

Eligibility:

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FG ☐

O ☐

Approved By: _____

Start Date: _____

ENROLLMENT APPLICATION

Personal Information

All fields must be filled in.

1. Student Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Home Phone Number: _____
Student E-Mail: _____
4. Social Security Number*: _____ (*Please attach copy)
Date of Birth: _____ Current Age: _____
5. Sex: ☐ Male ☐ Female
Race: ☐ African-American (Black) ☐ Caucasian ☐ Asian/Pacific Isl.
☐ Hispanic ☐ Native American ☐ Other _____
6. Are you a U.S. Citizen? ☐ Yes ☐ No *Alien Registration #: _____
(*Please attach copy of card or official letter)

Caregiver Information

Father/ Male Guardian Name: _____ Cell phone #: _____
Mother/ Female Guardian Name: _____ Cell phone #: _____
The student resides with: ☐ Both ☐ Father/Male Guardian
☐ Other: _____ ☐ Mother/Female Guardian
Guardian Email: _____

Educational Information

1. School Applicant Currently Attends: _____
2. Secondary Schools Previously Attended: _____
3. Current Grade Level: _____
4. Grade point average (GPA): _____
5. Expected Date of Graduation: _____

Areas of Needed Assistance

Check all that apply.

☐ Tutoring ☐ Secondary School Reentry ☐ Academic Advisement ☐ College Preparation ☐ Financial Aid Planning ☐ Community Service

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.

1. Does either parent with whom the applicant now live or lived with before turning 18 have a 4-year college degree? ☐ Yes ☐ No
2. If the applicant is under age 18, is he/she a ward of the State of New York (in foster care placement)? ☐ Yes ☐ No
3. Does the applicant receive Free/Reduced Lunch? ☐ Yes ☐ No
4. Does the applicant participate in other programs? ☐ Yes ☐ No

If Yes, please list: _____

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

- a. Employed: Adjusted Gross Income (AGI): \$_____ (yearly only)

If the student resides with **BOTH parents, the AGI should reflect their **COMBINED** AGI. The AGI can be found on a tax return forms on the Chart.*

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

- b. Unemployed/Federal Assistance Received:

Type: _____ Amount: \$ _____

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

Applicant Signature of Verification

I understand that I am required to attend at least 3 Educational Talent Search activities each program year (September 1 to August 31) to remain in the program.

Applicant Name (Printed): _____

Signature of Applicant: _____ Date: _____

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 (Printed): _____

Signature of Parent/ Guardian: _____ Date: _____

MEDICAL INFORMATION FORM

This form enables parents/guardians of participants of the Brooklyn College Educational Talent Search Program, TRiO to authorize the program to provide medical treatment for minors who become ill or injured during a program activity, when parents or guardians cannot be reached. ***Completion of the Student/Parent Information section is required. The completion of either Part I or Part II is required.***

Student/Parent Information

Participant's Name: _____

Birthday: _____

Home Address: _____

Telephone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone Number: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Telephone Number: _____

Part I

I consent to having Brooklyn College Education Talent Search Program acting on my behalf should the above mentioned student require emergency medical treatment.

In case of illness, call my personal physician

Doctor's Name: _____

Address: _____

Telephone Number: _____

In case of illness, call the nearest physician or 911:

Is the participant covered by medical insurance?

Company: _____

Policy Number: _____

DIAGNOSIS: _____

ALLERGIES: _____

CURRENT MEDICATION: _____

Parent Signature _____

Part II

I do not give consent to the Brooklyn College Educational Talent Search Program to act on my behalf during a medical emergency. In the event of illness or injury requiring emergency treatment, I wish the Brooklyn College Educational Talent Search Program staff to take no action, except that specifically outlined below.

Parent Signature: _____

Date: _____

LIABILITY RELEASE FORM

As the custodial parent/legal guardian of _____ ,

I authorize and permit my student to participate in field trips, activities, and events offered by the Brooklyn College Educational Talent Search Program. Furthermore, I warrant and represent that:

1. My student is healthy and physically able to participate in BCETS field trips, activities, and events.
2. I know the Brooklyn College Talent Search Program does not have any medical insurance.
3. I will ensure that my student is provided the necessary clothing and is appropriately dressed for BCETSP trips and activities.
4. I am aware that in any field trip, activity, or event there are certain risks. I have explained to my student the appropriate behavior expected for participation in field trips, activities, and events and that my student must obey all rules, regulations, and instructions given as applicable for the field trip, activity or event in which he/she is a participant.
5. I understand that my student may be leaving the Brooklyn College campus and be transported by chartered bus or public transportation. I am aware that dates and times of departure and return to the campus will be advertised. I will arrange for my student to be on time at the place of departure and I will arrange how he/she will return home from the place of dismissal.
6. I agree that the Brooklyn College Educational Talent Search Program and those associated with BCETSP will not be liable for:
 - Any loss, injury or death related to the field trip, activity or event; except that caused directly by an employee as a result of his or her gross negligence or intentional tort; or
 - Any loss, injury or death that occurs as a result of another student's actions or failure to act according to BCETSP rules of conduct.
7. I agree to compensate for damage or loss sustained, or expenses incurred by my student.

I certify that I have read this Release form.

Parent/ Guardian Name (Printed): _____

Signature of Parent/ Guardian: _____ Date: _____



MEDIA RELEASE CONSENT FORM

Student Name: _____

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.

If Student is under 18:

Parent/Guardian Name: *(Print)* _____

Signature of Parent/Guardian _____ Date: _____

Address of Parent/Guardian: _____

OR

If Student is 18 or older:

Student Name: *(Print)* _____

Signature of Student: _____ Date: _____

Address of Student: _____

I do not consent to my child's participation in interviews, the use of quotes, or the taking of photographs, movies or video tapes of the Student named above by the Brooklyn College Educational Talent Search Program.

Signature of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian: _____