



CALIFORNIA STATE UNIVERSITY, FULLERTON

TALENT SEARCH PROGRAM

Potential Student Participant

TALENT SEARCH IS A PROGRAM DESIGNED TO HELP STUDENTS COMPLETE HIGH SCHOOL AND CONTINUE ON TO COLLEGE.

SERVICES:

(Free for Talent Search Participants)

- Academic Advising
- Workshops
 - Study Skills
 - Test Taking
 - ACT/SAT Prep
- Help with college & financial aid applications
- Scholarship information
- Career exploration
 - Interest assessments
- Fieldtrips/ campus tours
- Two Week Summer Program
 - Seminars in Math, English, and Computer Science
- Tutoring, and more...

WHO IS ELIGIBLE?

- Students attending Anaheim, Katella, Magnolia or Savanna High School
- And are U.S. Citizens, permanent residents or plan on becoming a permanent resident.


And meet one or both of the following:

- Federal income eligibility **OR**
- Your parents did not graduate from a 4 year college/university

Admission into California State University's Talent Search Program is open to those who meet the eligibility criteria, regardless of gender, race, national origin, color, age, religion or disability.

DID YOU KNOW??

Cal State Fullerton has **GUARANTEED** admission for graduating seniors from Anaheim Unified High School District who meet the CSU minimum admissions requirements!



IF YOU ARE INTERESTED OR NEED MORE INFORMATION:

Contact your Talent Search Representative, call (657) 278-8545, e-mail us at talentsearch@fullerton.edu, or visit our website at:

www.fullerton.edu/talentsearch

Turn in this complete application to your Talent Search Representative in the Counseling Center.



Talent Search Program
California State University, Fullerton
(657) 278-8545 / Fax (657) 626-8152
www.fullerton.edu/talentsearch

Prospective Student Application Checklist

Interested students must turn in a complete application packet to their Talent Search Representative. A complete application packet consists of the following:

- Application**
 - Completely filled out & signed by student and parent/guardian
- Teacher/ Counselor Recommendation**
 - Signed by teacher or counselor
- Income Documentation (a copy of the forms below)**
 - Signed income tax form (i.e. 1040/1040A/1040EZ)
 - Signed Income Eligibility Form OR
 - Letter from another governmental agency if you receive social services
- Residency Verification (a copy of ONE of the forms below)**
 - Social Security Card
 - Birth certificate
 - Green card OR
 - Provides evidence from immigration services on intent to become permanent resident



Talent Search Program
California State University, Fullerton
 (657) 278-8545 / Fax (657) 626-8152
 www.fullerton.edu/talentsearch

Program Application

Student/Applicant's Name: _____

High School: _____ Graduation Year: _____

Note to parents/guardians: The U.S. Department of Education requires that the following information be provided for all participants prior to program admission. The information is necessary to determine student eligibility to participate in the program. All documentation will be held strictly confidential by the Talent Search Program at California State University, Fullerton. If you have any questions, please contact our office at (657) 278-8545.

Household Information

1. Mother/Guardian Name: _____ Cell/Emergency Number: _____

2. Father/Guardian Name: _____ Cell/Emergency Number: _____

3. Indicate the highest level of education completed (Check one for each parent):

	Father	Mother
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Elementary	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate School	<input type="checkbox"/>	<input type="checkbox"/>
High School Graduate	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>
Community College Graduate	<input type="checkbox"/>	<input type="checkbox"/>
4 year College Graduate	<input type="checkbox"/>	<input type="checkbox"/>
If 4 year College Graduate, Degree Earned:		

4. How many people (including yourself) reside in your household? _____

5. Indicate with an "X" any additional source(s) of income that your family receives:

- Welfare (Cal WORKS/AFDC/TANF)
- Social Security
- Retirement
- Veterans Benefits
- Unemployment Compensation
- Other

Specify source: _____

Student Information

6. Students Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American
<input type="checkbox"/> White
<input type="checkbox"/> Two or more races/ethnicities _____ | <input type="checkbox"/> Asian
<input type="checkbox"/> Native Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Other _____ |
|---|---|

7. Is the applicant a U.S. Citizen? Yes No

If no, is the applicant a U.S. Permanent Resident Yes, A # _____ No

8. Student/Applicant's Social Security #: _____ / _____ / _____

9. Is the applicant a foster child or ward of the court? Yes No

I certify that the information provided above is true to the best of my knowledge. I give the school my consent to provide my daughter's/son's transcripts, lunch list program verification, and/or any documentation needed to ensure their enrollment and continued eligibility in the Talent Search Program. I also give consent for my child to be occasionally called out of class for academic and college advising.

 Parent/Guardian Signature

 Date



Income Eligibility Form

Student/Applicant's Name: _____

High School: _____ Graduation Year: _____

Student Information

❖ The Talent Search Program is federally funded; therefore in order to comply with federal guidelines we must document the student's family income to determine eligibility. Please complete the following sections to determine your dependency status.

1. As of today, are you, the **STUDENT** married? Yes No
2. Do you the **STUDENT**, have dependents who live with you and who receive more than half of their support from you? Yes No
3. Are you the **STUDENT** (or were until the age of 18) a ward/dependent of the court? Yes No

Family Income Information

❖ If you (the **STUDENT**) answered "No" to all questions above, complete income below for your Father/Stepfather and Mother/Stepmother. If you answered "Yes" to **ANY** of the above questions, complete income information below for **INDEPENDENT STUDENT ONLY**.

Please check (✓) below the source(s) of **LAST YEAR'S INCOME** and write the **YEARLY DOLLAR AMOUNT(S)** from each source

Family Income From the Year 20__	Father/Stepfather	Mother/Stepmother	Independent Student ONLY
<input type="checkbox"/> Employment (Work)	Job Title: _____ \$ _____ Per Year	Job Title: _____ \$ _____ Per Year	\$ _____
<input type="checkbox"/> Child Support	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Disability	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Public Assistance (i.e. TANF, CalWorks)	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Social Security Benefits	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Unemployment	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Veteran Benefits	\$ _____ Per Year	\$ _____ Per Year	\$ _____
<input type="checkbox"/> Other	\$ _____ Per Year	\$ _____ Per Year	\$ _____

Total Number of Family Members, Including Student:

\$ _____

I certify the above information and income data is accurate to the best my knowledge. I further understand that my records will be kept on file in the Talent Search office and will be held strictly confidential.

Parent/Legal Guardian Name

Parent/ Legal Guardian Signature

Date



Talent Search Program
California State University, Fullerton
 (657) 278-8545 / Fax (657) 626-8152
 www.fullerton.edu/talentsearch

Student/Applicant's Name: _____

High School: _____ Graduation Year: _____

PERMISSION TO ACCESS RECORDS

I hereby give the Talent Search Program staff permission to have access to report cards, high school transcripts, college/university transcripts, standardized test results and other pertinent information. I understand that this permission will be in effect throughout my son's/daughter's participation in the Talent Search Program and six years after their high school graduation.

Parent Signature _____

Date _____

FIELD TRIP PERMISSION

I hereby give my permission to the Talent Search Program staff to take my son/daughter on field trips to colleges, cultural, educational and recreational centers. This permission is given for Talent Search approved activities and will be in effect as long as my son/daughter is in the Talent Search Program.

Parent Signature _____

Date _____

MEDICAL CONSENT

Health Status:

Does your child have any past or present health problem or conditions?

Yes

No

If yes, explain: _____

Is your child allergic to any medication?

Yes

No

If yes, which: _____

Name of family Physician: _____

Telephone: _____

Medical Emergency:

Is your child covered by health insurance?

Yes

No

If yes, which: _____ Medical # _____

In case of emergency, please contact parent/guardian at:

Name of Parent/Guardian: _____

Telephone: _____

If parent/guardian is not available, please contact:

Name of contact person: _____

Telephone: _____

Relationship: _____

Medical Release:

I will agree to indemnify and save and hold harmless California State University, Fullerton the California State University, Fullerton, ASC, its officers, agents and employees from and against any and all claims and liabilities which may arise out of or result from or be in any way connected directly or indirectly while participating in the program. Also, I consent to emergency treatment of my son/daughter by the staff of California State University, Fullerton, ASC and/or by the staff of an accredited hospital or clinic if this is deemed necessary by California State University, Fullerton, ASC Talent Search staff. I understand that any expenses resulting from an injury or illness that requires treatment for my son/daughter, which is not covered by the program insurance, will be my responsibility. I understand that I will be notified of illness or emergency as soon as possible.

Parent Signature _____

Date _____



Talent Search Program
California State University, Fullerton
 (657) 278-8545 / Fax (657) 626-8152
 www.fullerton.edu/talentsearch

Counselor/ Teacher Recommendation

Student's Name: _____
(Last) (First) (MI)

School: _____ Grade level: _____

The student named above is seeking admission into the CSUF Talent Search Program, a project funded by the U.S. Department of Education designed to assist eligible students to enter and succeed in college. We need your assistance in assessing the program needs of this student by answering the following questions. Thank you for your cooperation.

How long have you known the student? _____

Please check the areas in which you feel that Talent Search could help the student:

- | | |
|--|--|
| <input type="checkbox"/> Postsecondary planning and selection | <input type="checkbox"/> Academic Skills |
| <input type="checkbox"/> Financial Aid Advisement and assistance | <input type="checkbox"/> Self-esteem/social skills |
| <input type="checkbox"/> College entrance exams | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Career awareness | |

Does the student have the potential to succeed in postsecondary education?

- Yes No Unsure

Please indicate your assessment of the student's postsecondary potential or interest:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> College or University | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vocational Technical School | <input type="checkbox"/> Unknown |

Comments (optional): _____

_____ Counselor/Teacher Signature

_____ Please Print Name

_____ Date

Please return this form to the applicant or the Talent Search representative in your Counseling Center.

If you have any questions please contact the Talent Search office at (657) 278-8545