

Parent Signature:

TALENT SEARCH PROGRAM Request for Service

Scriool.								
		Section	1: To be compl	leted by the STUDE	NT			
Last Name:			First Name:			MI:	Grade:	
DOB (MM/DD/YYYY):			Gender:	Male Female	U.S. Citizen	/Perm Res.:	☐Yes ☐ No	
Address (street, city, zip):								
Student Phone: Student Email:								
Ethnicity/Race (omplete a	a, b, and c):					(72 Fed. Reg. 59266 (Oct. 19, 2007))	
a. Are you Hispanic or Latino?		b. Check all other th		c. Primary language spoken at home:				
□Yes □ No		☐ American Indiar ☐ Black/African A ☐ Native Hawaiiar	☐ White/Caucasian		☐ English ☐ Spanish ☐ French ☐ Other:			
Who do you live with? Both Parents Mother Only Father Only Non-Parent Family Member Legal Guardian Foster Family								
Are you currently in a dual enrollment program? \Bigcup Yes \Bigcup No								
Do you currently participate in any of the following? \Box Upward Bound \Box Upward Bound Math Science \Box Gear Up \Box None								
Student Acknowledgement: As a participant of the Talent Search Program I understand that I must maintain a 2.0 GPA, take the SAT's by the end of the 11th grade, work with my counselor to apply to postsecondary institutions, schedule college prep classes, and apply for financial aid. If I fail to meet these requirements, I may be dropped from the program.								
Student Signature					Date:			
Section 2: To be completed by the PARENT(S)								
Biological/Adoptive Mother (no step parents) Information: Biological/Adoptive Father (no step parents) Information:								
Name:				Name:				
Phone:				Phone:				
Email:				Email:				
Lives with student	No,	No, but provides fi does NOT provide financ eased or Unknown Status	ial support	Lives with student?	No, do	Yes No, but provides financial support No, does NOT provide financial support Deceased or Unknown Status		
Have you received a 4-year degree beyond High School? Yes No Have you received a 4-year degree beyond High School? Yes No								
Foster Parent/Guardian/Other Relative (complete only if student does not reside with biological/adoptive parent)							ve parent)	
Name:				Relationship to student:				
Income V	hat is the to	otal number of persons	s in your househ	nold?				
(complete for the last calendar year): Please check the box where your household's taxable								
My household had no taxable income during the last calendar year. All taxable income was from non-taxable sources (i.e., TANF, Disability, SSI, Unemployment, SNAP, or Veteran benefits). Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43; Form 1040A, see line 27; Form 1040EZ, see line 6.				(not total) income from last calendar year falls between. 0 - \$19,320				
Parent Acknowledgement/Consent:								
As parent/legal guardian, I certify that the above information is accurate to the best of my knowledge. The Penn State Talent Search Program personnel may have access to any school or agency records to determine eligibility for the program, eligibility for financial aid, and to monitor your student's progress in primary, secondary, and postsecondary education. Your student's name and/or image may appear in printed or online materials produced by the Talent Search programs. Please contact us at 814-863-7359 if you wish to have your child excluded from such publications.								
	1				1			

Date: