

North Central Mass Talent Search Student
Eligibility Form Revised 4/2015

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 retuning 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: _____

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



*** 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:

Parent / Guardian Name: _____

Both Parents One Parent Parent & Step-Parent

Mailing Address: _____

Foster/Adoptive Parent (attach court documents)

City: _____ Zip Code: _____

Legal Guardian (please attach court documents)

Home or Cell Phone: _____

Other, please specify: _____

Email: _____

Parent / Guardian Marital Status: Married Divorced
 Single Separated Widowed

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BIOLOGICAL / ADOPTIVE PARENT INFORMATION

Parent Name: _____
 Mailing Address: _____
 City: _____ Zip Code: _____
 Home or Cell Phone: _____
 Email: _____
 Employer: _____

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: _____

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:

Name	Relationship to Student	Name of School	Current Grade	In Talent Search, Upward Bound, or Gear Up?
	Student			

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.

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STUDENT INFORMATION

SASID Number: 10 _____

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 - \$17,654 | <input type="checkbox"/> \$30,135-\$36,374 | <input type="checkbox"/> \$48,855-\$55,094 |
| <input type="checkbox"/> \$17,655-\$23,894 | <input type="checkbox"/> \$36,375-\$42,614 | <input type="checkbox"/> \$55,095-\$61,334 |
| <input type="checkbox"/> \$23,895-\$30,134 | <input type="checkbox"/> \$42,615-\$48,854 | <input type="checkbox"/> \$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:** _____

*** 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:** _____

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First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Name of School: _____ Grade: ____

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:

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

Student Signature: _____ Date: ____/____/____

Staff Signature: _____ Date: ____/____/____