



AMERICAN RIVER COLLEGE | EDUCATIONAL TALENT SEARCH

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SECTION 1: STUDENT INFORMATION

Legal Name: _____ **High School Graduation Year:** _____
(Last) (First) (MI)

Current School: _____ **Current Grade:** _____ **GPA:** _____

Student Email Address: _____

Mailing Address: _____
(City) (State) (Zip Code)

Home Phone: (____) _____ **Student Cell Phone:** (____) _____

Gender: Male Female **Date of Birth (DOB):** _____ **Birthplace:** _____

Are you of Hispanic or Latino origin? Yes No

Ethnic Background: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Two or more races

Do you have a physical or learning disability? Yes No

If yes, please explain: _____

Are you currently participating in any of the following program(s)? American River College Upward Bound

Name(s) of siblings currently in ARC Educational Talent Search: _____

Are you a foster youth? Yes No

Are you a ward of the court? Yes No

SECTION 2: STUDENT NEEDS ASSESSMENT

What are your plans after you graduate from high school?

4-Year College Community College Technical/Vocational School Work Military Other: _____

In order to prepare for college, I need information on... (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Time management and study skills | <input type="checkbox"/> College costs, paying for college, help completing financial aid applications |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Registering and preparing for college entrance exams |
| <input type="checkbox"/> Setting, assessing and evaluating goals | <input type="checkbox"/> College application and the enrollment process |
| <input type="checkbox"/> High school and college requirements | <input type="checkbox"/> Tutoring: _____ |
| <input type="checkbox"/> Benefits of going to college and earning a degree | <input type="checkbox"/> Other Services: _____ |
| <input type="checkbox"/> Preparing for a career that interests me | |

What do you see as your strengths (academically or socially)? _____

What areas would you like to improve (academically or socially)? _____

SECTION 3: STUDENT CONTRACT

As an Educational Talent Search (ETS) participant, I will:

1. Participate in ETS workshops, advising sessions, and activities;
2. Learn about high school requirements and courses required for college admission;
3. Commit to my education and enroll in courses required for college admission;
4. Commit to study skills and practices that improve my grades and ensure I maintain at least a 2.0 GPA;
5. Communicate with ARC ETS Program Staff about my educational and personal goals;
6. Complete college enrollment and financial aid applications during my senior year of high school;
7. Strive to enroll in the college of my choice the semester following high school graduation;
8. Communicate with ARC ETS Program Staff about my college enrollment and success in earning a college degree.

By typing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I have read, reviewed and understand the preceding material.

Student Signature

Date

TO BE COMPLETED BY PARENT OR GUARDIAN ONLY

Funding is program is provided by the U.S. Department of Education and requires specific documentation. **All personal records or documentation will be held in strictest confidence by Los Rios Community College District and ARC Staff. Consistent with Federal Family Education Rights and Privacy Act of 1974, regulations and other laws, personal records will not be released to any other entity without prior acknowledgement and consent.**

ARC Educational Talent Search in partnership with the Center Joint Unified School District is committed to equal opportunity for all individuals in education. School and district programs, activities and services shall be free from unlawful discrimination based on actual or perceived sex, race, color, national origin, religion, age, sexual orientation, ancestry, ethnic group identification, gender, physical or mental disability, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, or sexual harassment in any district service, program and/or activity that receives or benefits from state financial assistance. The district shall promote programs, which ensure that unlawful discriminatory practices are eliminated in all school and district activities.

Parent/Guardian Name: _____ Student Name: _____

SECTION 4: HOUSEHOLD INFORMATION

Student Resides with: Both Parents Mother Only Father Only Parent and Stepparent
 Foster Parent(s) Legal Guardian(s) Other: _____

Name: _____ Name: _____

Relationship to Student: _____ Relationship to Student: _____

Contact Phone: _____ Contact Phone: _____

Email: _____ Email: _____

What is the primary language used in the home? _____

SECTION 5: STUDENT ELIGIBILITY CRITERIA

A. Citizenship Status of Student:

US Citizen: SSN _____ - _____ - _____ OR Permanent Resident: Alien Registration # A _____

B. First Generation Status:

Please check the highest level of education completed by **biological/adoptive father**

No Formal Education Elementary School Jr. High High School Associate's Degree Bachelor's Degree/Higher

Please check the highest level of education completed by **biological/adoptive mother**

No Formal Education Elementary School Jr. High High School Associate's Degree Bachelor's Degree/Higher

C. Income Status:

1. TOTAL number of people in the household: _____

2. My family's TAXABLE INCOME: (Refer to Tax Return Form 1040, line 43 or Form 1040A, line 27)

- \$0 - \$18,210 \$31,171 - \$37,650 \$50,611 - \$57,090
- \$18,211 - \$24,690 \$37,651 - \$44,130 \$57,091 - \$63,570
- \$24,691 - \$31,170 \$44,131 - \$50,610 \$63,571 or higher

My family DID NOT file a Federal Income Tax Return. My family income is: _____

SECTION 6: PARENT/GUARDIAN AUTHORIZATION

Medical Release: Should my student require medical attention while participating in American River College (ARC) Educational Talent Search (ETS) activities and I cannot be contacted, I give my consent to a medical examination and treatment deemed necessary by the attending medical professional.

Media Release: I hereby grant ARC as a part of, and along with Los Rios Community College District and all its colleges full and complete right to the use of my student's image and voice (still photograph, audio or video recording), with or without the use of my student's name in district and college print and electronic publications or productions. This release is given without charge to or any remuneration from the Los Rios Community College District or its colleges.

Permission to Access School Records: I hereby grant ARC ETS program staff permission to have access to grades, progress reports, school transcripts, assessment test scores, school lunch program eligibility, and updated contact information from the school administration. I authorize ARC ETS to obtain information related to my child's application for college admission, acceptance status and enrollment status, financial aid application (FAFSA), and award letter at any and all colleges and universities.

Participation: I give permission for my child to participate in ARC ETS activities with the understanding that most services are held during the school day. I agree to encourage my child to do well in middle school, high school and pursue post-secondary education.

By typing my name on the signature line, I certify that each response within this application is true and complete to the best of my knowledge. It also indicates that I acknowledge and give consent to the requests of the ETS program.

Parent/Guardian Signature

Date