### THE UNIVERSITY OF AKRON

## **Educational Talent Search**

## **Adult Enrollment Application**

www.uakron.edu/app/ets/ Buckingham Building 51 Akron, Ohio 44325-7909 (330) 972-5771

\*\*\*Please be sure to complete all sections of the application. Failure to complete the application will delay your acceptance into the program.\*\*

This application should only be completed by applicants 18 years of age and older <u>and</u> not enrolled in high school.\*

PERSONAL INFORMATION: (PLEASE PRINT)

Name:					
Last	First		Middle Initial		
Address:	City:	State:	Zip Code:		
Home Phone #:Cell Phone #		Work Phone	#		
Social Security #: Date of	Birth:	Age: _			
Consideration for physical limitations		Consideration for heari	ng limitation		
Gender: Male Ethnicity: Black/African American Hispanic/Latino More than one race re	Ame		an African ive Hawaiian/Pacific Islander		
Are you a U.S. Citizen? Yes No If no, what is your res	sidency status?	Are	you a veteran? Yes No		
What languages are spoken at home?	Where	e were you born?			
Place of Employment:		Pho	one:		
Emergency contact and how related to applicant:		Pho	one:		
EDUCATIONAL/CAREER INFORMATION	í <b>:</b>				
List the name of the last school attended	Dates: _		_		
Check your current educational level (CHECK ONLY 1):					
☐ Did not complete high school ☐ GED Certificate ☐ Currently taking GED classes ☐ High School Graduate year					
College (number years attended) Name of school attended					
NEED FOR ETS SERVICES (please take time to think about this section):					
Please indicate the areas in which you/your student need assist	tance from the ET	S program:			
Financial Aid Advising College Campu Academic Advising GED Referrals		☐ College Ac			

#### **College Enrollment Information** List your career or major interests: List the post-secondary schools, colleges or universities you are interested in attending: Spring (January) \_\_\_\_\_ Summer (June) \_\_\_\_\_ ACT/SAT results: (for those under 21 at the time of application). Most universities require the ACT or SAT for students under 21. Yes, I have taken the ACT or SAT No, I have not taken the ACT or SAT Who referred you to ETS: **ELIGIBILITY/INCOME INFORMATION:** The University of Akron's Educational Talent Search project is federally funded by the U.S. Department of Education; therefore, we must document your family's income for the purpose of determining your eligibility status. Please check below the source(s) of your family income and the range of your total taxable family income. "Taxable income" is the amount you earned after exemptions and deductions are figured. If you filed an income tax form, use the Adjusted Gross Income of your 1040 EZ for. Please ask us if it is not clear what to fill in. SOURCE(S) of FAMILY INCOME Public Assistance (TANF/ADC,DA, Social Security Benefits ☐ Employment Food Stamps, Medicaid) ☐ Veteran's Benefits Other: Unemployment TOTAL FAMILY ANNUAL INCOME \$0 - 17,505 \$47,956 – 54,045 \$29,686 – 35,775 \$17,506 – 23,595 \$35,776 – 41,865 \$60,136 and up \$23,596 – 29,685 \$41,866 – 47,955 How many people in the household are supported by the above income? Do you have a 4 year college degree? Yes No $\square$ Does either parent (natural or adoptive, do not include step-parent) with whom you live have a 4 year college degree? Yes 🗌 **Income Verification Statement** I certify that the income information as stated above is accurate and that this application has been filled out completely and correctly

I certify that the income information as stated above is accurate and that this application has been filled out completely and correctly to the best of my knowledge. I understand that the Educational Talent Search Program will only provide services for one calendar year. I understand that it is my responsibility to provide updated information regarding my post-secondary enrollment status to ETS personnel.

Signature of Applicant	Date

Write briefly why you want to be in the Educational Talent Search (ETS)	Program and what you want to receive from the program.
CHECK LIST	_
☐ I have entered my social security number. ☐ I have completed & signed the Emergency Medical Form. ☐ I have completed & signed the Adult Permission and Release Form. ☐ I have completed & signed the School Record Release Form. ☐ I have completed & signed the application.	
I certify that the income information as stated above is accurate and that to the best of my knowledge. I understand that as an ETS participant we secondary program, I am eligible for services until I enroll in a post-sectoward my goal of enrollment through attendance at workshops, field trip of the institution when I do enroll in a post-secondary program.  APPLICANT SIGNATURE of COMMITMENT:	who is not currently enrolled in either high school or a post- condary program. I understand that I am expected to strive
Signature of Applicant	Date





The University of Akron is an Equal Education and Employment Institution

The Educational Talent Search program is sponsored by The U.S. Department of Education and The University of Akron. The total dollar amount of federal funds awarded in the four year grant period (2006-2010) is approximately \$1,716,699.

It is the policy of this institution that there shall be no discrimination against any individual at The University of Akron because of age, color, creed, handicap, national origin, race, religion, sex, or sexual orientation. The University of Akron will not tolerate sexual harassment of any form in its programs and activities.

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# **Educational Talent Search**

## Academic Records Release Form

TO BE COMPLETED BY:					
ADULT PARTICIPANTS					
Ι,			,		
First Name	Middle Initial	Last Name			
I hereby consent to the release of my school/college records to The University of Akron's Educational Talent Search					
program. I understand that these records may include: high school/college transcripts, grade reports, test results and					
financial aid award information. I also grant permission to the Educational Talent Search staff to speak with					
teachers/counselors/principals at my school in order to obtain and exchange information as part of the services I will					
receive through the Educational Talent Search program. I further understand this information will be kept on file in the					
Educational Talent Search office and will be kept confidential.					
Signature		Social Security Number	Date		