

SEK EDUCATIONAL TALENT SEARCH

Neosho County Community College
800 West 14th
Chanute, KS 66720
Phone: 620-431-2820 Ext. 271 or 201

Coffeyville Community College
400 West 11th
Coffeyville, KS 67337
Phone: 620-252-7126

APPLICATION FOR SERVICES

STUDENT INFORMATION

Please Print

Name: _____ SSN: _____
Last First Middle

Permanent Address: _____
Street/Rural Route/P.O. Box City State Zip Code

Phone Number: _____ Date of Birth: _____
(M/D/Y)

Email address _____ Gender: Male _____ Female _____

Are You a U.S. Citizen? Yes _____ No _____ Are You a Permanent U.S. Resident? Yes _____ No _____

Ethnic Background: Mark all that apply

White _____ Black or African American _____ Hispanic or Latino _____
Asian _____ American Indian or Alaska Native _____ Native Hawaiian or other Pacific Islander _____

Are You Presently:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single Parent _____

EDUCATIONAL INFORMATION

Name of School, If Currently Enrolled: _____

What Grade Are You In? (Circle) 6 7 8 9 10 11 12

Adult Students Only: _____ High School/GED Graduate _____ Enrolled GED _____

What Are Your Future Educational Plans?

_____ High School Graduation _____ Four Year College _____ Other
_____ Community College _____ Vo/Tech

Office Use Only – Please Do Not Write Below This Line

Income Verification: _____	_____ MD Consent	Eligibility: _____
_____ Affidavit	_____ AC/RC Consent	_____ I-1/G
_____ 1040/1040A	_____ Travel Consent	_____ 1/G
No. Dependents _____	_____ Student Pledge	_____ I
Taxable Income _____		_____ Other

Director's Signature

Date

Accept Letter. Sent/Date

CONFIDENTIAL INCOME INFORMATION

PLEASE CHECK YOUR ANNUAL TAXABLE INCOME (after all deductions) and/or attach a copy of your most recent tax return. PLEASE DO NOT LIST YOUR GROSS (TOTAL)

_____ \$0 - \$16,245	_____ \$27,466 – \$33,075	_____ \$44,296 – \$49,905
_____ \$16,246 – \$21,855	_____ \$33,076 – \$38,685	_____ \$49,906 - \$55,515
_____ \$21,856 - \$27,465	_____ \$38,686 – \$44,295	_____ Over \$55,516

Educational Talent Search is a federally funded program and regulations require verification of family income as part of the application/admission process. **All information will be held in the strictest confidence.** This information could also be helpful in assisting your student with information about financial aid, scholarship opportunities and special programs.

How many people live in your household including yourself? _____

Are you on any public assistance (A.F.D.C., Food Stamps, SSI, etc.)? _____ Yes _____ No

FAMILY INFORMATION

Parent/Guardian Mother _____ Father _____ Other _____ Are you a U.S. Citizen YES _____ NO _____

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Education: (Check Highest Level Completed) High School _____ Some College _____ Bachelor Degree or Higher _____

Parent/Guardian Mother _____ Father _____ Other _____ Are you a U.S. Citizen YES _____ NO _____

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Education: (Check Highest Level Completed) High School Graduate _____ Some College _____ Bachelor Degree or Higher _____

Parent's Marital Status

Single _____ Married _____ Widowed _____ Divorced _____ Legally Separated _____ Other _____

Does your Child have an IEP? _____ YES _____ NO

With whom does the student live? _____

If you do not have a four-year college degree would you like information on pursuing a degree? YES _____ NO _____

This is to be completed and signed by the parent or guardian of the student. Omitted information will delay processing of application.

I certify that the above information is true and complete to the best of my knowledge. I understand that all information provided shall be held in the strictest confidence.

Parent/Guardian Signature

Date

If you have any questions or concerns, please call the SEK Educational Talent Search office at (800)729-6222 or (620)431-2820 Extension 271 or 201.

SEK Educational Talent Search Needs Assessment and Academic Plan

Name: _____ Social Security Number: _____

Academic Support

I get mostly ____ A's ____ B's ____ C's ____ D's ____ F's

Attendance:

Absences: ____ 0 ____ 1-5 ____ 5-10 ____ Over 10

Reason: _____

List Current Classes:

Class	Grade (GPA)

Support Services Needed:

Basic Skills

- ____ Math
- ____ Writing
- ____ Reading
- ____ Science

Other Areas

- ____ Tutoring
- ____ Study Skills
- ____ Time Management
- ____ Goal Setting

Post-Secondary

Educational Goals:

- | | |
|------------------------------|---------------------------|
| ____ High School Diploma | ____ Vocational-Technical |
| ____ Associate Degree (2 yr) | ____ GED |
| ____ Bachelor Degree (4 yr) | ____ Employment |
| | ____ Military |

Support Services Needed:

- ____ High School/GED Enrollment Advising
- ____ High School Alternative Assistance
- ____ ACT/SAT Prep
- ____ College Admission Assistance
- ____ Scholarship/Financial Aid Assistance
- ____ Tutoring

Career

Career Goal: _____

Other Careers Interested In:

1. _____
2. _____
3. _____

Support Services Needed:

- ____ Career Exploration
- ____ Goal Setting

Workshops

- ____ Personal Enrichment
- ____ Parent Workshops
- ____ Social Skills Development
- ____ Leadership

Other Activities

- ____ Summer Day Trips
- ____ Cultural Events
- ____ Job Shadowing
- ____ School/Community Events

Transfer

Have you ever visited a college?

____ Yes ____ No

Are you interested in a college visit?

____ Yes ____ No

List College/Vocational Schools you are considering:

1. _____
2. _____
3. _____

PLEDGE OF PARTICIPATION

The SEK Educational Talent Search staff pledges to provide services and activities that will be customized to specifically meet students' needs. All services are provided at no cost and are intended to help increase students potential academically and personally. Services and activities available include:

Academic Advising
Counseling
Career Exploration

Financial Aid Advising
Cultural Enrichment
Tutoring

I would like to participate in the SEK Educational Talent Search program because I share the goals of ETS for students to complete secondary school, receive good grades, and be academically prepared to pursue college level work. As a participant, I agree to do the following:

- Strive continually to improve my school grades through good attendance, punctuality, class participation, homework completion and all other requirements.
- Meet with my ETS advisor at least four times throughout the school year to discuss my current status, review my progress toward my goals and assess my needs.
- Attend ETS school sessions unless they conflict with other academic, extra curricular, or work related obligations or responsibilities.
- Participate in at least three different activities offered by ETS such as:

Tutoring
Campus Visits

Academic Workshops
Career Exploration

Cultural Events
Summer Program

- Remain in ETS through my high school graduation.
- Strive to enter a post- secondary program after high school graduation and ETS participation.
- Cooperate with the ETS staff in the completion and updates of required documentation.
- Cooperate with and respect staff, faculty and other students while participating in ETS activities and traveling on official ETS approved trips.

I agree to the terms of this pledge. My continued participation in SEK Educational Talent Search requires that I maintain these responsibilities, unless extenuating circumstances develop.

Student Signature

Date

Parent/Guardian Signature

Date

Applicants will be selected for program participation in compliance with the provisions of Section 427 of the U.S. Department of Education's General Education Provisions Act (GEPA). Accordingly, access and participation will not be denied to applicants based on gender, race, national origin, color, disability, or age.

This program is funded by a grant from the U.S. Department of Education.
Grant number PO44A070157

SEK EDUCATIONAL TALENT SEARCH
(A U.S. Department of Education TRIO Program)

Neosho County Community College
800 West 14th
Chanute, KS 66720
(620) 431-2820 or (800) 729-6222
Ext. 271 or 201

Coffeyville Community College
400 West 11th
Coffeyville, KS 67337
(620) 252-7126

CONSENT FOR RELEASE OF ACADEMIC RECORDS

I, _____, hereby give permission for the SEK Educational Talent Search TRIO Program to obtain any/all of my academic records including school transcripts, test scores and records, and teacher evaluations. This also includes future college transcripts, admission applications, class schedules and financial assistant documents (such as FAFSA, student aid reports and scholarship award letters).

I understand that these records are confidential and will only be used internally for program participant selection and evaluation. I also understand that compiled records on a group basis may include any/all of these records. Compiled information will be used to meet U.S. Department of Education regulations for program evaluation.

None of my identified, individual records will be released to any person, corporation, organization, or present or future employer without my further written consent.

If you would like Educational Talent Search to monitor your child academic progress, give us your child's pass -code to do so.

SCHOOL

PASS-CODE

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

SEK TALENT SEARCH
Making A Difference For Our Future

I hereby give permission for my son/daughter's picture to be taken in connection with the activities of the Talent Search Program at Neosho County Community College and Coffeyville Community College. Photographs will be used in newspapers, television, magazine articles, etc., concerning the program. I also give permission for my son/daughter to speak in public regarding the Talent Search Program.

Signature of Parent/Guardian

Date

Signature of Student

Date

STATEMENT FOR EMERGENCY MEDICAL CARE

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It has come to the attention of Educational Talent Search, that in the event of illness or injury on an Educational Talent Search trip, your child may not be able to receive medical treatment in your absence without a notarized statement. Please complete this form in detail. This form may be notarized.

In order to meet all legal requirements, I hereby authorize _____ and/or Talent Search representatives of SEK Educational Talent Search, to give consent for any and all necessary emergency medical care for my child _____ while said child is in individual's custody.

Signature of Parent or Guardian

Name _____ Address _____

Phone _____ Cell Phone _____ Date of Birth _____

Physician _____ Address _____ Phone _____

Emergency Phone Numbers: Home _____ Work _____

Father's _____ Mother's _____

Alternate Emergency Contact: Name _____ Phone _____

Do you have health insurance? _____ Policy name & number _____

Do you receive medical assistance? _____ Program & card number _____

Is child eligible for military medical care? _____ I.D. number _____

Medical Information on Child

This information is needed to better accommodate the child. Please check if your son/daughter has any of the following conditions:

_____ convulsions/seizures _____ heart condition _____ diabetes _____ nose bleeds

_____ migraine headaches _____ asthma _____ allergies _____ other: _____

_____ last tetanus shot _____ drug allergies: _____

(Please list)

_____ current medication: _____

(Please list name of medication and dosage)

Any disabilities? _____ yes _____ no If yes, please explain: _____

STATE OF KANSAS
COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED ABOVE, AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSE THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES