

Educational Talent Search Program

Educational Talent Search is a FREE program that helps students prepare for and acquire a college education. All students who attend one of the Waterloo Community School District's middle or high schools (Bunger, Central, Hoover, George Washington Carver Academy, East, Expo, or West), and high school stopouts living in Black Hawk County are eligible to apply.

Services Offered Through the Educational Talent Search Program:

- Study Skills Workshops
- High School Course Selection
- Completion of Admissions Applications and waiver of application fees
- ACT/SAT Prep
- ACT/SAT fee waivers
- Assistance with Applying for Financial Aid
- College Tours and Cultural Fieldtrips
- Career Planning
- Career Exploration/Job Shadowing
- GED Information
- Tutoring
- Secondary/Postsecondary Reentry
- Scholarship Searches
- Financial and Economic Literacy

For More Information Contact:
Educational Talent Search Program
800 Sycamore Street
Waterloo, IA 50703-4730
Phone: 319-273-4772

Educational Talent Search (ETS) is a federally funded TRIO Program designed to assist middle/high school students with completing high school and enrolling into a postsecondary institution. Services provided to participants are listed below under the Needs Assessment section. All ETS services are **free**. ETS participants must be citizens or permanent residents of the United States.

Students who attend one of the Waterloo Public middle or high schools (Bunger, Central, George Washington Carver Academy, Hoover, East, Expo or West) and high school stopouts living in Black Hawk County are eligible to apply.

All completed applications will be evaluated and the most qualified students will be accepted into the program. Middle or high school students may return their application, school records release and social media form to their school or mail to the ETS Program office at 800 Sycamore St., Waterloo, IA 50703. High school stopouts should return their application, school records release and social media form to the ETS Program office. Please contact the ETS office at (319) 273-4772 if you have any questions.

Student Information (Please Print)

Name: Last _____ First _____ MI _____ Birth Date _____ Male
 Female

Street/Mailing Address _____ City _____ State _____ Zip Code _____

Home Telephone # _____ Emergency Telephone # _____ Cell Telephone # _____

Student's e-mail Address _____ School Currently Attending _____

Race/Ethnicity: Black or African American White Hispanic or Latino Asian
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Current Academic Level: 6th 7th 8th 9th 10th 11th 12th
 High School Graduate GED Recipient High School Stop-out

Is the applicant a US citizen or a permanent resident? Yes No (If no, you are not eligible for ETS)

Is the applicant a ward of the court? Yes No Is the applicant living in a foster home? Yes No

Is the applicant homeless? Yes No Is the applicant homeschooled? Yes No

Does the applicant have any disabilities? Yes No If yes, please specify: _____

Is the applicant enrolled in an Upward Bound Program? Yes No

Does the applicant plan to attend a 4 yr. college, vocational school or community college after high school? Yes No

Needs Assessment: Please check the workshops and activities you believe will be helpful to you:

<input type="checkbox"/> ACT/SAT Prep	<input type="checkbox"/> College Tours	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Study Skills
<input type="checkbox"/> ACT/SAT Fee Waiver	<input type="checkbox"/> Course Selection	<input type="checkbox"/> GED Assistance	<input type="checkbox"/> Time Management
<input type="checkbox"/> Career Planning	<input type="checkbox"/> Cultural Events	<input type="checkbox"/> Goal Setting	<input type="checkbox"/> Tutoring
<input type="checkbox"/> College Admissions	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Scholarships for College	

Parent/Guardian Information

Name of Parent(s) or Legal Guardian(s): Please

Mother: _____ Cell #: _____
Last First

Father: _____ Cell #: _____
Last First

Parent(s)/Guardian(s) email address: _____
(Please Print) _____

ETS is required to verify that our participants meet federal criteria based on educational background and household income. ETS ensures that all information provided will remain confidential.

Have either biological or adoptive (not step) parents of the student graduated from a four-year college and received a Bachelor's degree? Yes No

If yes, please list school: _____

What is the primary language in your home? _____

Total number of people living in the household: _____

If you filed a 2019 income tax return please check the income range that is closest to your taxable income from Form 1040, 1040A or 1040E Z.

- under \$19,320
 \$19,321 - \$26,130 \$53,371 - \$60,180
 \$26,131 - \$32,940 \$60,181 - \$66,990
 \$32,941 - \$39,750 Over - \$66,990
 \$39,751 - \$46,560
 \$46,561 - \$53,370

If you did not file a 2019 income tax return, please list your taxable income: _____

I (we) grant ETS permission to take photos of my child and use them to promote the Talent Search Program. Yes No

I verify that the information provided on this application is true, complete and accurate to the best of my knowledge.

Statement of confidentiality

The personal information you submit to the UNI Educational Talent Search Program is necessary to determine if the student is eligible to participate in the program. This information is protected by the Privacy Act and no one may see this information unless they work with or for the University of Northern Iowa Educational Talent Search Program.

Parent/ Guardian Signature

Date

Educational Talent Search Program
800 Sycamore St.
Waterloo, IA 50703-4730
319-273-4772

SCHOOL RECORDS RELEASE FORM

UNIVERSITY OF NORTHERN IOWA Educational Talent Search Program

800 Sycamore Street
Waterloo, Iowa 50703-4730
(319) 273-4772 (telephone) ▪ (319) 433-0160 (fax)

To the officials of: Waterloo Community Schools

I hereby grant permission for the University of Northern Iowa Educational Talent Search Program (ETS) to have access to the records of _____, including the cumulative, quarterly
Student Name (Please Print)

and semester grades, test scores, transcripts and class schedules, during their 6th -12th grade enrollment in the ETS program.

I understand my child's records will be kept in a confidential file and used for the following purposes only:

- To assist ETS personnel as they support my child's preparation for success in accessing and completing postsecondary education.
- To provide data to the U.S. Department of Education and to the University of Northern Iowa for the sole purpose of assessing the effectiveness of ETS in providing services to its participants.

****This records release form will be valid (6th-12th grade) or until the student has exited out of the program****

I understand I may revoke this release at any time by submitting to the University of Northern Iowa ETS a dated, signed statement denying the release of secondary school records.

Parent/Legal Guardian Name (please print) Parent/Guardian Signature

Student's School Grade Student's School ID# Date

Current Address

City State Zip Code

Home Telephone Cell Phone



Social Media Photo Release Form

Date: _____

I authorize the University of Northern Iowa (UNI) to videotape, photograph, record, edit, copy, display, perform publicly, distribute, use and re-use my (or my child's) image, voice, and likeness in all current and future UNI productions, projects, future media and promotional materials, in any manner, including print, tape, broadcast, digital media, and/or yet to be developed technology. I understand that my (or my child's) image, voice, and likeness may be distributed in the United States and elsewhere for an unlimited time.

I understand that I will not receive any compensation as a result of any such videotaping, photography, recording, editing, copying, display, public performance, distribution, use or re-use of my (or my child's) appearance, including my (or my child's) image, voice or likeness. I understand and agree that UNI owns the copyright and all other media distribution rights relating to the appearance. I waive any rights of privacy and/or publicity that I may have with regard to the appearance and any re-use or further use of the appearance. I release any and all claims or causes of actions of any nature that I may have, now or in the future, against the University of Northern Iowa, the Board of Regents-State of Iowa, the State of Iowa, and their employees and agents in connection with the appearance.

The laws of the State of Iowa will govern this release, without regard to the conflict of law provisions.

I represent that I am the parent or legal guardian of _____, that I have read and fully understand the contents of this release, and that I consent to this release on behalf of _____,
Student Name **Student Name**

Name of Parent (Print): _____

Address: _____

State/Zip: _____

Telephone: _____

Signature of Parent/Guardian: _____

* This release is for UNI's Educational Talent Search Program and will be maintained within the ETS office. *