



WHAT IS EDUCATIONAL TALENT SEARCH?



Educational Talent Search (ETS) is a federally funded program offered through Diablo Valley College in partnership with Mt. Diablo Unified School District. Our program aims to provide students and parents with accurate information on post-secondary and financial aid opportunities in order to empower students to attend college/university of their choice after high school.



WHAT TYPE OF SERVICES DOES ETS PROVIDE?

Educational Talent Search is required to offer the following FREE services to students who qualify:

Academic Tutoring	Career Exploration
Financial Aid Literacy	College Planning
ACT/SAT Information	University Campus Tours
Academic Advising	Summer Program



WHAT ARE THE ELIGIBILITY REQUIREMENTS?

The ETS program is available to all middle and high school students who are U.S. Citizens/Permanent Resident enrolled at our 5 participating schools at the time of application and have an academic need. You must also meet at least one or more of the following criteria: a) first generation college student; b) income within federal guidelines; c) other academic needs; and d) have a documented disability.



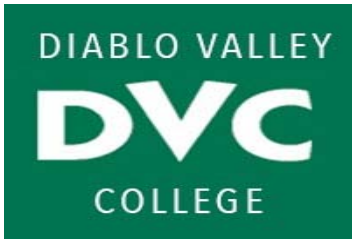
WHERE IS EDUCATIONAL TALENT SEARCH LOCATED?

Diablo Valley College ETS OFFICE IS LOCATED AT:
Student Services Center-258 ~ 925-969-2189

Application Components Needed

If you would like your child to participate in ETS, **submit** the following forms:

- Completed Application (complete with your parents)**
 - **Signed by parent and student**
 - **Student SSN#**
 - **Parents educational level**
- Income Verification**
 - **Last years signed 1040**
 - **Social Service Income**
 - **Free & reduce lunch letter from district's food service department**
 - **Financial Aid SARs/confirmation page**
- School Transcript (Most recent progress report for 6th - 12th grade students)**



**Educational Talent Search
Application/Information Sheet**

FOR ETS OFFICE USE ONLY
Date Received _____
ETS Receiver _____
Date Transcript Received _____
RC Status (Circle): On Track Not on Track
RC Status Documented By: _____
On Track for HS Grad (4yrs) Yes No
HS Grad Documented By: _____

(PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK)

Name: _____ Stu. ID#: _____ SSN: _____ Sex: Male Female
Birth Date: _____ Address: _____ City: _____ Zip: _____
Phone #: _____ E-Mail Address: _____ Are you a U.S. Citizen? Yes ___ No ___
If not a U.S. Citizen, are you a Permanent Resident? Yes ___ No ___ Permanent Resident Card# _____
If you are not a Permanent Resident are you in the application process to become a resident? Yes ___ No ___
Current Grade Level: (please circle) ___6th ___7th ___8th ___9th ___10th ___11th ___12th
Current School: _____
Are you currently enrolled in another college outreach program? (e.g. Puente, AVID, EAOP, UB,
UB Math/Science, GEARUP, etc.) Yes ___ No ___
If yes, please list all programs you are enrolled in? _____
Ethnicity: African American/Black American Indian/Alaska Native Asian/Asian American
Check all that Caucasian/White Hispanic/Latino Native Hawaiian/Other Pacific Islander
apply Other (please list) _____

Needs Assessment 2019-2020

Please check the areas in which you need assistance:

Academic	College	Career	Financial	Personal
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Admissions	<input type="checkbox"/> Choosing a Major	<input type="checkbox"/> Paying for College	<input type="checkbox"/> Test Prep/SAT/ACT
<input type="checkbox"/> Note Taking	<input type="checkbox"/> Information	<input type="checkbox"/> Choosing a Career	<input type="checkbox"/> Money Management	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Review Grades	<input type="checkbox"/> Campus Visit		<input type="checkbox"/> Scholarships	<input type="checkbox"/> Self-Awareness
<input type="checkbox"/> Course Selection			<input type="checkbox"/> Loan Forgiveness	<input type="checkbox"/> Time Management

1. What do you see as your biggest obstacles for going to college? _____
2. List colleges you are interested in attending. _____
3. What major(s) and careers are you interested in? _____
4. List current activities, clubs and jobs, school clubs _____

I realize that I must meet monthly with my ETS Advisor in order to benefit from program services.

Print Student Name

Student Signature

Date

Parent Program Application

Is your child Hispanic/Latino (please circle) Yes No If not (please check all that apply)

African American/Black American Indian/Alaska Native Asian/Asian American
 Caucasian/White Native Hawaiian/Other Pacific Islander Other (please list) _____

Does your child have a physical or learning disability? Yes ___ No ___

If yes, specify and attach IEP/504. _____

Note: All personal records or documentation will be held in strictest confidence by the staff of ETS, DVC and Contra Costa Community College District (Consistent with the Federal Family Education Rights and Privacy Act of 1974, regulations, and other laws) and will not be released to any other entity without my prior acknowledgment and consent. This acknowledgment will be effective for the duration of my child's participation in the program.

Student resides with: One Parent/Guardian Both Parents/Guardians Language Preference

Parent 1/Guardian/Partner		Parent 2/Guardian/Partner	
Print Name:		Print Name:	
Occupation:		Occupation:	
Contact Phone		Contact Phone	
Email:		Email:	
Education:	<input type="checkbox"/> Elementary/Middle School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree	Education:	<input type="checkbox"/> Elementary/Middle School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree

Eligibility Certification: I/we the parent(s)/guardian(s) of the above named student had an **annual taxable income** (see line 10 on 1040) of \$ _____ for 2019, which supported _____ (number of people)
Please Attach one of the following documents to this application to verify above income statement:

Signed Copy of last year's 1040 tax return
 Signed Copy of last year's annual Social Services Income (Notice of Action, SSI, Signed Statement from case worker)
 Signed Copy of Parent/Guardian Notification of Eligibility for Free or Reduced Lunch from District

Do you have other children in grades 6-12? Yes No If yes, please list name and school:
Name: (1) _____ **School:** _____
 (2) _____

Participation Agreement and Release

has my permission to participate in supervised online and in person activities (educational, academic, social, cultural, college, career and other college matriculation services) and field trips with the Contra Costa Community College District, Diablo Valley College and Educational Talent Search staff. I realize that this will require my child to interact with and exchange information and images with staff in an online format (i.e. Zoom, Loom, Google Classroom, Remind, TAWK, On Track, College Choices, CANVAS, UC Scout, Khan Academy and social media). I will attend one Parent Workshop per year and understand that occasionally class release time is required for my child to receive in person services. _____ **Parent Initials**

I/we do hereby give consent to DVC ETS (employees and agency) to render or seek necessary emergency medical treatment and assistance to the participant/my child. The participant, his/her parents or legally appointed guardian hereby agree to indemnify, hold harmless, release and forever discharge the DVC Educational Talent Search employees and/or agents from all claims and demands which the participant, his/her parents or legal guardian or the representatives or successors of them or any person may have against Contra Costa Community College District, DVC and its employees and agents by reason of acts, illness, or injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned ETS activities.
 _____ **Parent Initials** _____ **Student Initials**

I/we authorize the DVC ETS to obtain documents concerning my child's education, which include: a copy of my child's school transcript, test scores, ACT/SAT and school lunch program eligibility. I/we hereby give my permission for my child's name, photograph, work, and/or statements for use by DVC ETS for promotional, publicity (web pages, social media, brochures, newspaper, etc...) and for instructional purposes. _____ **Parent Initials**

I do hereby give my college of attendance and National Student Clearinghouse permission to disclose my college enrollment status and degree attainment data to the CCCCD/DVC ETS staff for the purpose of tracking my college enrollment and completion. I authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other) and a copy of my award notification from the financial aid office and college admission registration information. _____ **Student Initials**

Print Parent Signature

Parent/Guardian Signature

Date

Print Student Name

Student Signature

Date

FOR STAFF USE ONLY

Date Received _____ Eligibility Status _____ Documentation Type _____

Date Needs Assessment Reviewed _____ ETS Advisor _____

Project Director _____ Acceptance Date _____