 

**Educational Talent Search Application**

Carl Albert State College

Ollie Center for Academic Excellence, 1507 S McKenna, Poteau, OK 74953

(918) 647-1379 (phone)

(918) 647-1207 (fax)

Educational Talent Search provides information on vocational school, college, careers, financial literacy, and federal financial aid programs as well as academic advising and assistance in completing forms for college, vocational education, and financial aid. Our purpose is to help prepare participants throughout their middle and high school years, for graduation from high school and enrollment in post-secondary education. ETS is 100% funded by the US Department of Education.

**Directions: Please complete this application. In accordance with federal regulations, ETS requires financial information to determine eligibility for the program. All information remains confidential per federal guidelines.**

***Part 1: Student Information – Please Print Clearly***

Grade Level for the 2024-25 School Year (circle one): 6th 7th 8th 9th 10th 11th 12th

School you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student** Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ Gender: Male or Female

Is the student a US Citizen, National, or Permanent Resident of the United States? Check **ONLY ONE**:

* Yes, I am a citizen or national of the United States
* Yes, I am a permanent resident of the United States
* Yes, I am in the United States for other than a temporary purpose. (In this case, please provide evidence from the immigration & Naturalization Service of your intent to become a permanent resident.)
* No, I do not meet any of the criteria listed **(DO NOT CONTINUE. YOU DO NOT QUALIFY FOR THIS FEDERAL PROGRAM)**

Ethno-Racial Background (Optional)

Is the student’s ethno-racial background Hispanic/Latino? Y or N

**If NO to above,** please indicate ethno-racial background(s) of the student (choose all that apply):

* Asian
* American Indian or Alaska Native
* Unknown
* White
* Black or African American
* Native Hawaiian or other Pacific Islander

***Part 2: Parent/Guardian Information-Please Print Clearly***

The student lives with:

* Court Ordered Legal Guardian
* Foster Home
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Both Parents (together or joint custody)
* Mother Only (with or without step parent)
* Father Only (with or without step parent)

**Mother/Guardian**:

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian:**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the student is in a foster home (ward of the state) or in a guardianship, skip to Part 5**

**Please indicate the highest education level completed by the student’s natural or adoptive parents.**

* 2-year college Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 4-year college Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Elementary school (K-8)
* High School/GED
* Unknown

Mother:

* 2-year college Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 4-year college Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Elementary school (K-8)
* High School/GED
* Unknown

Father:

***Part 3: FINANCIAL VERIFICATION***

**Required Documentation: (Please attach the 2023 Federal Income Tax Form (1040, 1040NR, 1040X, or 1040SR) of the parent(s) the applicant lives with more than half of the time OR if joint custody, of the parent who claims the applicant)**

**PARENTS SELECT ONE OF THE FOLLOWING:**

\_\_\_\_\_I am required to file 2023 Federal Income Taxes

\_\_\_\_\_I am NOT required to file 2023 Federal Income Taxes

***You will need your 2023 Tax Return for the following question.***

Which 2023 Income Tax Return form did you file?

\_\_\_\_\_\_\_\_\_\_\_\_\_Form 1040 (enter the amount from **line 15**)

\_\_\_\_\_\_\_\_\_\_\_\_\_Form 1040NR (enter the amount from **line 15**)

\_\_\_\_\_\_\_\_\_\_\_\_\_Form 1040X (enter the amount from **line 5 column C**)

\_\_\_\_\_\_\_\_\_\_\_\_\_From 1040SR (enter the amount from **line 15**)

***PART 4: Family Background***

**Total** number of household members: \_\_\_\_\_\_\_\_\_\_ What language is most often spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following information for ALL members of your household, including applicant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (First and Last) | Age | Relationship to Student | Name of School or Employer | Grade Level or Position |
|  |  | **Applicant** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***PART 5: Signatures***

I attest that the information on this application is correct and accurate to the best of my knowledge.

**Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Talent Search Media Permission Release**

During the course of Educational Talent Search (ETS) events, photographs are occasionally taken. Some of these pictures capture the spirit of our program and there may be an opportunity to use them to promote the ETS program. Through this release, you are authorizing ETS to print, publish, and display pictures of your child to promote ETS programs through ETS publications and the ETS website and social media. I hereby grant and convey unto ETS the right to photograph my child in the context of this program and to use any such photographs as part of promotional material and/or website for Educational Talent Search.

**Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Records Release**

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give the Carl Albert State College Educational Talent Search program permission to obtain records of the above-named individual including, but not limited to courses, grades, transcripts, test scores, copies of and information from the Free Application for Federal Financial Aid, CSS profile, and data regarding admissions and financial aid packages. These may be forwarded to appropriate institutions as needed. I understand that all records will be kept in confidence per federal regulations.

**Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**