



**EDUCATIONAL TALENT SEARCH**  
 Hawai'i Community College and its University of Hawai'i Center - West Hawai'i  
 81-964 Haleki'i Street, Kealahou, Hawai'i 96750  
 Phone: (808) 322-4860 Facsimile: (808) 322-4855

Date: \_\_\_\_\_ ETS Code: \_\_\_\_\_ Signature: \_\_\_\_\_

*(Please Do Not Write In this Area- For official use only)* ID# \_\_\_\_\_

**ETS Application Form** *(Please Print and fill in all questions)*

Students: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: HI Zip Code: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female  U. S. Citizenship or: \_\_\_\_\_ Is English a second language in your home? \_\_\_\_\_

If yes, please list language \_\_\_\_\_

Ethnic Background This information is requested for the purpose of satisfying federal reporting and does not affect admission. Select one box that you believe represents your ethnic background.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Native Hawaiian or Part Hawaiian | <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Hispanic or Latino       |
| <input type="checkbox"/> Pacific Islander                 | <input type="checkbox"/> Caucasian/White                 | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Other _____                      |  | <input type="checkbox"/> Asian                    |

**PLEASE CHECK ALL OF THE SERVICES YOU WOULD LIKE TO RECEIVE FROM ETS**

- |   |   |
|---|---|
| <input type="checkbox"/> Study Skills               | <input type="checkbox"/> Career Awareness                                     |
| <input type="checkbox"/> Community Service          | <input type="checkbox"/> College Information                                  |
| <input type="checkbox"/> Financial Aid              | <input type="checkbox"/> Family Involvement                                   |
| <input type="checkbox"/> Self-Esteem and Motivation | <input type="checkbox"/> Diversity and Cultural Awareness                     |
| <input type="checkbox"/> Teen Challenges            | <input type="checkbox"/> Critical Thinking, Problem Solving & Decision Making |

Do you plan to attend college after you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

What careers and jobs interest you the most? \_\_\_\_\_

Family Information

**Father or Male Guardian (with whom the student lives)**

Last Name \_\_\_\_\_ First \_\_\_\_\_

How are you related to the student? \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Do you have a 4 year bachelor's degree? \_\_\_\_\_

If yes, college where you received your degree:  
 \_\_\_\_\_

**Mother or Female Guardian (with whom the student lives)**

Last Name \_\_\_\_\_ First \_\_\_\_\_

How are you related to the student? \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Do you have a 4 year bachelor's degree? \_\_\_\_\_

If yes, college where you received your degree:  
 \_\_\_\_\_

**We need the following information to process your application, thank you.**

Total number of (ALL) persons in household (including student and parent(s)) \_\_\_\_\_ My exact **taxable income** from last year from Form 1040, or Form 1040-A, or Form EZ was \_\_\_\_\_ .

I/We did not file last year tax forms because our income was less than amount required for filing.  Yes  No

The family receives: (check all that apply)  School free lunch or reduced lunch  Public Assistance  other income

**Estimated Income from last year, please check one:**

- Under \$17,625     \$17,625 - \$23,625     \$23,625 - \$29,625     \$29,625 - \$35,625     \$35,625 - \$41,625  
 \$41,625 - \$47,625     \$47,625 - \$53,625     \$53,625 - \$59,625     over \$59,625

LIABILITY RELEASE

During the time your child is in the Educational Talent Search Program (ETS), he or she will be expected to participate in many activities such as field trips, sports, campus visits, picnics, etc. ETS, staff and representatives will be careful and conscientious regarding your child's safety at all times. The Hawaii Community College and its University of Hawaii Center – West Hawaii (HawCC), however, requests your signature in agreement with the following statements.

I, the undersigned, in full recognition of the possible dangers and hazards inherent in any student activity such as those ETS conducts, do hereby agree to assume all the risks and responsibilities surrounding my child's participation in ETS activities. I further hereby defend, hold harmless, indemnify and release and forever discharge HawCC and all its officers, agents and employees from and against any and all claims, demands, actions or causes of action arising from damage to personal property, or personal injury or death which may result from participation in such activities or from causes beyond the control of, and without fault or negligence of HawCC, its officers, agents or employees, during the period of my child's participation in any ETS sponsored activity.

INFORMATION RELEASE/ AUTHORIATION

*I certify that the above information is true and accurate to the best of my knowledge and I understand that all of the information will be kept confidential. I grant my permission and authorize my child's school to release his/her academic transcripts, special education diagnostic reports (if applicable) and any other documentation required on behalf of the Educational Talent Search Program (ETS) for the purpose of assessing my child's progress in school and participation in the program. In addition, I authorize ETS permission to use any pictures and/or articles on behalf of my child for media announcement purposes. (Both parents must sign unless parents are divorced or separated. In which case, the custodial parent must sign).*

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Services Specialist Signature: \_\_\_\_\_ Date \_\_\_\_\_

To parent/guardian: The privacy Act protects the personal information given to Educational Talent Search. The U.S. Department of Education has the authority to gather such information (20USC 1231a). No one may see the information unless they work with or for HawCC and its Educational Talent Search program or are specifically authorized to see it. The information is necessary to determine if your child is eligible to participate in the program and helps the U.S. Department of Education measure his or her success. All information must be provided in order to determine eligibility and receive program services.