



DIABLO VALLEY COLLEGE  
*Educational Talent Search*

Dear Parent(s),

*Educational Talent Search (ETS)* is a project funded by the U. S. Department of Education and is administered by Diablo Valley College (DVC). The purpose of this project is to encourage low-income and potential first generation college students to complete middle school and high school and go on to college. However, only 2/3rds of our total student enrollment must be both low-income and first-generation college-bound students.

Services listed below are *free of charge* and will be offered at target schools, DVC or at a local college campus.

- Academic, financial, and career guidance
- Career exploration and aptitude assessment
- College admissions advising and college visits
- Assistance in completing college admissions and financial aid applications step by step
- Assistance in preparing for college entrance exams
- Special activities for sixth, seventh, and eighth graders
- Workshops for the parents of participants
- Fee waiver assistance to pay for college entrance exams, admissions and financial aid application fees.
- Summer academic enrichment programs in Math, English, College Planning, Testing & Career Exploration.
- Academic Tutoring

If you would like for your child to participate in this project, **submit** the following forms to ETS:

- High School Application**
- High School Participant Needs Assessment**
- Parent Program Application (page 1)**
- Income Verification (last year's signed 1040, Social Service Income, FAFSA)**
- Parent Program Application (page 2: Acknowledgement and Intent to Participate, Medical and Information Release)**
- High School Transcript (if 9<sup>th</sup> grade, most recent progress report)**
- Student's Social Security Number at the time of Program Enrollment**

**Return the application packet to the ETS staff person at your school, fax to our office at (925) 691-9361 or mail it to the following address:**

Diablo Valley College  
Student Services Center  
Educational Talent Search  
321 Golf Club Rd  
Pleasant Hill, CA 94523

Once your application has been reviewed you will receive a letter in the mail indicating your enrollment status. Applicants accepted into ETS are eligible to receive services until they enroll in college. If you have questions, please feel free to contact us at (925) 969-2189. Please keep this letter for your records.

Sincerely,

***Jackqueline Jones-Castellano***

Project Director  
Educational Talent Search



DIABLO VALLEY COLLEGE

FOR ETS OFFICE USE ONLY

Eligibility Status \_\_\_\_\_
Documentation Type \_\_\_\_\_
Documentation Date \_\_\_\_\_
Program Acceptance \_\_\_\_\_
Date Transcript Received \_\_\_\_\_
RC Status (Circle): On Track Not on Track
RC Status Documented By: \_\_\_\_\_
On Track for HS Grad (4yrs) Yes No
HS Grad Documented By: \_\_\_\_\_

Educational Talent Search
HIGH SCHOOL APPLICATION

(Please print legibly in black or blue ink)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Parent's Cell #: \_\_\_\_\_
E-mail Address: \_\_\_\_\_
Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Age:(circle) 13 14 15 16 17 18
School: \_\_\_\_\_ Grade: [ ]9th [ ]10th [ ]11th [ ]12th
Are you a U.S. Citizen? Yes\_\_\_ No\_\_\_ If no, are you a Permanent Resident? Yes\_\_\_ No \_\_\_ If you are not a Permanent Resident are you in the application process to become a resident? Yes \_\_\_ No \_\_\_
Social Security #: \_\_\_\_\_ Student ID #: \_\_\_\_\_
Ethnicity: [ ]African American/Black [ ]American Indian/Alaska Native [ ]Asian/Asian American
Check all that apply [ ]Caucasian/White [ ]Hispanic/Latino [ ]Native Hawaiian/Other Pacific Islander
[ ]Other (please list) \_\_\_\_\_

- 1. Do you have a physical or learning disability? Yes\_\_\_ No\_\_\_ If yes, please specify\_\_\_\_\_
2. Primary language(s) spoken in your home: [ ]English [ ]Spanish [ ]Other(please list other) \_\_\_\_\_
3. How many people are in your household, including yourself? \_\_\_\_\_
4. What is your parent's name? Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_
5. Do your parent(s) work? Yes\_\_\_ No\_\_\_ Occupation: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_
6. Do you or your parent(s) receive: (circle) AFDC/TANIF/CalWORKS Social Security(SSS)
General Assistance (GA) Free/Reduced Lunch Subsidized Housing Medi-Cal Food Stamps
7. Are you currently enrolled in another college outreach program? (e.g. Puente, AVID, EAOP, UB,
UB Math/Science, GEARUP, etc.) Yes\_\_\_ No\_\_\_
If yes, please list all programs you are enrolled in? \_\_\_\_\_

Statement of Intent to Participate:

I wish to enroll in and participate in the activities sponsored by the Educational Talent Search (ETS) project. In order to enroll I realize that I must submit my social security number to complete my enrollment application. I will meet with the ETS Project Staff on a regular basis (not less than twice a semester) to participate fully in project services. Prior to receiving services, I will provide ETS staff with all requested information regarding family income, educational level and documentation to verify my eligibility/need for services as required by the U.S. Dept. of Education. If I fail to meet with ETS staff or attend at least two project sponsored activities per semester, I may be dropped from the program. I understand and agree to these conditions and acknowledge my willingness to meet the specified conditions of participation as evidenced by my signature below. Note: Information is protected by the privacy act. This information is necessary to determine if you are eligible to participate in the Educational Talent Search Project.

I certify that the above information is accurate to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
100% Federally Funded Total Annual Budget \$317, 280



# Educational Talent Search HIGH SCHOOL PARTICIPANT NEEDS ASSESSMENT 2016-2017

(Please print legibly in black or blue ink)

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

Select the activities that you would like to participate in, between Sept. 2016 and Aug. 2017. **Select 5 activities, Rank your top 5 activities, 1 through 5, with 1 = activity of greatest interest.**

<p>_____ 1). Talk to someone about going to college <b>54</b></p> <p>_____ 2). Transcript Evaluation/Course Selection <b>2</b></p> <p>_____ 3). College Preparation Course Information <b>5</b></p> <p>_____ 4). College Campus Visit <b>13</b></p> <p>_____ 5). College Admissions Requirements <b>9</b></p> <p>_____ 6). Assist w/College Admission Application <b>10</b></p> <p>_____ 7). (circle) Career Guidance <b>6</b> / Assessment <b>8</b></p> <p>_____ 8). Financial Aid / Scholarship Information <b>15</b></p> <p>_____ 9). Assistance w/Financial Aid Application <b>16</b></p> <p>_____ 10). Financial Planning (saving for College) <b>56</b></p> <p>_____ 11). Tutoring. Which 2 subjects do you need help with most? <b>34</b></p>	<p>_____ 12). SAT/ACT Test Prep <b>25</b></p> <p>_____ 13). Test-Taking Tips <b>23</b></p> <p>_____ 14). Study Skills Development <b>37</b></p> <p>_____ 15). Time Management/Organizational Skills <b>55</b></p> <p>_____ 16). Goal Setting/Decision Making <b>29</b></p> <p>_____ 17). (circle) English <b>43</b> /Math <b>39</b> Skills Development</p> <p>_____ 18). Self-Esteem /Awareness <b>30</b></p> <p>_____ 19). High School Graduation Requirements <b>3</b></p> <p>_____ 20). (circle) Admissions <b>12</b> or Scholarship <b>18</b> Essay Assistance</p> <p>_____ 21). Test Registration Assistance (College Admissions. SAT/ACT/ELM/EPT, etc.) <b>22</b></p>
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1. What do you see as your biggest obstacles for going to college? \_\_\_\_\_
2. List colleges you are interested in attending. Explain why? \_\_\_\_\_  
\_\_\_\_\_
3. What major(s) are you interested in? \_\_\_\_\_
4. What career will your major(s) lead to? \_\_\_\_\_
5. List jobs, school clubs and the community service activities in which you will participate during this school year:  
\_\_\_\_\_

I realize that I must meet monthly with my ETS Staff person in order to benefit from program services. Given last year's academic performance, I plan to set the following two goals to improve academically.

6. \_\_\_\_\_
7. \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>FOR STAFF USE ONLY</b>		
Eligibility Status _____	Documentation Type _____	Date Needs Assessment Reviewed _____
<input type="checkbox"/> Duplicate NA for New Students		
_____ ETS Staff	_____ Project Director	_____ Acceptance Date



# Educational Talent Search

## DIABLO VALLEY COLLEGE PARENT PROGRAM APPLICATION

(All information must be completed legibly in black or blue ink by the parent(s)/guardian)

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Is your child a US Citizen (please circle) Yes No SSN#: \_\_\_\_\_

If no, is your child a Permanent Resident Yes No Alien Reg.#: \_\_\_\_\_

If your child is a Permanent Resident, please attach a copy of their card to the application.

Is your child Hispanic/Latino (please circle) Yes No If not (please check all that apply)

Black/African American  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander

Caucasian/White  Asian/Asian American  Other (please list) \_\_\_\_\_

Does your child have a physical or learning disability? Yes \_\_\_ No \_\_\_

If yes, specify and attach IEP/504. \_\_\_\_\_

Student resides with:  One Parent/Guardian  Both Parents/Guardians

Parent 1/Guardian/Partner		Parent 2/Guardian/Partner	
<b>Print Name:</b>		<b>Print Name:</b>	
<b>Occupation:</b>		<b>Occupation:</b>	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	
<b>Email:</b>		<b>Email:</b>	
<b>Education:</b>	Highest level of education completed: <input type="checkbox"/> Elementary (K-9) <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree	<b>Education:</b>	Highest level of education completed: <input type="checkbox"/> Elementary (K-9) <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree
<b>Emergency Contact</b>	Name: Phone:	<b>Emergency Contact</b>	Name: Phone:
<b>Relationship to student</b>		<b>Relationship to student</b>	

**Eligibility Certification:** I/we the parent(s)/guardian(s) of the above named student had an **annual taxable income** (see line 27 on 1040A or line 43 on 1040) of \$ \_\_\_\_\_ for 2015. This income supported \_\_\_\_\_ (number of people, including all people who were supported by income).

**Please Attach one of the following documents to this application to verify above income statement:**

- Signed Copy of last year's 1040 tax return (ONLY FIRST 2 PAGES)
- Signed Copy of last year's annual Social Services Income (Notice of Action, SSI, Signed Statement from case worker)
- Signed Copy of Parent/Guardian Notification of Eligibility for Free or Reduced Lunch from District
- Signed Financial Aid Form (FAFSA) from previous year

**Do you have other children in grades 6-12?**  Yes  No If yes, please list name and school:

Name: (1) \_\_\_\_\_ School: \_\_\_\_\_  
(2) \_\_\_\_\_

I, the undersigned, declare under penalty of perjury, that all information reported on this application is true to the best of my knowledge.

\_\_\_\_\_  
Print Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



(Please print legibly in black or blue ink)

Parent 1's Name: \_\_\_\_\_ Parent 2's Name: \_\_\_\_\_

**Acknowledgement and Intent to Participate**

My child (First Name): \_\_\_\_\_ (Last Name): \_\_\_\_\_ has my permission to participate in services, activities, and field trips planned and supervised by Diablo Valley College's Educational Talent Search. The project, the college, and the employees of Talent Search are released by me from claims against them arising from injuries, which might occur in route to/at/from the destination.

I acknowledge my support for my child to participate in Diablo Valley College's Educational Talent Search Project. I commit to attending at least one (1) ETS Parent Workshop per program year. I understand that occasionally class release time is required in order for my child to receive ETS services.

**Medical Release**

I do hereby give consent to DVC-ETS and its employees and agency to render or seek emergency medical treatment and assistance to the participant/my child if deemed necessary. In consideration of granting permission by the DVC Educational Talent Search for the above named minor to participate in the activities sponsored by ETS, the participant, his/her parents or legally appointed guardian hereby agree to indemnify, hold harmless, release and forever discharge the DVC Educational Talent Search employees and/or agents from all claims and demands which the participant, his/her parents or legal guardian or the representatives or successors of them or any person may have against Contra Costa Community College District, DVC and its employees and agents by reason of acts, illness, or injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned ETS activities.

\_\_\_\_\_  
(Print Parent/Guardian Name) (Parent/Guardian Signature) (Date)

**Information Release**

I/we authorize the DVC Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of my child's school transcript, test scores, ACT/SAT or GED scores, and school lunch program eligibility. We would like to be a part of the ETS program. I hereby give my permission for my child to participate in all Educational Talent Search activities. In addition, I hereby give my permission for my child's name, photograph, work, and/or statements to be used by Educational Talent Search for promotional, publicity (web pages, social media, brochures, newspaper, etc...), or instructional purposes. I/we authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other) a copy of my award notification from the financial aid office, and college admission and registration information.

I the above named student do hereby give my college of attendance and National Student Clearinghouse permission to disclose my college enrollment status and degree attainment data to the CCCCD/DVC ETS staff for the purpose of tracking my college enrollment and completion. I authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other) and a copy of my award notification from the financial aid office.

\_\_\_\_\_  
(Print Parent/Guardian Name) (Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Print Student Name) (Student Signature) (Date)

*Note: All personal records or documentation will be held in strictest confidence by the staff of ETS, DVC and Contra Costa Community College District (Consistent with the Federal Family Education Rights and Privacy Act of 1974, regulations, and other laws) and will not be released to any other entity without my prior acknowledgment and consent. This acknowledgment will be effective for the duration of my child's participation in the program.*