



The Federal TRIO Programs are outreach services designed to identify and provide services for students from disadvantaged backgrounds. In 1965, as part of the Higher Education Act, TRIO created Talent Search to help low-income high-school students be the first generation in their families to attend college and attain a Bachelor's degree. With the goal of bridging the gap for our students, Brooklyn College's Talent Search supports them by providing:

- Regents and SAT Prep Tutoring,
- Academic, Career, and Financial Counseling
- College Readiness Workshops
- Learning and Study Strategies Assessments
- Assistance with College Enrollment Applications
- Single-day College Trips and Overnight College Tours
- Summer Enrichment Activities...and more

*OUR VISION IS A SOCIETY WHERE ALL WHO ASPIRE TO LEARN,
WILL OBTAIN THE HIGHEST EDUCATION ACHIEVABLE!*

Educational Talent Search Program

Brooklyn College
2900 Bedford Avenue
Ingersoll Hall 1428
Brooklyn, NY 11210

For more information about the program contact:

ADMINISTRATIVE OFFICE: 718.951.5593

COUNSELOR OFFICE: 718.951.4121

FAX: 718.951.5680

EMAIL: EducationalTS@brooklyn.cuny.edu

VISIT US: brooklyn.cuny.edu/talentsearch

FOLLOW US:  talent_search_bc

 facebook.com/BCTRIO.ETS



EACH 1 REACH 1

Invite a friend to TRiO and you might win a TRiO prize. Call us for more details!

APPLICANT'S COPY

Blank Page

PERSONAL INFORMATION

All fields must be filled in. All highlighted documents must be provided.

Office Use Only
Eligibility:
 LI
 PFG
 LI/ PFG
 Other
 Assigned Counselor: _____
 Approved By: _____
 Date: _____

1. **STUDENT'S NAME:** _____
2. Address: _____
 City: _____ State: _____ Zip: _____
3. Home Phone Number: _____
 Student E-Mail: _____
 Student Cell Phone: _____
4. Social Security Number: _____
5. Date of Birth*: _____ **(*Please attach Birth Certificate)**
6. Sex: Male Female
 Race: Black or African-American White, non Hispanic-Latino Asian, non Hispanic-Latino
 Hispanic/Latino Native Hawaiian or Other Pacific Islander, non Hispanic-Latino
 American Indian or Alaska Native Two or more races; non Hispanic-Latino _____
7. Are you a U.S. Citizen? Yes No * Permanent Resident#: _____
(*Please attach supporting document)

CAREGIVER INFORMATION

<u>Mother/ Female Guardian</u>	<u>Father/ Male Guardian</u>
Name: _____	Name: _____
Cell Number: _____	Cell Number: _____
E-mail: _____	E-mail: _____
The Student resides with:	
<input type="checkbox"/> Mother/ Female Guardian	<input type="checkbox"/> Father/ Male Guardian
<input type="checkbox"/> Both	<input type="checkbox"/> Other _____

STUDENT EDUCATIONAL INFORMATION

1. School Applicant Currently Attends: _____
2. OSIS Number: _____
3. Current Grade Level: _____
4. Expected Date of Graduation: _____

(*Please attach your updated transcript or report card.)

ELIGIBILITY INFORMATION

The Brooklyn College Educational Talent Search Program is a federally funded TRiO program designed to provide services to students of low-income, first generation families. We are required to document and verify your family's income and educational background to determine eligibility. Supporting documents may be requested.

1. If the applicant is under age 18, is he/she a ward of the State of New York (in foster care placement)? Yes No
2. Does the applicant receive free/reduced lunch? Yes No
3. Is the student involved in any extracurricular activities, specialized program or clubs? Yes No
4. If you answered "yes" in 3, please list the activity/activities here: _____

5. If you answered "yes" in 3, how often does the student participate in the listed activity/activities? _____

6. Is the student presently enrolled in another federal TRiO program? Yes No
7. If you answered "yes" in 6, please state the name of the program and the school/institution that offers the program:

8. What is the highest level of education attained by either parent/guardian with which the applicant lives or lived with before turning 18 years?

Mother/ Female Guardian

- Master's/PhD Degree
- Bachelor's Degree
- Associate's Degree
- Some College
- High School Diploma/ HSE (GED)
- Did Not Complete High School

Father/ Male Guardian

- Master's/PhD Degree
- Bachelor's Degree
- Associate's Degree
- Some College
- High School Diploma/ HSE (GED)
- Did Not Complete High School

9. **Parent/ Guardian Income:** Information for this section is to be based on the most recent document available.

Employment: Select the range in which your annual Adjusted Gross Income (AGI) from your most recent Tax Return reflects. **If the student resides with **BOTH** parents, the AGI should reflect their **COMBINED** AGI. The AGI can be found on the tax return forms listed on the Chart.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$18,735 | <input type="checkbox"/> \$18,736 - \$25,365 | <input type="checkbox"/> \$25,366 - \$31,995 |
| <input type="checkbox"/> \$31,996 - \$38,625 | <input type="checkbox"/> \$38,626 - \$45,255 | <input type="checkbox"/> \$45,256 - \$51,885 |
| <input type="checkbox"/> \$51,886 - \$58,515 | <input type="checkbox"/> \$58,516 - \$65,145 | <input type="checkbox"/> Greater than \$65,146 |

Tax Return Form Chart	
Form	Line #
1040	37
1040A	21
1040EZ	4

10. How many people live in the household, including the applicant? _____

APPLICANT SIGNATURE OF VERIFICATION

I understand that my participation in the Educational Talent Search Program is a commitment until I graduate high school and enter college. I will attend all Educational Talent Search activities that are recommended for me this school year (September 1, 2019 to August 31, 2020), and each school year until I enter college.

Applicant Name: (Print) _____

Signature of Applicant: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Please list one or two people (not a parent/guardian) who can be contacted in case of an emergency. Please include the address, telephone number and relationship to the child.

	optional
Name #1 _____	Name #2 _____
Address _____	Address _____
Primary Telephone # _____	Primary Telephone # _____
Relationship _____	Relationship _____
Secondary Telephone # _____	Secondary Telephone # _____
(If applicable)	(If applicable)

In case of an emergency, if the previously named parents/guardians cannot be contacted, or if time is an important factor, I authorize the staff to take the most reasonable action possible in the situation.

Under penalties of immediate expulsion from the program, reimbursement of all funds allocated to services to the applicant, and/or possible legal actions, I declare that I have examined all sections of this application and its statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Parent/Guardian Name: (Print) _____

Signature of Parent/Guardian _____ Date: _____

How did you find out about TRiO Educational Talent Search?

- School Personnel _____ School Counselor _____ Friend/Family _____
 Web Site Paper Advertisement Social Media Other _____
-

STUDENT RECORDS RELEASE

Student Name: _____

As part of participation in the Brooklyn College Educational Talent Search Program (BCETSP) TRIO, I hereby consent to the release of all personal and academic related documents (birth certificate, transcripts, etc.) related to my son/daughter by my son/daughter's high school to BCETSP. I understand that access to my child's personal and academic documents will help expedite and advance the start of service and type of support he/she receives by BCETSP. I understand that this information will not be shared with any third-party institution and will be held confidential and exclusive to BCETSP staff.

Parent/Guardian Name: *(Print)* _____

Signature of Parent/Guardian _____ Date: _____

MEDIA RELEASE CONSENT

(Check only one of the following.)

- I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above by the Brooklyn College Educational Talent Search Program. I also grant to Brooklyn College Educational Talent Search Program the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Brooklyn College, CUNY and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

- I do not consent to the use of my student's photo/image.

Parent/Guardian Name: *(Print)* _____

Signature of Parent/Guardian _____ Date: _____

GETTING TO KNOW YOU QUESTIONNAIRE

1. Student's full name and/or nick-name: _____
2. Does the student fluently speak a language(s) other than English (including Sign Language)? Yes No
3. If you answered "yes" in 2, please list the language(s) here: _____
4. What are the hobbies, talents or skills of the student? _____

5. Please select all of the Regents, PSAT and SAT examinations the student has completed. Provide their scores if possible.

Regents	Score	Regents	Score	PSAT/Scores		
<input type="checkbox"/> English Language Arts	_____	<input type="checkbox"/> Earth Science	_____	<input type="checkbox"/> Math	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
<input type="checkbox"/> Algebra I	_____	<input type="checkbox"/> Living Environment	_____			
<input type="checkbox"/> Algebra II (Trigonometry)	_____	<input type="checkbox"/> Physics	_____	SAT/Scores		
<input type="checkbox"/> Geometry	_____	<input type="checkbox"/> Global History	_____	<input type="checkbox"/> Math	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
<input type="checkbox"/> Chemistry	_____	<input type="checkbox"/> U.S. History	_____			

6. What career occupations closely align with the student's career goals? Please select all that the student is seriously interested in.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Fashion Designer | <input type="checkbox"/> Policy/Government Official |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Financier | <input type="checkbox"/> Professional Athlete |
| <input type="checkbox"/> Automotive Technician | <input type="checkbox"/> Fire Fighter | <input type="checkbox"/> Psychologist/Psychiatrist |
| <input type="checkbox"/> Business Owner/Entrepreneur | <input type="checkbox"/> Fitness Trainer/Sports Coach | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Computer Scientist/Analyst/Designer | <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> Scientist/Biologist |
| <input type="checkbox"/> Construction Worker | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Security/Police Officer |
| <input type="checkbox"/> Cosmetology/Hair Dressing | <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Service/Human Relations Agent |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Surgeon |
| <input type="checkbox"/> Culinary Chef/Restaurateur | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Teacher/Educator/Principal |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Physician/Doctor | <input type="checkbox"/> Other _____ |

7. Please briefly describe the exact specialty or the profession the student is interested in:

8. Select all post-secondary institutions the student is interested in attending after graduating high school:

- | | | | | | |
|--------------------------------|---------------------------------|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CUNY | <input type="checkbox"/> SUNY | <input type="checkbox"/> HBCU | <input type="checkbox"/> State of NY | <input type="checkbox"/> Out of State | <input type="checkbox"/> Out of State |
| City University of
New York | State University of
New York | Historically Black
College/University | (Private) | (Public) | (Private) |
| | | | <input type="checkbox"/> Vocational School | <input type="checkbox"/> Ivy League | <input type="checkbox"/> Military |

9. What is the highest educational degree the student desires to achieve after graduating high school?

- | | | | | | |
|---------------------------------|--|-----------------------------------|--------------------------------------|--|-------------------------------|
| <input type="checkbox"/> 2-Year | <input type="checkbox"/> 4-Year Bachelor's | <input type="checkbox"/> Master's | <input type="checkbox"/> Doctorate's | <input type="checkbox"/> Post-Graduate | <input type="checkbox"/> None |
| Associate's Degree | Degree | Degree | Degree | Degree | |

10. Does the student have an IEP? Yes No

11. Does the student receive any additional services or accommodations in school? Yes No Not Sure

12. If yes, please specify (eg. More time on tests): _____