TRIO Academic Talent Search College Prep Program

*Yep, college is possible and we can help!*©

Application for Parent and Child Participation

*(Please print neatly or type all information, print, sign, and mail, fax, email, or hand-deliver.)*

Division of Student Affairs
Turner Student Services Building
610 E. John Street, Suite 130
Champaign, IL 61820
Main: 217.333.0054 * Fax: 217.244.0349 * Email: triotalentsearch@illinois.edu
Website: [http://www.omsa.illinois.edu/TRIO/illinoiscollegeprep.html](http://www.omsa.illinois.edu/TRIO/illinoiscollegeprep.html)
Application Packet for Parent and Child Participation

Our Mission: “The UIUC TRIO Academic Talent Search College Prep Program is designed to create and sustain a college-going culture for its target schools and target areas and to improve parents’ capacity to prepare their child/children for college.”

PART I: BACKGROUND, ACADEMIC, CONTACT INFORMATION RELATED TO THE CHILD

Child’s First Name, Middle Initial, and Last Name: ______________________________________________________________________________

Social Security Num: (required for federal purposes): ____________________________ Gender: _______ Is child an ESL student?: __________

Address and zip: _________________________________________________________________________________________________________

Home Phone(s): ____________________________________________ Alternate Contact Phone: _______________________________________

Parent email: _____________________________________________ Student email: __________________________________________________

School enrolled in currently: __________________________________ Is the child/student a ward of the court or foster child? __________

Which of the following best describes your child’s current status at time of application (select one option)?

- Middle school (6th–8th grade) _______
- High school non-senior (9th–11th grade) _______
- High school senior (12th grade only) _______
- Not older than 18 years AND enrolled in an alternative education program at an academic level equivalent to that of a high school senior _______
- Under the age of 19 and is a potential college transfer _______
- Other participant not older than 18 years _______

Are you participating in TRIO Upward Bound Program? [ ] Yes   [ ] No   [ ] Unsure   If yes, where?: __________________________

Do you wish to disclose a documented disability? ______   If so, what accommodations are required for participation?: _____________________

Race/Ethnicity (Must be completed by parent/guardian/caregiver):

- American Indian or Alaska Native ______
- Asian ______
- Bi- or multi-racial ______
- Black or African American ______
- Hispanic or Latino ______
- Native Hawaiian or Other Pacific Islander ______
- White ______

PART II: ELIGIBILITY INFORMATION BASED ON FEDERAL REGULATIONS

Is the child a U.S. Citizen?:  [ ] Yes   [ ] No   If not, is the child a Permanent Resident?: ____________  If “yes,” please attach copy of resident card.

Child’s age: ___________________ Child’s birthday: __________________________ Child’s highest grade completed: ___________

Is the applying participant a veteran of the U.S. Armed Forces?: ___________________

Has person applying dropped/stopped out of school?: _________ If “yes,” grade last enrolled: ________ School last attended: ___________

Who has a bachelor’s degree?: [ ] Mother/female guardian   [ ] Father/male guardian   [ ] Neither has a bachelor’s degree

Did parent/caregiver/guardian earn enough income to file federal 1040 tax form last year?: [ ] Yes   [ ] No

If yes, find the line that says “TAXABLE INCOME” and enter here: $________________ (attach signed copy of tax form)

How many total people live in the household ______________

Does your child qualify and/or participate in his or her school’s free - and reduced-lunch program? [ ] Yes [ ] No

Which do you the parents/guardians/caregivers receive? (Put check mark by all that apply which is required if not providing tax statement)

- AFDC (Aid to Families with Dependent Children) ______
- Foster care assistance ______
- Unemployment compensation ______
- Child support ______
- Public assistance ______
- Disability ______
- Food Stamps ______
- WIC ______
- Veteran’s Benefits ______
- Social Security Benefits or retirement ______

PART III: EMERGENCY CONTACT INFORMATION

Name: ___________________________________________________________ Relationship: ______________________________

Best phone(s): ____________________________________________ Best email: _____________________________________

Is this person authorized to drop off for or pick up student from activities? _____________________ Please initial here: ________________
PART IV: OPTIONAL STATEMENT OF INTEREST

Please share why you are interested in the program or why you want your child to be in the program.

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PART V: PERMISSIONS, DISCLOSURES, VERIFICATION STATEMENT, AND CONSENT TO RELEASE RECORDS

I (print parent/guardian name), ______________________________________, understand that, if accepted, participation in the program is a privilege and that rules and regulations of the program must be adhered to on all occasions related to program activities or my child/I may be dismissed. I also confirm that the information contained in this application is true to the best of my knowledge. Specifically, I confirm that the citizenship, academic, financial, and other eligibility information provided is accurate. I understand that I may be asked to provide supporting documentation. I have read information about the program and fully understand the goals of the program which, in sum, are school retention, school graduation, college enrollment the fall after high school graduation, and college graduation. I understand that should the information contained herein is found to be false, my child/I may be dismissed from the program. Participation in the program is not a promise of admission to any of the University of Illinois campuses.

Consent to Release School Records for Limited Purposes: I understand that application and other data (e.g., grades, test scores, graduation, college choices, courses, income) are being requested, maintained, and used for eligibility, needs assessment, service delivery, and research and reporting purposes to show general profiles and effectiveness of program. At no time will my child’s name or my name be identified or linked to published data results without my written permission. I also understand that my child/I may withdraw from participating in any data collection activities without penalty, interruption, or denial of services.

The purpose of this form is for parents to give their expressed consent to their child’s current or last-attended schools to release educational records including: academic transcripts, discipline record, enrollment status, evidence of income, free or reduced lunch status, graduation date, latest report card, standardized test scores, and other educational records that will be used to determine eligibility and need for services; to understand, monitor, and track academic performance; to monitor and track enrollment status; to assess potential for postsecondary education; and to assess effectiveness of intervention services. All records provided to the program will be confidential, reviewed by program personnel only and auditors assessing compliance and accountability with federal and institutional regulations, and maintained in a secure location at the University of Illinois at Urbana-Champaign.

Needs Assessment: I/my child needs tutoring in Math, Science, and/or English. I/my child also needs other college prep services such as academic advising, exposure to postsecondary opportunities, financial literacy, test-taking strategies, cultural opportunities, and career development. I understand that the purpose of this statement is to assess need for program services.

Permission to Use Images (Please answer yes or no at the end of the statement): I authorize the program to interview my child/me and to use my child’s image/my image for promotional material, such as advertising, publications, websites, schedules, catalogs, reports, recruiting presentations, view books, radio, T.V., and other methods of communication not stated herein. My child/I may elect to withdraw this permission at any time without penalty, interruption, or denial of services. [ ] Yes [ ] No

Parent’s/Guardian’s/Caregiver’s Printed Name: ___________________________________________ Date: _______________

Parent’s/Guardian’s/Caregiver’s Signature: _______________________________________________ Date: _______________
Thank you for completing the application. Please remember to include the following additional items when you mail or hand-deliver the application:

✔ Most recent academic transcript (9th-12th graders or older) or most recent report card (middle school students).

✔ If completed, a **copy of most recent signed copy of the federal U.S. 1040 tax form**. The form will be used to determine income-eligibility range based on federal guidelines. You may block out sensitive information if you wish but we need to see TAXABLE INCOME and DEPENDENTS lines.

✔ Documentation of foster child status if applicable.

✔ Documentation of ward of the court status if applicable.

✔ Copy of permanent resident card from Immigration Services if applicable.