The primary goal of the Educational Talent Search (ETS) grant is to assist participants to successfully complete middle and high school and enroll in postsecondary education. ETS offers services to 695 individuals in grades six through twelve, of whom at least two-thirds must be income eligible and potential first generation college students.

Both individual advising and group activities provide participants of Talent Search with academic, career, and personal development. Workshop topics include enhancing study strategy techniques, selecting college-preparatory high school courses, completing career assessments, building self-esteem, preparing for the PSAT/SAT, transitioning to college, college admissions procedures, and completing financial aid forms. Early College Planning workshops are held for middle school families. Leadership conferences enhance student’s preparation for postsecondary education. Students also participate in various community service activities.

Specifically designed for disadvantaged students, ETS is one of the nationwide TRIO programs created through federal legislation over 50 years ago. TRIO participants represent a variety of ethnic and cultural backgrounds. Mount Wachusett Community College has administered the ETS program since Fall of 1992. ETS is 100% funded by the U.S. Department of Education. The total funding for this grant is $330,600 annually.

The staff of ETS provides services to eligible participants. If you have a disability and may require accommodations in order to participate fully in program activities, please contact Ramon Gonzalez, ETS Director to discuss your specific needs at 978-630-9293.

Each of our participating school districts has an ETS advisor assigned to their students. The information below will help you to reach out to your advisor, should you have any questions about our program.

ETS Advisor ___________________________

Email ________________________________

School _______________________________

Location in School ____________________________

Days Available ____________________________

Times Available ____________________________

To participate in the ETS program at your school, please fill out the attached application and return it to your ETS advisor. Please note that your application will not be reviewed until the entire application is complete.
STUDENT INFORMATION

First Name ______________________________    Middle Initial ______    Last Name ________________________________
Gender  □ Male    □ Female    □ Other    Date of Birth _____ / _____ / ______    Age ______
School ____________________________________________    Current Grade ______
Address ____________________________________________    City _________________________    Zip Code ____________
Home Phone ______________________________  Cell Phone ___________________________
Email Address ___________________________________________________________________
Are you a U.S. Citizen?  □ Yes        □ No           Social Security Number __________ - _________ - _____________
Are you a permanent resident?  □ Yes        □ No            If yes, 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) or English Language Learner (ELL) classes?  □ Yes        □ No
Do you consider yourself to be Hispanic and / or Latino?  □ Yes        □ No
Please check any which describe you  □ African American          □ Asian American          □ Caucasian
         □ Native American / Native Alaskan          □ Native Hawaiian / Pacific Islander
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       UBMS       Talent Search
Student SASID (to be filled in by ETS advisor) # 10_________________________________________

EMERGENCY CONTACT INFORMATION

Name ________________________________________________________   Relationship _________________________________
Home Phone  ____________________________________    Cell Phone  __________________________________

CUSTODIAL PARENTS / GUARDIAN INFORMATION

Name(s) ______________________________________________________________________________________
Address ____________________________________________    City _________________________    Zip Code ____________
Home or Cell Phone _____________________________________     Email ______________________________________________
With whom do you (the student) live  □ Both Parents    □ One Parent    □ Parent & Step-Parent
         □ Foster/Adoptive Parent (attach court documents)
         □ Legal Guardian (attach court documents)
         □ Other, please specify __________________________________________________________
Parent/Guardian Marital Status  □ Single    □ Married    □ Divorced    □ Separated    □ Widowed
STUDENT INFORMATION

Name ___________________________________________ Social Security Number _______ - _______ - _______

BIOLOGICAL OR ADOPTIVE PARENT INFORMATION

Please do not complete this information for court-appointed guardians or foster parents.

Name ___________________________ Name ___________________________

This parent / guardian has completed the following:

☐ No Formal Education ☐ High School ☐ GED
☐ 2-year College Degree ☐ 4-year College Degree

Relationship to Student ___________________________

Do you live with the student ☐ Yes ☐ No

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 ETS Program. Please complete the following and return this and all requested documents to the ETS 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. Please indicate your family’s taxable income. To determine your taxable income (which may be less than your gross income), refer to the taxable income line (line numbers are provided below) on the tax form that you used last year:

☐ Form 1040EZ (line 6) $__________________________ ☐ Form 1040-A (line 27) $_____________________________
☐ Form 1040 (line 43) $___________________________ ☐ Did not file a Tax Return last year

3. How many people (including both adults and dependants) were on your tax return last year _____________________

4. Does your family receive any form of government benefits ☐ Yes ☐ No

   If yes, please indicate which benefits ☐ SNAP (Food Stamps) ☐ TANF (Welfare) ☐ SSI ☐ Housing Voucher (Section 8)

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 ETS Program at Mount Wachusett Community College.

Parent / Guardian Name ___________________________________________

Parent / Guardian Signature ___________________________ Date ________________
PARENT CONSENT AND LIABILITY RELEASE

I, _________________________________________ give my son/daughter/ward, __________________________________________ permission to participate in the Mount Wachusett Community College (MWCC) Educational Talent Search (ETS) Program. I also absolve MWCC, the ETS Program, their personnel and the Fitchburg, Gardner, and Leominster School Systems of any liabilities and claims arising from my child’s participation, and attendance in MWCC ETS program, 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 ETS program. I give my consent and authorization to appropriate ETS 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 ETS 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 ETS participant’s education as is required by Federal Department of Education regulations to evaluate the ETS 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 ETS 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 ETS 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 ETS program at MWCC, 444 Green Street, Gardner, MA 01440.

Parent / Guardian Signature ____________________________________________________     Date _________________________

STUDENT CODE OF RESPONSIBILITY AND EXPECTATIONS

1. Students are expected to attend school every day.
2. Students are expected to meet with their TRIO advisor.
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 field trips.
5. Students are expected to take advantage of every opportunity offered in order to make their time with us as beneficial as possible.
6. Students are expected to share academic information with ETS 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 ETS program. I understand that any serious breach of behavior may result in dismissal from the program.

Student Signature ____________________________________________________________     Date _________________________

* Your application will not be reviewed until both of the required sections above have been completed.
STUDENT NEEDS ASSESSMENT

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 ETS 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 to college &amp; understanding the 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>

Student Signature ____________________________________________________________     Date _________________________

Staff Signature ______________________________________________________________     Date _________________________