LABETTE COMMUNITY COLLEGE  
EDUCATIONAL TALENT SEARCH PROGRAM  
PARTICIPANT APPLICATION

Site Location: Mailing Address:  
1227 Broadway 200 South 14th Street  
Parsons, Kansas 67357 Parsons, Kansas 67357

www.labette.edu/stusvcs/talentsearch/talentsearch.htm  (620) 820-1037 (Tel) (620) 421-4056 (FAX)

NAME:___________________________________________Social Security Number:________________________

First Middle Last (SSN Required by U.S. Dept. of Education for ALL PROGRAM PARTICIPANTS)

ADDRESS:___________________________________________GRADE: 6 7 8 9 10 11 12 (Please Circle One)

Number/Street Name City/State Zip

MAILING ADDRESS:___________________________________NAME OF SCHOOL:___________________________

PHONE:____________________CELL PHONE:_____________DATE OF BIRTH:_______________________________

E-MAIL ADDRESS:______________________________ FEMALE___________ MALE ____________

ETHNICITY: Are you currently in Foster Care? ____Yes ____No

_____American Indian/Alaska native

_____Asian Have you ever been in Foster Care? ____Yes____No

_____Black/African American

_____White/Caucasian

_____Native Hawaiian or other Pacific Islander

_____Hispanic/Latino/Mexican

_____Two or more races

_____Race or Ethnicity unknown

How many people, including yourself, live at home? __________ Please list them below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation</th>
<th>School /Job Title</th>
<th>4 year degree?</th>
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RELEASE OF INFORMATION AGREEMENT

NAME________________________________________ DATE OF BIRTH________________________________

NAME OF SCHOOL________________________ GRADE 6  7  8  9  10  11  12 (Circle One)

This document will authorize Talent Search to receive and/or release copies of my child’s transcript (including Power School access/records), test scores, financial aid awards, and other materials necessary for participation in the LCC TALENT SEARCH PROGRAM. I understand that my records are protected under State and Federal Confidentiality regulations and cannot be released without my written consent unless otherwise provided for in the regulations. Federal regulations prohibit making any further disclosure without the specific written consent of the person, or as otherwise permitted by such regulation. This release is valid for the school year term of 2014-2015.

Student Signature ____________________________________ Date ______________________________________

Parent Signature ____________________________________ Date ______________________________________

PLEDGE OF PARTICIPATION

The Educational Talent Search staff pledges to provide activities and services that will be customized to specifically meet participants’ needs. All services are provided at no cost and are intended to help increase each participant’s potential, academically and personally. Services and activities available include but are not limited to:

<table>
<thead>
<tr>
<th>Academic Advising/Counseling</th>
<th>Cultural Activities and Enrichment</th>
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<tbody>
<tr>
<td>ACT/SAT Exam Assistance</td>
<td>Educational Assessments</td>
</tr>
<tr>
<td>Career Planning and Exploration</td>
<td>Financial Aid Advising</td>
</tr>
<tr>
<td>Computer-Assisted learning activities</td>
<td>Mentoring</td>
</tr>
<tr>
<td>Advice on Entry/Re-entry to secondary/post-secondary institutions</td>
<td>Parental Involvement with Talent Search</td>
</tr>
</tbody>
</table>

I, the student, would like to participate in the TALENT SEARCH PROGRAM because I share the goals for participants to complete secondary school or earn a GED, to receive good grades, and to strive toward academic preparation to pursue college level work. As a participant, I agree to do the following:

✓ To strive to improve my academic skills through good attendance, punctuality, participation, completion of assignments, and all other requirements.
✓ To meet with my educational advisor at least TWICE throughout the academic year to discuss my current status, review progress toward my goals and to assess my on-going academic, educational, and future career needs in the Talent Search Program.
✓ To remain in the Talent Search Program through my high school graduation, GED attainment, or college enrollment.

I acknowledge that I have been informed if I engage in any inappropriate behavior that the behavior may be reported to my parents and/or any appropriate legal authorizes. Actions could result in: loss of trip privileges, dismissal from the program, and/or other legal actions.

Student Signature ____________________________________ Date ______________________________________

I, the parent(s), pledge to support the participation of my child in the Talent Search Program by agreeing to support the objectives and the staff by:

✓ Cooperating with the Talent Search Staff in the completion and updates of required documentation on a routine basis.
✓ Cooperating and respecting the staff, faculty, and other participants while enrolled in Talent Search Program activities and while traveling on official business through approved trips in and outside the State of Kansas.
✓ I give permission to use photographs of my child for media purposes and identification.

Parent Signature ____________________________________ Date ______________________________________
Parental/Confidential Income Information

Labette Community College’s Educational Talent Search Program is funded by the U.S. Department of Education. In order to receive the funds necessary to provide our 543 participants with free services, we are required to obtain income information. We can not accept participants without this information; however, eligibility is not determined solely from income. If you have questions about completing this form, please call our office at (620) 820-1037 or (620) 820-1028. This confidential information will not be released to anyone. Talent Search keeps this information on file in a secured area, which is accessible only to personnel.

Please feel free to mail the application directly to our office if you prefer: Labette Community College, Talent Search Program, 200 S. 14th Street, Parsons, Kansas 67357.

Please check your annual TAXABLE NET INCOME—Income after all deductions—in the appropriate box below. You may attach a photocopy of your 1040, 1040A or 1040EZ. (Check one range of income)

<table>
<thead>
<tr>
<th>/ $0 to $17,235</th>
<th>/ $17,236 to $23,265</th>
<th>/ $23,266 to $29,295</th>
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<tbody>
<tr>
<td>/ $29,296 to $35,325</td>
<td>/ $35,326 to $41,355</td>
<td>/ $41,356 to $47,385</td>
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<tr>
<td>/ $47,386 to $53,415</td>
<td>/ $53,416 to $59,445</td>
<td>/ Over $59,445</td>
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</table>

Are you on public assistance? __________ Yes __________ No

If you are on public assistance, please check which public assistance applies to you:

_________ AFDC/TANF State Assistance
_________ Food Stamps
_________ Unemployment
_________ Social Security

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

_________________________________________  ______________________
Parent’s/Guardian’s Signature                  Date

Father/Male Guardian                           Mother/Female Guardian
Name:________________________________________ Name:________________________________________

Employer:____________________________________ Employer:____________________________________

Telephone:____________________________________ Telephone:____________________________________

Education: (Please check highest level attained)
_________ Some high school
_________ High school graduate
_________ Some college
_________ Associate’s degree
_________ Bachelor’s degree or higher

_________ Some high school
_________ High School graduate
_________ Some college
_________ Associate’s degree
_________ Bachelor’s degree or higher