

Talent Search Application

Did your father graduate from a 4-year college or university? Yes No
Did your mother graduate from a 4-year college or university? Yes No

Do you have any brothers/sisters participating in Educational Talent Search? Yes No
If yes, please list their name(s) _____

How did you find out about Talent Search? Counselor/Guidance Teacher Friend Other: _____

Financial Information

The Humboldt State University Talent Search Program is federally funded. Therefore, you are required to document your family's income for the purpose of determining your child's eligibility for the program.

Please check the box below that reflects your family's **taxable** income for the preceding calendar year. **Taxable** income is the amount you earned **AFTER** exemptions and deductions. Please see below right for the correct line on your applicable tax form.

- Below \$16,245 \$27,466 - \$33,075 \$44,296 - \$49,905
 \$6,246 - \$21,855 \$33,076 - \$38,685 \$49,906 - \$55,515
 \$21,856 - \$27,465 \$38,686 - \$44,295 \$55,516 and up
 Receiving TANF or Social Security, OR not required to file because of low income status

IRS 1040: Line 43 IRS 1040A: Line 27

Please indicate the number of dependents in your household (including parents): _____

Release Statement

I hereby certify that the information in this application is correct to the best of my knowledge.

I give permission to the EDUCATIONAL TALENT SEARCH program at Humboldt State University to have any school records of my student to determine eligibility for the program and to monitor the status and progress in middle, secondary, and post-secondary education as well as eligibility for financial aid.

In consideration of the granting of permission by the Board of Trustees California State University for the student to participate, during the period of time set forth, in the program described above, the participant and his/her parent(s) or legally appointed guardian hereby agree to indemnify, hold harmless and release and forever discharge the Board of Trustees of the California State University and their employees and agents from all claims and demands which the participants, his/her parent(s) or legal guardian or the representatives or successors of them or any other person may have against the Board of Trustees and its employees and agents by reason of acts, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of the participant in the aforementioned Talent Search Program, or any time subsequent thereto.

My student has permission to participate in field trips planned for and supervised by EDUCATIONAL TALENT SEARCH. Further, should my son/daughter require medical attention and/or care while participating in EDUCATIONAL TALENT SEARCH, I/we give my/our consent to medical examination and any treatment as may be deemed necessary by the attending physician. This consent shall remain effective so long as my son/daughter is a participant in EDUCATIONAL TALENT SEARCH. Should an emergency arise, staff will attempt to reach me/us and be guided by my/our wishes. In the event that I cannot be contacted, the attending physician has my consent to act as medical judgment may dictate.

In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by EDUCATIONAL TALENT SEARCH for promotional, publicity or instructional purposes. Please check here if you do not want you child's photo to be used in our newsletter or other promotional material.

Parent/Guardian Signature

Date

Student Signature

Date