



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 Visits
- Assistance in preparing for college entrance exams
- 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:

- Middle School Application**
- Middle 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)**
- Middle School Grade Report (if in 7th - 8th grade most recent transcript)**
- 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

FOR ETS OFFICE USE ONLY	
Eligibility Status	_____
Documentation Type	_____
Documentation Date	_____
Program Acceptance	_____
Date Transcript Received	_____

Educational Talent Search
Middle SCHOOL APPLICATION

(Please print legibly in black or blue ink)

Last Name: _____		First Name: _____		Middle: _____	
Address: _____		Apt# _____		City: _____	
Home Phone #: _____		Cell Phone #: _____		Parent's Cell #: _____	
E-mail Address: _____					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: _____		Age:(circle) 10 11 12 13 14	
School: _____		Grade: <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th			
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: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American					
Check all that apply <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/> 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: _____



Educational Talent Search

MIDDLE 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.**

_____ 1).Talk to someone about going to college 54	_____ (8). Test Taking Tips 23
_____ 2).High School Graduation Requirements (planning for High School) 3	_____ (9). Tutoring (Which 2 subjects do you need help With the most? _____) 34
_____ 3).College Infor & Admissions Requirements 9	_____ (10).Study Skills Development 37
_____ 4).College Campus Visit 13	_____ (11).Goal Setting/Decision Making 29
_____ 5).Information on Paying for College (FA) 15	_____ (12).Time Management and Organizational Skills 55
_____ 6).(circle) Career Guidance 6 Assessment 8	_____ 13). Financial Planning (saving for College) 56
_____ 7).Self-Assessment/Learning Style 24	_____ 14). (circle) English 43 /Math Skills Development 39

15). Where, when and how often do you study? Do you study in a group or with a partner? _____

16.) What goals do you plan to accomplish in high school? _____

17). Do you want to go to college? Explain why? _____

18). State your career goal? Explain why? _____

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.

1. _____

2. _____

Student Signature

Date

FOR STAFF USE ONLY

Eligibility Status _____ Documentation Type _____ Date Needs Assessment Reviewed _____

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	
Print Name:		Print Name:	
Occupation:		Occupation:	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	
Email:		Email:	
Education:	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	Education:	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
Emergency Contact	Name: Phone:	Emergency Contact	Name: Phone:
Relationship to student		Relationship to student	

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.