



TRiO PROGRAMS:

Upward Bound and Talent Search STUDENT APPLICATION

Submit your application by mail or fax to:

Family Centered Educational Agency, Inc.
16241 Wausau Avenue
South Holland, Illinois 60473
Fax: (708) 210-1866

Please provide the following with your completed application:

1. Current Report Card/Transcript
2. Recent State Test Results (ISAT, PLAN, EXPLORE)
3. Signed IRS 1040 forms or signed request for Transcript of Tax Return Form (4506-T)
4. School Attendance Record
5. Power School/CPS Login Information (if applicable)

Interviews will be scheduled upon receipt of your completed application

If you have any questions about this application or the programs,
please call our office at (708) 210-1771

What Is Talent Search?

Talent Search

Talent Search is a program funded by the U.S. Department of Education. Talent Search is a supportive program that identifies and assists individuals from disadvantaged backgrounds who have the potential to succeed in higher education. The goal of Talent Search is to increase the number of youth from disadvantaged backgrounds who complete high school and enroll in and complete their postsecondary education. Students who complete the Talent Search program have a higher graduation rate from college, when compared to students who do not participate in Talent Search.

Academic Year

During the academic year, meetings will be designed to improve your appreciation of learning while increasing your academic knowledge and skills in the areas of math, science, English and ACT/SAT preparation. Free tutoring will also be provided to assist you in academic areas where you might be experiencing difficulties. You will begin setting personal, academic and career goals that include planning for college, study skills development, test preparation, and career exploration. Opportunities to visit college campuses, participate in cultural activities and field trips, and attend special events are also a part of your academic year experience.

What does it cost to join Talent Search?

Talent Search is FREE of cost. This includes but is not limited to: tutoring sessions, classroom instruction, college visits and trips.

How can I become eligible to participate in Talent Search?

1. A desire to attend a college or university and a willingness to make this dream come true;
2. A definable academic or personal development need for the program (i.e. a challenging academic environment, tutoring, career exploration, study skills, goal setting, motivation and encouragement);
3. Classification as a student between the ages of 11 and 27 and have completed the fifth grade.
4. The willingness to make a long-term commitment to the program.
5. Demonstration of high academic ability and/or potential;
6. Completion of Algebra I or the intention to complete Algebra I by the end of your 9th grade year;
7. You MUST meet at least one of the two criteria below to be eligible for membership:
 - Be a potential first generation college student. A student is considered first generation if neither parent or guardian with whom the student lives has not completed a four year college degree;
 - The student's family meets the federal income guidelines. The guidelines look at both the "taxable income" (Line 43 on the IRS 1040, Line 6 on the 1040EZ, line 27 on the 1040A forms) of the parent/guardian that the student currently lives with, and the number of people in the household. Any student applicant that is currently in foster care is automatically income eligible.



TRiO Participant Application

Please Type or Print in Blue or Black Ink.

PROGRAM (Select One):	<input type="radio"/> Talent Search <input type="radio"/> Upward Bound
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STEP 1 - STUDENT INFORMATION

Last Name: <input style="width: 100%;" type="text"/>		First Name: <input style="width: 100%;" type="text"/>		Middle Initial: <input style="width: 50%;" type="text"/>	
Street Address: <input style="width: 100%;" type="text"/>					Apartment#: <input style="width: 50%;" type="text"/>
City: <input style="width: 100%;" type="text"/>		State: <input style="width: 50%;" type="text"/>	Zip: <input style="width: 50%;" type="text"/>	Student E-Mail: <input style="width: 100%;" type="text"/>	
Student's Phone Numbers:		Parent/Guardian's Phone Numbers:		Parent /Guardian's E-Mail:	
(H) _____ (W) _____ (C) _____		(H) _____ (W) _____ (C) _____		School/College currently attending: _____ School Student ID# (if applicable): _____	
Social Security Number: <input style="width: 100%;" type="text"/>			Grade Level: _____ G.P.A at time of application: _____		

STEP 2 – STUDENT INFORMATION

<input type="radio"/> Hispanic <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian		<input type="radio"/> Black of African American <input type="radio"/> White <input type="radio"/> Native Hawaiian or Other Pacific Islander		Gender: <input type="radio"/> Male <input type="radio"/> Female	Birth Date: ____/____/____
Do you have an IEP (Individualized Educational Plan) or RTI (Response To Intervention) on file with the school/district? <input type="radio"/> Yes <input type="radio"/> No			Age: _____	Graduation Year: _____	
Are you currently participating in any other TRiO programs? <input type="radio"/> Yes <input type="radio"/> No If you answered yes, please select the names of the program(s):					
<input type="radio"/> Upward Bound <input type="radio"/> Upward Bound Math-Science <input type="radio"/> Veterans Upward Bound <input type="radio"/> Educational Opportunity Centers <input type="radio"/> Gear UP <input type="radio"/> Talent Search <input type="radio"/> Other: _____					

STEP 3 – STUDENT INFORMATION

Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		Enter Permanent Resident Alien Number: <input style="width: 100%;" type="text"/>	
If you are not a U.S. Citizen, are you a Permanent Resident? <input type="radio"/> Yes <input type="radio"/> No		Are you homeless? <input type="radio"/> Yes <input type="radio"/> No	
Are you in foster care? <input type="radio"/> Yes <input type="radio"/> No			

STEP 4 – PARENT/GUARDIAN INFORMATION

Has your father received/earned a four-year degree? If yes, name of school _____ <input type="radio"/> Yes <input type="radio"/> No		Has your mother received/earned a four-year degree? If yes, name of school _____ <input type="radio"/> Yes <input type="radio"/> No	
Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)?		<input type="radio"/> Mother <input type="radio"/> Both Mother and Father <input type="radio"/> Father <input type="radio"/> Neither Mother nor Father	

STEP 5 – STUDENT INFORMATION

If you are at least 24 years old, ignore the questions in STEP 5 and skip ahead to STEP 6.
 If you are less than 24 years old, answer the questions in STEP 5 and then go to STEP 6.

Are you in college and working on a master's or doctorate program (e.g., M.A., MBA, MD, JD, PhD, Ed.D)?	<input type="radio"/> Yes <input type="radio"/> No
Are you married?	<input type="radio"/> Yes <input type="radio"/> No
Do you have children who receive more than half of their support from you?	<input type="radio"/> Yes <input type="radio"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="radio"/> Yes <input type="radio"/> No
Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?	<input type="radio"/> Yes <input type="radio"/> No
Are you a veteran of the U.S. Armed Forces?	<input type="radio"/> Yes <input type="radio"/> No

STEP 6 – PARENT/GUARDIAN INFORMATION

You must answer the questions in STEP 6 if you are at least 24 years old or you answered **YES** to any of the questions in STEP 5.
Your parent(s) must answer the questions in STEP 6 if you are less than 24 years old and you answered **NO** to all of the questions in STEP 5.
 Note: If you are a college student and dependent on your parents (i.e., you are less than 24 years old and you answered **NO** to all of the questions in STEP 5), speak with your FCEA advisor.



STEP 6 (Continued) – PARENT/GUARDIAN INFORMATION

What is the total number of persons in your family?

Please select **one** of the following three boxes:

My family's **taxable (not total)** income from the last calendar year was:

\$ _____

(Note: Your taxable income can be found on the federal income tax return you filed for the last calendar year. On IRS Form 1040, see line 10.)

I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:

\$ _____

I attest that my family had no taxable income for the last calendar year.

STEP 7

Read, sign, and date.

By signing this application, you attest that all the information on this application is true. Moreover, you authorize the release of official school records to The Family Centered Educational Agency, understanding that the information in these records will be used only to assess the student's need for program services, discern his/her educational progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements. Also I authorize for any pictures/videos taken in connection with the activities of the FCEA TRiO Programs (Upward Bound and Talent Search) to be used in publications. (*i.e., newsletters, television, websites, presentations, magazines articles etc.*)

Student's/Participant's Signature

Date: ____ / ____ / ____
MM DD YYYY

Parent/Guardian's Signature

Date: ____ / ____ / ____
MM DD YYYY

(Parent's signature is required if applicant is **less than 24 years old** and answered **NO** to all of the questions in STEP 5.)

FOR OFFICE USE ONLY

The **20** _____ federal TRIO programs for low-income level for a family unit with _____ members is:

\$ _____

- Recommended Approval
 - Not Recommended
 - Reason: _____
- Recommended Approval
 - Not Recommended
 - Reason: _____
- Approved
 - Denied
 - Reason: _____

Advisor (Print Name) Principal Investigator or Designee (Print Name) Director (Print Name)

Advisor (Signature) (Date) Principal Investigator or Designee Signature/Date Director (Signature) (Date)

Date of Application Entry into Database: ____ / ____ / ____ Initials of Data Entry Staff: _____

Eligibility: LI & FG LI ONLY LI & At Risk FG ONLY AT RISK ONLY FG & At Risk LI, FG & At Risk OTHER: _____

At Risk Reason: RLA/Math Scores: _____ Low GPA: _____ Pre-Algebra/Algebra Not Successfully Completed by 10th Grade: _____

Project (Circle One): TS – Thornton TS – Thornwood UB – Awesome UB – Senior UB – Rising UB – Promise UBMS -- CC



TRiO PROGRAM NEEDS ASSESSMENT

Name _____ School _____ Grade Level _____

Home Address _____
Street or P.O. Box# City State Zip Code

PLEASE CHECK ALL THAT APPLY. (You may check more than one in each category)

CAREER CHOICES/PLANNING:

- I am undecided about my choice of career and would like assistance/information about careers.
- My career choice is: _____
- I would like information on the following careers: _____

TUTORIAL ASSISTANCE:

- My grade point average is _____. (If unknown, contact your guidance counselor.)
- I would like assistance with study skills/test taking skills.
- I would like assistance with essay writing.
- I would like assistance with Algebra.
- I would like assistance with communication skills.
- I would like assistance with preparation for the Pre-ACT/PSAT.
- I would like assistance with preparation for the ACT/SAT.
- I need assistance in deciding whether or not I should re-test for the ACT.
- I plan to re-test for the ACT on the following date: _____
- I have not taken the ACT.
- I will take the ACT for the first time on the following date: _____
- I would like a tutor to assist me with _____

SCHOOL CHOICE:

- I would like assistance in choosing a school to attend after high school graduation.
- I would like information on the following schools: _____
- I plan on attending vocational/technical/trade school.
- My school choice is: _____
- I would like information on admission requirements for the following school: _____

FINANCIAL ASSISTANCE:

- I would like financial aid assistance.
- I would like information about the financial aid programs available.
- I would like information about scholarships.

COUNSELING:

- I would like personal counseling.
- I need to talk to a counselor about a career plan.

OTHER NEEDS NOT ADDRESSED:

- I need to hand in homework on a more consistent basis.
- I need to learn how to take better notes.
- I need to learn test taking strategies.
- I need to learn how to read a textbook more effectively.
- I need to have better relationships with my teachers.
- I need help applying for scholarships.
- I need to talk to counselors about career plans.
- I need to know how to prepare for careers that interest me.
- I need assistance preparing for college entrance exams.
- I need to learn more about college admission requirements.



MEDICAL RELEASE FORM

The following information is requested to provide the TRiO Program staff with information necessary in the event of an accident, emergency, medical or health problems.

Student's Name _____ Parent/Guardian's Name _____

Address _____
(Number and Street/PO Box, City, State and ZIP Code)

Phone Number (H) _____ (W) _____ (Cell) _____

Parent/Guardian's Email Address: _____

Relative or family friend who can be contacted in the event parents cannot be reached:

Name: _____ Phone: _____ Relationship to Student: _____

Student Medical History and Information

Medications (please list) _____

Does your child have any condition, which would interfere with his/her schoolwork, sports, or physical education (i.e. asthma, diabetes, allergies, etc.)? _____

Physician's Name: _____ Clinic Address/Phone: _____

Health Insurance Information

Insurance Company: _____ Policy/Card/ID# _____

Client ID# _____ Physician's Phone# _____

Consent or Release for TRiO Programs (Circle One): Upward Bound or Talent Search

I, _____, am the parent or guardian of _____
I hereby consent that the above named minor has my permission to participate in the activities planned in conjunction with the FCEA TRiO programs. I hereby recognize that there may be risks involved with respect to the activities in this program. I hereby assume such risks, and release the Family Centered Educational Agency, Inc., its agents, employees, or students of any liability. I hereby consent that such physician, hospital, or clinic may treat the said minor in response to the medical emergency. I agree to pay all medical expenses incurred.

Parent/Guardian's Signature

Date



