



DILLARD
UNIVERSITY

Division of Student Success:
Educational Talent Search

Student Application

Name of School: _____

Student Profile Information

Name of Student

(First)	(Middle Initial)	(Last)
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Mailing Address

(Street Address)

City	L A State	7 0 Zip Code
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Grade Level (Please Circle)

6	7	8	9	10	11	12	OTHER
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Date of Birth

/	/	/
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Gender (Please Circle)

Male	Female
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Student Social Security Number

-	-	-
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(Needed for Annual Performance Report)

Student Phone Number

-	-	-
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Race/Ethnicity (Please Check)

Black/African American	Asian	Indian/Mid-Eastern
White/Caucasian	Pacific Islander	Biracial
Hispanic/Latino	Native American	Other

Which services would you like Talent Search to provide to you? (Please Check)

Study Skills/Test Preparation	College Admissions Assistance
Cultural Enrichment	Financial Aid Assistance
Mentoring/Personal	Academic Assistance/Tutoring
Career Information/Planning	Choosing A College
College/University Visits	Employment Preparation
Parent Workshops/Advisement	Personal Development

What are your plans after graduating from High School? (Please Check)

Public, Two-Year College/University	Vocational OR Technical School
Public, Four-Year College/University	Work OR Employment
Private, Two-Year College/University	Military OR Armed Forces
Private, Four-Year College/University	Unknown

Has either of your parents graduated from college? (Please Circle)

Yes	No
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Parent/Guardian Profile Information

Name of Parent/Guardian

(First)	(Middle Initial)	(Last)
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Email Address

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Parent/Guardian Cell Phone Number

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Emergency Phone Number

-	-
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Relationship to Student (Please Check)

Mother	Father	Grandparent
Aunt	Uncle	Other Relative
Guardian	Foster Parent	Other

Income Range (Please Check)

Please indicate your current annual household income.

0-\$16,335
\$16,336-\$22,065
\$22,066-\$27,795
\$27,796-\$33,525
\$33,526-39,255
\$39,256-44,985
\$44,986-\$50,715
\$50,716-\$56,445

Number of Individuals Living in your Household? (Please Circle)

1	2	3	4	5	6	7	8 or Higher
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Do you qualify for any other forms of income/assistance? (Please Check)

<input type="checkbox"/>	Public Housing	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Unemployment
<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Other

Does your child qualify for Free OR Reduced Lunch Program? (Please Circle)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Release of Information

I hereby give permission for the release of information concerning my child, who is enrolled in the Dillard University Educational Talent Search Program. I understand that my permission is being given so that Talent Search can obtain and/or provide the information below from the school/agency specified below for evaluation purposes and in order to provide services that will help my child. These services may include but are not limited to counseling, mentoring, educational support, tutoring, enrichment, testing, and college/vocational visits.

Information Collected (Current year records ONLY)

- Grade Reports/Attendance Records
- ACT, SAT, Standardized Test Scores
 - Free/Reduced Lunch Status
- Other information collected in the student's case file

RIGHTS OF CONSENT

By signing this Release of Information Form, I acknowledge the following:

1. I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
2. I understand that this consent is voluntary and may be revoked at any time by informing Educational Talent Search staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.
3. I understand that I have the right to inspect and that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.

4. I understand that this consent is effective for the duration of my child's eligibility in the Educational Talent Search program.

5. I understand the records released concerning the student may also contain references to other persons such as members of the student's family.

6. I understand that release of records under this consent is subject to any limitations placed by federal and state law.

CONFIDENTIALITY OF INFORMATION

The information that you provide for the Dillard University Talent Search program is required by the United States Department of Education. All information is protected by the *Federal Education Right to Privacy Act (FERPA)*. No one may view the information unless he/she is employed by the program or is specifically authorized to determine your eligibility to participate in the program. The information required by the U.S. Department of Education is used to verify student eligibility and for evaluation purposes only. **ALL INFORMATION IS KEPT CONFIDENTIAL**

Parent/Guardian Consent

Your child has enrolled in the Talent Search (*TS*) program at Dillard University. *TS* offers a range of services designed to provide information, assistance and motivation to all eligible participants who desire to continue and complete their secondary education and move in postsecondary education (including college, vocational/technical schools and apprenticeship programs). Services offered by *TS* include tutoring, career guidance, academic counseling, counseling in personal development, assistance with college admissions, assistance obtaining financial aid, enrichment activities, and college visits. These services are provided through individual and group counseling sessions, tutoring, workshops, computer classes and enrichment activities on the campus of Dillard University.

In order for your child to participate in the *TS* program, your authorization and agreement to the terms of this consent form, as evidenced by your signature (on the following page) is required. I hereby grant permission for my child to fully participate in *TS*. I specifically authorize the following:

1. Participation in services specified in my child's individualized assessment plan, such as counseling, tutoring, cultural enrichment and other academic enrichment activities.

2. Release of confidential information (such as financial, public assistance, student education records, tests, and grades) to *TS* personnel by the school district. Subject to state and federal law, this information will be maintained in a confidential manner.

3. Transportation (whether by public or private transportation, including by bus, taxi, or automobile) for my child on field trips, appointments, meetings and other activities.

4. Emergency medical or surgical treatment from a local hospital or by any licensed health practitioner in the event of illness, accident, or other emergency if I am unable to be reached in a timely manner.

5. Conducting of interviews, tests, and questionnaires of my child for project evaluation purposes.

6. The use and recordation on still photographic, motion picture film, videotape, or other medium, my child's name, voice, likeness, and performance for advertising, trade, and training purposes by *TS*; and any display, exhibition, sale, rental, cable cast and/or broadcast of the recordation method, whether said exhibition, publication, cable cast, and/or broadcast is under philanthropic, commercial, educational, institutional, and/or private use or sponsorship and irrespective of whether a fee or admission, rental, payment, or other charge is required. [In making these authorizations, I hereby waive all rights that I may have for any claims to payments or royalties in connection therewith, and acknowledge that the recognition my child and I receive by virtue of the first such use that may be made thereof shall be full and adequate consideration for this consent. I also agree that all such videotapes, voice recordings, portraits, pictures, photographs, reproductions thereof, and plates and negatives connected therewith are and shall remain the property of, unless otherwise noted.]

7. All other *TS* services offered to my child.

I further acknowledge that in compliance with *Federal Confidentiality Regulations (42 CFR, Part 2)*, access to my child's individual student files is provided only to *TS* program personnel, school staff directly involved in providing service to the student, and qualified personnel involved in audit or program evaluation activities.

I specifically agree that to advance my child's academic, personal, and vocational development, I will fully participate in parent workshops each academic year to discuss my child's progress (either by phone or a home or school visit).

I understand that information collected by *TS* is maintained in a secure computer database and a case file. This information is used by *TS* to document services provided to students and families to evaluate the *TS* program. I also understand that *TS* may use the information to verify *TS* participants, update service information, and provide closure and follow-up information to the U.S. Department of Education. I authorize *TS* to maintain the information provided for the purposes noted above in a computer database and case file. Furthermore, I agree to hold blameless, indemnify, defend and to release *TS* and its employees and volunteers from any liability stemming from any acts of negligence on the part of its agents, employees, or volunteers with respect to my child including, but not limited to, vehicular and other accidents involving the injury or death of my child. I agree that the services that *TS* has provided or will provide my child are full and adequate consideration for this waiver. This authorization and release shall be for the benefit of the Dillard University Talent Search program and its agents, employees, volunteers, and distribution parties and is binding on my heirs, executors, and assigns.

I understand that the *TS* Release of Information form must be signed and is required by the U.S. Department of Education. The Release of Information form authorizes *TS* to obtain confidential information, which may include school records, financial information, public assistance status, test scores, medical information and questionnaires.

Student Signature (Typed Name Serves As Signature)

Date

	/ /
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Parent/Guardian Signature (Typed Name Serves As Signature)

Date

	/ /
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To be Completed by Educational Talent Search Personnel

1. Name of Student's School: _____
2. Does Student Attend an Approved Target School? Yes or No (Please Circle)
3. New Student or Continuing Student (Please Circle).
4. Low-Income and Potential First-Generation College Student, *or* Low-Income Only, *or* Potential First-Generation College Student Only (Please Circle).
5. Age of Student at Time of First Service in the Budget Period: _____
6. Is Student Enrolled in a *Dual Enrollment Program*? Yes or No (Please Circle).
7. Is Student Enrolled in *Rigorous Courses* at the Target School? Yes or No (Please Circle)
8. Did Student Complete the *FAFSA*? Yes or No (Please Circle)
9. Did Student Persist in School for Next Academic Year at Next Grade Level or Graduated High School? Yes or No (Please Circle)
10. Did Student Persist in School for Next Academic Year at Same Grade Level? Yes or No (Please Circle)
11. Did the Student Drop Out of School? Yes or No (Please Circle)
12. Is Student Deceased? Yes or No (Please Circle)
13. Did Student Graduate with a Regular Secondary School Diploma? Yes or No (Please Circle)
14. Did Student Graduate with a Rigorous Program of Study? Yes or No (Please Circle)
15. Does the Student have PostSecondary/College Placement? Yes or No (Please Circle)