary Contact:

Name _____

Relation to Student _____

Phone Number _____

Backup Contact (Relative or Friend):

Name _____

Relation to Student _____

Phone Number _____

Allergies to any foods, drugs or other medicines _____

List current prescriptions/medications _____

Current health problems or conditions _____

For Office Use Only:

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

Director'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.
6. I state that (child's name) _____, under my legal custody ___ does/ ___ does not have a current health insurance policy, and such policy will be maintained for the duration of all Kirkwood Community College TS activities.

If the below named participant 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.

By signing this form, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent's Full name **PRINTED:** _____

Parent's Signa**ture:** _____ **Date:** _____

I will follow all rules and guidelines established for the Kirkwood Community College TS program. I realize that if I fail to follow the above mentioned rules and any others, it may result in my not attending Talent Search activities.

Student's Signa**ture:** _____ **Date:** _____

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:

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

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.

I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT 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:** _____

I will follow all rules and guidelines established for the Kirkwood Community College TS program. I realize that if I fail to follow the above-mentioned rules and any others, it may result in my not attending Talent Search activities.

Student's Signature: _____ **Date:** _____