

Congratulations on your decision to enroll your child in the Hillsborough Community College Educational Talent Search program. By completing this application in its entirety, your child will be considered for acceptance. Two thirds of all accepted Educational Talent Search students must meet the federal income guidelines AND be first generation students (the parent(s) the child lives with does not have a bachelor's degree). The remaining one third must demonstrate an interest in postsecondary education. Prior to submission, please review the information that your child has already provided on the reverse side of this form.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

Please contact the ETS office at 813-253-7059 with any questions you may have.

Mother/ Guardian Information

Father/ Guardian Information

Mother's Name: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Highest grade/degree completed: _____

Father's Name: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Highest grade/ degree completed: _____

Income Verification

Please use the most recent tax return in completing the following information

Year of tax return _____ I/ We Claimed _____ exemptions
 Filing Status: _____ Single _____ Married, filing jointly _____ Married, filing separately _____ Head of Household
 My exact taxable income was \$ _____
 (Use Form 1040, Line 40 - Form 1040A, Line 27 – Form 1040EZ, Line 6).

DO NOT LEAVE THIS SPACE BLANK. IF ANSWER IS ZERO PLEASE USE 0.

Select your family's annual income:

Check One	Income Amount	Check One	Income Amount
<input type="checkbox"/>	Less than \$15,315	<input type="checkbox"/>	\$30,976 - \$36,195
<input type="checkbox"/>	\$15,316 - \$20,535	<input type="checkbox"/>	\$36,196 - \$41,415
<input type="checkbox"/>	\$20,536 - \$25,755	<input type="checkbox"/>	\$41,416 - \$46,635
<input type="checkbox"/>	\$25,756 - \$30,975	<input type="checkbox"/>	More than \$46,636

Needs Assessment

Please check all of the services you would like your child to receive:

<input type="checkbox"/> Study Skills and Habits	<input type="checkbox"/> Self-Esteem/ Social Skills
<input type="checkbox"/> Goal Setting/ Decision Making	<input type="checkbox"/> Reading/ Writing Skills
<input type="checkbox"/> Organization/ Time Management Skills	<input type="checkbox"/> Academic Advising/ Course Planning
<input type="checkbox"/> Academic Tutoring	<input type="checkbox"/> Scholarships/ Financial Aid/ Admissions
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Career Information

Do you plan to have your child go to college after high school? Yes No Don't know

Information Release

I/ we authorize Educational Talent Search (ETS) to obtain documents relative and consistent with my child's education. Such documents may include, but are not limited to: a copy of school transcript, test scores, ACT/ SAT or GED scores, and school lunch program eligibility. 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 information. I/we authorize ETS To release or obtain information from any agency or program providing supplemental services. We would like to be a part of the ETS program. I hereby give 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 or other instructional purposes.

Parent Signature: _____ **Student Signature:** _____ **Date:** _____

I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge.

Parent/ Guardian Signature: _____ Date: _____