

Does your child receive free or reduce lunch?

Saint Augustine's University

TRiO Educational Talent Search Application

ACADEMIC YEAR 2022-2023

TRIO Is...Transformational!

PO Box 2042 721 Pennsylvania Ave. Rocky Mount, NC 27802

Phone: 252-446-1921 Fax: 252-446-5936

** STUDENT INFORMATION – TO BE COMPLETED BY THE STUDENT									
Are you currently participating in another federally funded program? (Ex: GEAR Up, Upward Bound, etc.)									
No Yes If "Yes", what is the name of the program?									
Name: Student School ID#									
Address:	Address: PO Box:								
City:	ity:State: Zip:								
Home Phone	Home Phone: Student's Cell: Student Email:								
Are you a citizen of the United States?									
Gender: Male Female					DATE OF BIRTH:				
School:	hool: Current Grade:								
Cultural Back	kground – Se	elect one or m	ore below:						
Amo	erican Indiar	n Asi	an Hi	spanic	Black	White	Othe	er	
American Indian Asian Hispanic Black_ White Other DISABILITY: Yes No (If "Yes" please specify):									
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**ELIGIBILITY INFORMATION – TO BE COMPLETED BY THE PARENT									
Does your child have an Individual Educational Plan (IEP) or 504 Plan? Yes No Which plan?									
This required INCOME information will ONLY be used to determine program eligibility status based on the									
parent(s)/guardian(s) with whom the student resides. All information will be kept confidential!									
Does either parent have a 4-Year Degree? Yes No Total Number in the Household									
Please check the level of your TOTAL FAMILY TAXABLE INCOME; (NOT GROSS INCOME)									
Note: "Taxable Income" can be found on Line 15, page 1 on your 1040 federal tax form)									
\$0	\$20, 386	\$27, 466	\$34,546	\$41,626	\$48,706	\$55,786	\$62,866	\$69,946	
to	to	to	to	to	to	to	to	to	
\$20, 385	\$27,465	\$34,545	\$41,625	\$48,705	\$55,785	\$62,865	\$69,945	Above	
Does anyone in your household receive any of the following assistance:									
Social Security/Disability Child Support AFDC Food Stamps Unemployment									
Other:									

(Please continue back page)

FAMILY HOUSEHOLD INFORMATION (ONLY COMPLETE THE INFORMATION FOR THE PARENTS(S)/GUARDIAN(S) WITH WHOM THE STUDENT RESIDES) Student lives with: Both Parents Mother Father Other Mother or Guardian Name: Cell: _____ Email: ____ Employer & Occupation: Work: Father or Guardian Name: _____ Cell: _____ Email: ____ Employer & Occupation: Work: Emergency Contact Name: Cell: _____ Email: _____ Relationship: _____ INFORMATION ENDORSEMENT This is to certify that all information on this application is correct to the best of my knowledge. AUTHORIZATION FOR SCHOOL RELEASE OF EDUCATION RECORDS I authorize Education Talent Search (ETS) to receive copies of participant's transcripts, report cards, test scores, financial aid awards information, along with other pertinent information from the local school districts and other entities relative to enrollment and tracking of student progress during the entire duration of my child's participation within the program. I also give Educational Talent Search permission to photograph and/or video my child for academic program purposes during program meetings and activities. Student's Signature _____ Parent's Signature Date ALL PARTICIPANT INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY ALL TRIO STAFF ***PLEASE ATTACH A CURRENT COPY OF THE STUDENT'S REPORT CARD/TRANSCRIPT*** TRiO Educational Talent Search is a federally funded by the US Department of Education and administered by Saint Augustine's University, Raleigh, NC. Educational Talent Search also works in conjunction with your local school guidance office and focuses on students in grades six through twelve. ALL SERVICES RENDERED BY THE PROGRAM ARE FREE! Applicants are selected without regard to race, color, creed, religion, national origin, gender, or physical disability. TRiO Educational Talent Search is committed to challenge, inspire and guide students in pursuing their dreams toward Higher Education. FOR OFFICE USE ONLY Accepted: Tyes No If NO, give reason: SAINT AUGUSTINE'S UNIVERSITY Date Accepted into the Program: Transform, Excel. Lead Advisor Signature:

Eligibility Status: LIFG LI DFG DOther