



OKLAHOMA CITY



OSU-OKC Talent Search
900 N. Portland Ave.
Oklahoma City, OK 73107
Phone: (405)945-9160 Fax: (405)945-9127

Please print and complete in ink:

STUDENT'S

NAME: First Name MI Last Name TODAY'S DATE: Month / Day / Year

ADDRESS: Street Address or P.O. Box EMAIL

City State Zip Code HOME PHONE: ()

STUDENT'S CELL PHONE: () PARENT'S CELL PHONE: ()

DATE OF BIRTH: Month / Day / Year AGE: SEX: Male Female U.S. Veteran? Yes No

PLACE OF BIRTH: (City, State) SOCIAL SECURITY #: - -

U. S. Citizen? Yes No NOTE: IF NO, ATTACH A COPY OF YOUR RESIDENT ALIEN (GREEN) CARD TO THE APPLICATION

ETHNIC ORIGIN: Do you consider yourself to be Hispanic/Latino? YES NO

RACIAL IDENTITY: American Indian/Alaskan Native Asian Black / African American
Native Hawaiian / Pacific Islander White Two or more races

CURRENT GRADE (or highest grade completed): 6th 7th 8th 9th 10th 11th 12th H.S. Grad./GED College but below B.A.

CURRENT SCHOOL: School Counselor:

What grades do you usually get?

What was your last semester grade point average (GPA)? (Check one)
(A) 4.0 and above (B) 3.0 - 3.99 (C) 2.0 - 2.99 (D) 1.0 - 1.99 (F) below 0.99

Are you currently enrolled in school? Yes No

If No, what are you doing?

Are you currently a participant in Upward Bound or another TRiO program? Yes No

HOUSEHOLD INFORMATION

Family size: (total number currently living in your household and primarily supported by parent/guardian/self)

With whom does the student live? Mother only Father only Mother and Father
Parent/Step-parent Legal Guardian: Self/Other (specify):

Parent/Guardian/Spouse 1 Name:

Occupation: Work Phone:

Parent/Guardian 2 Name:

Occupation: Work Phone:

Has either parent in your current household received a 4-year degree from a college or university? Yes No

Please discuss a person(s) and/or events in your past that have encouraged or influenced you to go to college. Please attach additional pages if necessary.

FAMILY INCOME INFORMATION

For OSU-Oklahoma City to determine eligibility for Talent Search participation, federal regulations require parent's signed statement or written documentation of the applicant's family size (# of exemptions) and taxable income from the last calendar year. **Please complete only ONE of the sections below:**

SECTION 1 – Please note that the **Annual Taxable Income** is located on **line 43 of Form 1040**, on **line 27 of Form 1040A** and on **line 6 of Form 1040EZ**. The Taxable income is usually lower than the Adjustable Gross Income which is located at the bottom of the first page of most tax forms.
Please call 405-945-9160 or 405-945-9161 if you have any questions or need assistance locating this information.

What is your household's **Annual Taxable Income** for the previous year? _____

SECTION 2 --FOR FAMILIES WHO WERE NOT REQUIRED TO FILE AN IRS 1040 OR 1040A FORM

Family Size: _____ **Total earnings (GROSS INCOME) for the previous tax year:** \$ _____
Sources of Income: _____
If any of the sources of income listed below apply to you, please complete the appropriate section:

Social Security Benefits \$ _____
Welfare Benefits \$ _____
TANF Benefits \$ _____
Other Income – Please List: _____ \$ _____

SECTION 3 -- (Check if applicable) **APPLICANT IS A FOSTER CHILD**
(Agency: _____) Documentation must be attached

I hereby certify that the information and attached documents provided to support this application are true and correct, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Additionally, I understand that the information given herein, and supporting documents are for the receipt of Federal assistance. Officials handling this application may verify the provided information using either computer matching programs, or by other means, with other Federal or State Agencies. [Note: The information you provide may be disclosed to third parties for the purpose of verifying eligibility requirements, and in an effort to prevent fraud, waste, and abuse in providing federal assistance.]

Parent or Legal Guardian's Signature

Date

Student Signature

INFORMATION SHEET

To be read and signed by student (and parent, if student is under 18)

The *OSU-Oklahoma City Talent Search Program* is a federal assistance program designed to promote post-secondary educational opportunities for selected individuals in Oklahoma County and Canadian County. Since the scope of the *Talent Search Program* is educational in nature, participants in this program are expected to maintain acceptable grades and a Grade Point Average (GPA) of a least 2.0.

As an educational program, *OSU-Oklahoma City Talent Search* is required to determine the eligibility of all participants and maintain students' records. Under rules established by the Family Educational Rights and Privacy Act, you are hereby notified that the program's student records and the information contained therein are kept confidential and that you (and your parents, if you are younger than age 18) have the right to inspect the contents of your records. However, directory information concerning your participation in the program will be released to the public as a matter of course. This information is limited to name, grade level, schools attended, home address, date of birth, parent/guardian's name and address, phone number, and participation dates. Unless notified in writing to withhold any or all of such directory information, the *OSU-Oklahoma City Talent Search Program* will release it.

Concerning the availability of services through the *OSU-Oklahoma City Talent Search Program*, should the applicant/participant feel that his/her application was inappropriately reviewed, or equal treatment in services was not provided, he/she is encouraged to file a complaint with the *OSU-Oklahoma City Talent Search* director, who will review the complaint and render a resolution. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

In addition, individuals served by the *OSU-Oklahoma City Talent Search Program* are expected to comply with regulations pertaining to the receipt of federal assistance. As an example, a participant who is convicted of a drug-related activity must notify the program after such conviction. Male participants who reach the age of 18 while participating in the program must register with the Selective Service.

ACKNOWLEDGEMENT:

By signing this form, the applicant and his/her parent or legal guardian understand the information conveyed and permit the receipt of program services. The program will also be granted use of Talent Search photos at events for promotional/informational materials.

Student's Signature

Parent/Guardian's Signature

Date: _____

The *OSU-Oklahoma City Talent Search Program* provides assistance to eligible individuals without regard to race, color, national origin, gender or disability.

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RECORDS RELEASE FORM

To Be Completed By Student and Parent

- ✓ I hereby give my permission for the release of any records from my son's/daughter's file to the *OSU-Oklahoma City Talent Search Program*. [Parent or Legal Guardian]
- ✓ I hereby give permission for you to release any of my school records to the *OSU-Oklahoma City Talent Search Program*. [Student Participant]

I authorize the release of school records from my son's/daughter's file that may be requested by the Oklahoma State University-Oklahoma City (OSU-OKC) Talent Search Program. I understand that the OSU-OKC Talent Search Program will use these records to provide academic advisement for my son/daughter. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education as required by law.

This authorization is limited to the following records:

- ❖ Official School Transcript
- ❖ Student Academic Report with test scores
- ❖ Student History File with tests scores
- ❖ Test Results (PSAT, SAT, PLAN, ACT, etc. if available)
- ❖ Basic Skills Test Results
- ❖ Attendance Record
- ❖ Student grades/progress reports
- ❖ Information concerning disciplinary actions
- ❖ Post-secondary enrollment and financial aid information

Print Student's Name: _____

Student's Social Security Number: _____

Print Parent or Legal Guardian's Name: _____

Note: A photocopy of this record release form should be accepted as an original and the date indicated below has no bearing on when the information is requested by the OSU-Oklahoma City Talent Search Program.

 Signature of Parent/Legal Guardian (Required if student is under 18)

 Date

 Signature of Student (Required if student is over 18)

 Date

OSU – Oklahoma City TALENT SEARCH
MEDICAL CONSENT AND FIELD TRIP AUTHORIZATION FORM

Part 1

Dear Parent/Guardian:

Your son/daughter is below the legal age of consent (18 years). The law requires that we have your permission to give authority for medical services should the need arise. Your signature on this consent form will authorize us to proceed with the care of the lesser types of medical problems which may occur. In the event of any major health problems, we will notify you as promptly as possible.

STUDENT INFORMATION: **School Name:** _____

Name _____ **SS#** _____
First Middle Last

Address _____ **Date of Birth** ____/____/____
Street City Zip

List any severe medical problems that we should know about (for example, chronic diseases, allergy to drugs, physical handicaps, etc.)?

Is your child on any medication? Yes No

If yes, please list medications _____

At the present time, is he/she under medical care? Yes No

If yes, for what? _____

If yes, what is the doctor's name, address, and telephone number?

Name Address Phone #

Parent's Name _____
(Please Print) First Last Phone or Cell #

In case of emergency, the person to contact if the parent/guardian cannot be reached is

Name Address Phone #

What relationship is this person to the student? _____

I do hereby authorize the Talent Search staff to give permission for the performance of medical examinations and necessary treatments (including test, x-rays, medicine, etc.) as may be deemed necessary by the physician in attendance. This consent shall be in effect for the period of time that my son/daughter is enrolled as a student in Educational Talent Search. If any emergency arises requiring a major surgical procedure, the program will attempt to reach me and to be guided by my wishes. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Part 2

I grant my son/daughter permission to participate in Talent Search sponsored activities and field trips. I understand that my son/daughter is expected to obey all rules and regulations of the Talent Search program. I also understand that failure to obey written or verbal rules and regulations will be sufficient reason for terminating my child from participation in Talent Search activities or field trips by sending them home.

I hereby release and forever discharge Oklahoma State University – Oklahoma City and its staff members from all manner of claims and responsibility due to any risks encountered by my son/daughter.

Parent/Guardian signature

Date of Consent

OSU-OKC TALENT SEARCH ANNUAL STUDENT NEEDS ASSESSMENT

DATE: ____/____/____

PLEASE PRINT

NAME: _____ SCHOOL: _____ GRADE: _____

This survey contains a number of statements about student needs. Please give your honest opinion of how the Talent Search Program can meet your needs. Your answers will be kept confidential.

(Please Circle one)

ACADEMIC NEEDS

**STRONG
NEED**

**SOME
NEED**

**NO
NEED**

- | | | | |
|---|---|---|---|
| 1. To learn how to complete and turn in my homework on time. | 1 | 2 | 3 |
| 2. To get better grades in school. | 1 | 2 | 3 |
| 3. To take test better and with less anxiety. | 1 | 2 | 3 |
| 4. To organize my time, activities and responsibilities better. | 1 | 2 | 3 |
| 5. To learn more about high school requirements for college. | 1 | 2 | 3 |
| 6. To listen better in class and ask more questions. | 1 | 2 | 3 |
| 7. To relate to and communicate better with my teachers. | 1 | 2 | 3 |
| 8. To identify, set and evaluate goals for the future. | 1 | 2 | 3 |

*My academic goal is _____.

PERSONAL NEEDS

- | | | | |
|---|---|---|---|
| 1. To better understand my parents and other adults. | 1 | 2 | 3 |
| 2. To learn to deal with conflict in a positive manner. | 1 | 2 | 3 |
| 3. To be more accepting of my physical appearance. | 1 | 2 | 3 |
| 4. To learn how my self-esteem affects my behavior. | 1 | 2 | 3 |
| 5. To learn how to get along better with members of the opposite sex. | 1 | 2 | 3 |
| 6. To learn to accept people who are different from me. | 1 | 2 | 3 |
| 7. To learn more about the use/abuse of drugs and alcohol. | 1 | 2 | 3 |
| 8. To accept greater responsibility for my actions. | 1 | 2 | 3 |

*My personal goal is _____.

CAREER AND POSTSECONDARY NEEDS

- | | | | |
|--|---|---|---|
| 1. To explore a variety of career opportunities. | 1 | 2 | 3 |
| 2. To learn more about job applications, resumes and interviews. | 1 | 2 | 3 |
| 3. To learn more about the postsecondary admissions process | 1 | 2 | 3 |
| 4. To prepare for exams like the ACT or SAT. | 1 | 2 | 3 |
| 5. To visit more colleges. | 1 | 2 | 3 |
| 6. To learn about college costs and how to pay for college. | 1 | 2 | 3 |

*Name a college, university or technology center you would like to visit. _____.