Student Name: ______________________________   School: __________________

Current Grade:  6   7   8   9   10   11   12

Counselors will ensure that all items are completed before turning in the application.

☐ Student information
☐ Parent/Guardian information
☐ Parent Consent and Liability
☐ Code of Responsibility
☐ Student Schedule
☐ Student Transcript
☐ Student Needs Assessment

Please consider the following questions before returning this application to your counselor…

Have your Parent/Guardian signed off on everything?   Yes   No

Do you have all required pieces of information from the student?   Yes   No

Applications will not be considered complete and will NOT be reviewed until all of the above have been turned in.

Income Eligibility:       Yes   No 
First Generation:          Yes   No

Eligibility Status:    LIFG  LI  FG  Other

Circle: Accept    or    Wait List   Date_________ Reason__________

Director Signature: ___________________________ Date:______

Entered in Database: _______________
Date File Made: _______________

Congratulations Sent Home: _______________
File Completed: _______________
* PLEASE COMPLETE BOTH SIDES OF APPLICATION INCLUDING ALL REQUIRED SIGNATURES.

STUDENT INFORMATION

First Name: ________________________     Middle Initial: ______     Last Name: ________________________
Gender: □ Male □ Female     Birth Date _____ / _____ / ______     Age: ______
School: __________________________________________     Current Grade: _____     SASID Number: 10_ _ _ _ _ _ _ 
Mailing Address: _______________________________________     City: ____________________     Zip Code: ___________
Home Phone: __________________    Cell Phone: ___________________     Email: _________________________________
Are you a U.S. Citizen? □ Yes □ No     Social Security Number: _______ - ______ - ___________
Are you a Permanent Resident? □ Yes □ No    Do you have a Permanent Resident Number? □ Yes □ No
Permanent Resident Number (please attach documents): _______________________________
Is English your primary language? □ Yes □ No     What language is spoken at home: _______________________________
Are you enrolled in any English as a Second Language (ESL) / English Language Learner (ELL) classes? □ Yes □ No
Do you consider yourself to be Hispanic / Latino? □ Yes □ No
Please check any which describe you: □ African American □ Asian □ American Indian / Native Alaskan

□ Native Hawaiian / Pacific Islander     □ White
Do you have a disability? □ Yes □ No     If yes, please explain: _______________________________________
Have you ever been enrolled in any of the following programs: □ Gear-Up □ Upward Bound □ Talent Search

EMERGENCY CONTACT INFORMATION

Name: ____________________________     Relationship: ____________________________
Home Phone: ______________________    Cell Phone: ____________________________

CUSTODIAL PARENT/GUARDIAN

With whom do you (the student) live:

□ Both Parents □ One Parent □ Parent & Step-Parent

□ Foster/Adoptive Parent (attach court documents)
□ Legal Guardian (please attach court documents)
□ Other, please specify: _______________________________

Parent / Guardian Name: ____________________________
Mailing Address: ____________________________
City: ____________________     Zip Code: __________
Home or Cell Phone: ____________________________
Email: ____________________________
North Central Massachusetts Talent Search Application

Serving the Athol, Orange, Winchendon, and the North Central Charter Essential School Districts

North Central Massachusetts Talent Search Program
444 Green Street, Gardner MA 01440
Phone: 978-630-9248   Fax: 978-630-9400

BIOLOGICAL /ADOPTIVE PARENT INFORMATION

Parent Name: ____________________________
Mailing Address: ___________________________________
City: ___________________________ Zip Code: __________
Home or Cell Phone: _______________________________
Email: ___________________________________________
Employer: ________________________________________

This parent has completed the following:
☐ No Formal Education   ☐ High School   ☐ GED
☐ 2-year College Degree   ☐ 4-year College Degree

Do you live with the student:   ☐ Yes    ☐ No
Relationship to Student: ____________________________

Parent Name: ____________________________
Mailing Address: ___________________________________
City: ___________________________ Zip Code: __________
Home or Cell Phone: _______________________________
Email: ___________________________________________
Employer: ________________________________________

This parent has completed the following:
☐ No Formal Education   ☐ High School   ☐ GED
☐ 2-year College Degree   ☐ 4-year College Degree

Do you live with the student:   ☐ Yes    ☐ No
Relationship to Student: ____________________________

HOUSEHOLD INFORMATION

Please list everyone who lives in your household, including the Student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Name of School</th>
<th>Current Grade</th>
<th>In Talent Search, Upward Bound, or Gear Up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have any questions regarding the North Central MA Talent Search (NCMTS) Program, or if you have a disability and may require special accommodations in order to participate fully in the program, please contact Angele Goss, the NCMTS Program Director, at 978-630-9448.

updated April 2015
North Central Massachusetts Talent Search Application
Serving the Athol, Orange, Winchendon, and the North Central Charter Essential School Districts
North Central Massachusetts Talent Search Program
444 Green Street, Gardner MA 01440
Phone: 978-630-9248   Fax: 978-630-9400

STUDENT INFORMATION

First Name: _______________________    Middle Initial: _____    Last Name: _________________________
Social Security Number: _______-_____-_________          Birth Date: ______/______/________
School: ________________________________________       Current Grade: __________

CONFIDENTIAL FAMILY INCOME AND INFORMATION

We are required by the U.S. Department of Education to obtain family income and other eligibility information from all participants served by the North Central Massachusetts Talent Search (NCMTS) Program. Please complete the following and return this and all requested documents to the NCMTS Program office. All information will be held in strict confidence.

* YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT THE FOLLOWING INFORMATION.

1. Did the family file a Federal Income Tax Return last year:            Yes              No
2. Number of Dependents and Parents claimed on 2014 tax return 1          2          3          4          5          6          7          8+
3. Please indicate your family's AFTER TAX INCOME in the chart below. To determine your AFTER TAX INCOME, please refer to the taxable income line on 2014 tax forms 1040EZ (line 6), 1040-A (line 27), or 1040 (line 43).

Please DO NOT report your Wages, Salaries, tips, etc. Thank you.

☐0 - $17,654          ☐ $30,135-$36,374          ☐ $48,855-$55,094
☐$17,655-$23,894       ☐ $36,375-$42,614          ☐ $55,095-$61,334
☐$23,895-$30,134       ☐ $42,615-$48,854          ☐ $61,335 and over

I verify that by signing this document and submitting the requested documentation that the information which I have provided is accurate to the best of my knowledge. I understand that this information will be held in complete confidence by the North Central Massachusetts Talent Search (NCMTS) Program at Mount Wachusett Community College.

PARENT / GUARDIAN SIGNATURE: _______________________    Date: ______________

updated April 2015
* PARENT CONSENT AND LIABILITY RELEASE (REQUIRED)

I, _______________________ give my son/daughter/ward, _____________________ permission to participate in the MWCC North Central Mass Talent Search (NCMTS) Program. I also absolve Mount Wachusett Community College, the NCMTS Program, their personnel and the Athol, Orange, Winchendon, and the North Central Charter Essential School Systems of any liabilities and claims arising from my child’s participation, and attendance in MWCC NCMTS programs, including travel to and from such events and activities.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the unlikely event of a health problem, emergency or injury occurring during my child’s attendance in the NCMTS Program. I give my consent and authorization to appropriate NCMTS members to use their judgment in seeking medical care for my son or daughter. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I give permission for the NCMTS Program to obtain the academic records/information for the above named student throughout his/her high school career and for six years following his/her graduation to allow for annual tracking of NCMTS participant’s education as is required by federal Department of Education regulations to evaluate the NCMTS Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and Department of Education personnel.

I further give permission for the NCMTS Program to use pictures, videotapes or audio recordings of the above named student for all program related purposes, including for publication in newspapers and other media. If I do not wish for the NCMTS Program to use pictures, videotapes or audio recordings of the above named student I will submit written notification to the program and attach to this application. This consent will remain in effect until its written revocation is received by the NCMTS Program at MWCC, 444 Green Street, Gardner, MA. 01440.

PARENT / GUARDIAN SIGNATURE: _______________________ Date: ___________

* CODE OF RESPONSIBILITY AND EXPECTATIONS (REQUIRED)

1. Students are expected to attend school every day.
2. Students are expected to meet with their TRiO counselor.
3. Students are expected to attend any and all workshops, and to fully participate in the program.
4. Students are expected to demonstrate model behavior in and out of school, including while on any and all educational / cultural field trips.
5. Students are expected to take advantage of every possible opportunity that is put in front of them in order to make their time with us as memorable as possible.
6. Students are expected to share academic information with staff in order to assist in planning and tracking. Student must also give staff permission to access information relating to their academic progress.
7. Students are expected to have fun and do their best!

I have read the above rules and promise to uphold them and to be a good representative of my school and the NCMTS Program. I understand that any serious breach of behavior may result in dismissal from the program.

STUDENT SIGNATURE: __________________________________________________________________________ Date: ____________
The following survey contains a number of statements regarding various aspects of student needs. We ask that each student give their honest opinion about how the North Central Mass Talent Search (NCMTS) Program can help to meet their particular needs. All answers will be kept confidential. Please circle that which best describes you:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I need to get better grades in school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I need to learn how to take better notes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I need to learn test taking strategies and techniques.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I need to develop strong study skills and habits.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I need to learn how to read a text book more effectively.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I need to develop or improve my time management skills and habits.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I need to know how to prepare for a career that interests me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I need to learn how to get involved in clubs and organizations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I need help visiting college campuses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I need to experience more cultural activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I need to learn which high school courses are necessary for college.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I need information on college prep courses and dual enrollment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I need to learn about college programs and degrees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I need to learn more about ACT / SAT testing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I need help applying for colleges and understanding the application process.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I need to learn more about filling out financial aid applications.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. I need to learn about how to search for scholarships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>