

# Imperial Valley College

## **Educational Talent Search Program**



Dear School Applicant:

Thank you for your interest in the Educational Talent Search Program. This shows you have plans to continue into post-secondary education. The Educational Talent Search Program can assist you with your educational goals, such as gaining admission into college.

Many students are interested in becoming participants of Educational Talent Search Program. Therefore, make sure every item on the application is complete and legible in order to process your application in a timely manner. Please take the proper time to complete the application and gather the supporting documentation needed for the application. Have your parent(s) assist you with completing the application.

Once you turn in your application, you should receive a notice from the program about your eligibility. If you have any questions regarding your application contact the Educational Talent Search Counselor at (760) 355-6109.

### Documents needed to turn in:

- ETS Application completed with signatures.
- Signed copy of your parent's/legal guardian's Federal Income Tax Return (pages 1 and 2 only) or other income verification documents, such as social security benefits, etc.
- Copy of your Social Security Card
- Copy of your MICA (if applicable)

### **What is the Imperial Valley College Educational Talent Search Program?**

Imperial Valley College Educational Talent Search is a federally funded program designed to help low income and potential first generation college students gain entry to and graduate from an institution of higher education. The goal of the program is to provide assistance to these students as a means to facilitate their post-high school educational objectives.

### **What Does Educational Talent Search Program Offer?**

The Educational Talent Search Program staff is available to the student until he/she graduates from high school. The Program implements supportive services to meet each student individual academic needs. Some of the services provided include but are not limited to: Individual and Group Counseling, Career Counseling and Guidance, Workshops (financial aid, college admission application, college entrance exam), Tutorial assistance, University Field trips, Cultural Tours, Assistance to Re-enter High School, Assistance to re-enter college.

### **Who Is Eligible?**

Students attending one of the target schools (Calexico High School, De Anza Junior High School, Central Union High School, Southwest High School, Heber Junior High School, San Pasqual High School) and students who have dropped out of school or college are eligible to apply. Other eligibility requirements are:

1. Meet federal eligibility guidelines (see table below).
2. Possess academic potential for admission to postsecondary institutions.
3. Be in need of the assistance provided by the Educational Talent Search Program.

### **Federal TRIO Programs Current-Year Low-Income Levels** (Effective January 20, 2011 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$16,335	\$20,400	\$18,810
2	\$22,065	\$27,570	\$25,395
3	\$27,795	\$34,740	\$31,980
4	\$33,525	\$41,910	\$38,565
5	\$39,255	\$49,080	\$45,150
6	\$44,985	\$56,250	\$51,735
7	\$50,715	\$63,420	\$58,320
8	\$56,445	\$70,590	\$64,905

### **TRIO Works!**

TRIO Educational Talent Search Grant is 100% funded by a U.S. Department of Education at \$351,681 annually.

For more information visit:

[www.ed.gov/about/offices/list/ope/trio/index.html](http://www.ed.gov/about/offices/list/ope/trio/index.html)





# IMPERIAL VALLEY COLLEGE EDUCATIONAL TALENT SEARCH PROGRAM

ADMISSION APPLICATION  
(To be completed by parent (s) only)

The Educational Talent Search is a **FREE** program designed to provide supplemental services to students who wish to continue their studies after high school graduation.

DATE:	SCHOOL NAME:	STUDENT'S SOCIAL SECURITY NUMBER										
STUDENT ID #:	SCHOOL COUNSELOR'S NAME:											

STUDENT FIRST NAME:	MIDDLE NAME:	LAST NAME:
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NUMBER & STREET OR P.O. BOX	CITY	ZIP CODE	HOME PHONE NUMBER (760)
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EMERGENCY CONTACT # 1:		EMERGENCY CONTACT # 2:	
Name	Relation:	Name	Relation:
Home Phone Number (760)		Home Phone Number ( )	

STUDENT E-MAIL ADDRESS:

STUDENT SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	BIRTH DATE:	BIRTH PLACE:
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STUDENT RACE-ETHNICITY:

Asian  Native Hawaiian or other Pacific Islander  Black or African American  Hispanic or Latino  American Indian/Alaska Native  White

Other, please specify: \_\_\_\_\_

STUDENT CITIZENSHIP STATUS: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized	IS YOUR CHILD IN THE ICQE MIGRANT PROGRAM?
<input type="checkbox"/> Resident Immigrant MICA #: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT'S PREVIOUS SCHOOL ATTENDED: (Please provide complete address and phone number)

IS STUDENT IN RSP:	IS THE STUDENT CLASSIFIED AS ENGLISH LEARNER (ESL / ELL / ELD):
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT'S CURRENT GRADE LEVEL:  7<sup>TH</sup>  8<sup>TH</sup>  9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>

DOES FATHER HAVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES MOTHER HAVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO
Check Degree: <input type="checkbox"/> A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A.	Check Degree: <input type="checkbox"/> A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A.

FATHER'S NAME: _____	MOTHER'S NAME: _____
OCCUPATION: _____	OCCUPATION: _____
CELL: _____ WORK PHONE: _____	CELL: _____ WORK PHONE: _____
EMAIL: _____	EMAIL: _____

### FAMILY INCOME VERIFICATION

HOW MANY PERSONS ARE LIVING IN YOUR HOUSEHOLD? \_\_\_\_\_

FAMILY'S ANNUAL INCOME: \$ \_\_\_\_\_ TAXABLE INCOME: \$ \_\_\_\_\_

(1040(A) page 1) (1040(A) page 2)

My family participates/receives the following:

- Free/reduced lunch  Social Security (Please attach Income Verification Sheet)  Public assistance (AFDC) (Please attach Income Verification Sheet)
- Disability (Please attach Income Verification Sheet)  Other \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

PLEASE CIRCLE ANY PHYSICAL DISABILITY/HEALTH CONDITION THAT APPLY TO THE STUDENT:

1. None    2. Legally Blind    3. Deaf/ Hearing Impaired    4. Orthopedic    5. Cardiac    6. Epilepsy    7. Diabetes    8. Learning Disability
9. Allergies    10. Medications    11. Other (please specify) \_\_\_\_\_

MEDICATION BEING TAKEN: \_\_\_\_\_

INSURANCE NAME & NUMBER: \_\_\_\_\_  NO INSURANCE

IMPERIAL VALLEY COLLEGE  
**EDUCATIONAL TALENT SEARCH PROGRAM**  
AUTHORIZATION FOR RELEASE OF PUPIL INFORMATION



School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID #: \_\_\_\_\_

I hereby authorize the Educational Talent Search Program at Imperial Valley College to obtain transcripts and other academic cumulative records for the above-named student. I acknowledge that the transcripts and other academic records will provide the following information to the program: HIGH SCHOOL GRADUATION REQUIREMENTS; CREDITS COMPLETED AND CREDIT DEFICIENCIES; GRADE POINT AVERAGE (GPA); CAHSEE RESULTS; COLLEGE ADMISSION TEST SCORES TO INCLUDE THE ACT, SAT I, SAT II; STANDARDIZE TEST SCORES (CST), and CELTA results.

It is clearly understood that the information obtained from the transcripts, academic records, and other records will be used for the purpose of determining eligibility to the Program. Once the student is enrolled in the program the information will also be used to monitor the student's academic progress toward graduation, and successful transition to a post-secondary institution. For the use of program field trips, a copy of the Emergency Contact Forms will also be provided to the Educational Talent Search Program for emergency purposes. It is also understood that the Educational Talent Search Program will not permit any other party to have access to such information, without the prior written consent of the pupil's parent/guardian.

I further authorize the continual release of attendance records, progress reports, end of each quarter grades, and official transcripts at the end of each semester, including the yearly CST and CELTA results. All records maintained by the Educational Talent Search Program are kept in accordance with the Family Educational Rights and Privacy Act of 1974.

Please forward the above requested information to the following address:

*Myriam Fletes, Project Director  
Imperial Valley College  
Educational Talent Search Program  
P.O. Box 158  
Imperial, CA 92251  
760-355-6109  
Fax 760-355-6109*



\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**PARENT/LEGAL GUARDIAN PERMISSION TO PARTICIPATE IN  
PROGRAM SPONSORED ACTIVITIES**

As parent/legal guardian, I give my son/daughter consent to fully participate in college preparatory program activities offered by E.T.S. during the academic year, including the summer activities. I agree to accept any financial responsibility for medical expenses incurred by my son/daughter during his/her tenure in the Educational Talent Search Program.

I certify that all the information provided in this application is accurate. I understand that E.T.S. may deny my child's admission if any information is found to be incomplete or inaccurate.



**PARENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INITIAL NEEDS ASSESSMENT**

**(TO BE COMPLETED BY STUDENT)**

Check all that apply

1. - What grades do you usually earn during the school year?     A's     B's     C's     Below C
2. - What CAHSEE proficiency exams have you passed?     Math     Language     I have not taken these exams yet
3. - Which of these test(s) have you taken:  
 PSAT score: \_\_\_\_\_     SAT score: \_\_\_\_\_     ACT score: \_\_\_\_\_     NONE
4. - Have you taken any AP courses? YES  NO  Which one? \_\_\_\_\_ Scores: \_\_\_\_\_ Which one? \_\_\_\_\_ Scores: \_\_\_\_\_
5. - Which three colleges are you considering attending after High School graduation?  
A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
6. - Have you decided on a career? YES  NO  If yes, which career? \_\_\_\_\_
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 7. Do you know the facts about this career?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever dropped out or thought about dropping out of school?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently participating in an TRiO Upward Bound Program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you need help with study skills?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you know the right academic classes that should be taken to prepare you for college?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you think you will need help in applying for college/university?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you know the process involved with applying for financial aid and scholarships   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you think you will need help in applying for financial aid and scholarships?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How many years of college/university do you plan to complete after high school?<br><input type="checkbox"/> Associate Degree (1-2 years) <input type="checkbox"/> Bachelors Degree (4-6 years) <input type="checkbox"/> Master's Degree (6+ years)<br><input type="checkbox"/> Doctorate Degree (6+ years) <input type="checkbox"/> Uncertain at this time <input type="checkbox"/> I do not plan to attend college |                          |                          |
| 16. What subject(s) do you need assistance with? _____<br>_____   |                          |                          |
| 17. What are your two favorite subjects and <u>why</u> ? _____<br>_____   |                          |                          |
| 18. What are your two least favorite subjects and <u>why</u> ? _____<br>_____   |                          |                          |
| 19. In what activities do you participate, in and out of school? _____<br>_____   |                          |                          |
| 20. <u>Why</u> do you want to join the Educational Talent Search Program? _____<br>_____  |                          |                          |
| 21. <u>Why</u> is higher education important to you? _____<br>_____   |                          |                          |
| 22. <u>Why</u> are you willing to commit and participate in all E.T.S. activities until the end of your last year of high school?<br>_____  |                          |                          |

**I understand that by participating in the Educational Talent Search Program, I authorize the program to access my academic records, standardized test scores and financial information that are necessary to assist me in achieving my educational goals.**

**Print Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**IMPERIAL VALLEY COLLEGE  
EDUCATIONAL TALENT SEARCH PROGRAM  
SCHOOL COUNSELOR'S RECOMMENDATION FORM**

The goal of the Educational Talent Search Program is to work towards college preparation courses. Students selected for this program should have the potential to succeed in post-secondary education. This recommendation will serve as a tool to diagnose the academic standing of the student that may not be shown in traditional measurements, such as standardized test scores or grades, but may be revealed more readily through intuitive judgments. Your recommendation will assist us in admitting the applicant in our program and to properly assess the applicant.

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Counselor's Name: \_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_

Student's Expected Graduation Date: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Based on how many semesters: \_\_\_\_\_

**School Proficiency Tests:**

CAHSEE:

Lang:      Passed     Failed     Not Taken

Math:      Passed     Failed     Not Taken

**Language Proficiency:**

Fluent English Proficient:      Yes       No

Limited Language Proficient:      Yes       No

Reclassified:    Date: \_\_\_\_\_

Migrant Program Participant:    Y     N

RSP Student:      Y       N

Comments:       Recommend to program

Do not recommend to program

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COUNSELOR:**

**PLEASE SUBMIT A COPY OF:**     TRANSCRIPT     CST RESULTS     CELTA     ATTENDANCE RECORDS

**AND THE FOLLOWING, IF APPLICABLE:**     AP     PSAT     SAT     ACT

Feel free to call E. T. S. at (760) 355-6109 if you have any questions.



**Student:** Please detach this sheet and give it to your school counselor.