



## Vancouver Public Schools TRiO Educational Talent Search Student Application

\*\*\*The information you provide on this application will be secure and confidential. \*\*\*

Student Information:				
Last:	First:		Middle Initial:	
Birthdate:	Age:	Gender:	Grade:	
Address:				
City:	State:	Zip:		
Student VPS ID:	Student Emai	il VPS:		_
Which of these racial ethni	cities do you identify	with? (Please check	all that apply)	
☐ American Indian	☐ Hispar	nic or Latino		
☐ Alaska Native	☐ Native	Hawaiian or Pacific Is	lander	
☐ Asian	☐ White			
☐ Black or African America	an 🗆 Two or	More Races		
Are you a member of anotl ☐ Cougs Rise ☐ None	her TRiO program? (p □ Upward Bound □ Upward Bound	d	apply)	
Are you a U.S. Citizen or Po ☐ Yes	ermanent Resident? □ No	(Pease check):		
Do either of your parents/g year institution in the Unite ☐ Yes	•	• •	ve a bachelor's degree from	a four-
Do you receive Free/Redu	ced Lunch? (Check o	one)		
☐ Free	Reduced	□ None		
In which of these areas list	ed do you need assi	stance? (Check all tha	at apply)	
☐ Selecting a Career	☐ Financ	ial Aid Completion		
☐ College Exploration	☐ Tutorin	g/Homework		
☐ Applying for College	☐ Study S	Skills		
☐ Time Management	☐ Person	nal/Academic Advising		





What do you want to be as a professional adult and why?

## **Student and Parent/Guardian Approval Signatures**

By signing here, the parent/guardian hereby gives consent to release student information from school records to TRiO Talent Search. TRiO Talent Search staff are authorized to meet with students in and out of school for the duration of the time the student is enrolled in Vancouver Public Schools to provide advising services. The parent/guardian gives permission to track the student until he/she graduates from postsecondary education. This signature also gives consent for TRiO Talent Search to contact the student using social media, and take and publish photographs of the student.

I (We) understand that TRiO Talent Search will use the data provided on this form to assist in assessing any academic or career planning needs and that all of the information will be used in the strictest of confidence. I certify that all information provided is correct to the best of my knowledge.

Parent/Guardian Information:		
Name:	Relationship to Student:	
Parent/Guardian Signature:		
Date:	Cell #:	
Student Signature:		
Date:		