



DIABLO VALLEY COLLEGE

Educational Talent Search

Dear Parent(s),

Educational Talent Search (ETS) is a project funded by the U. S. Department of Education and is administered by Diablo Valley College (DVC). The purpose of this project is to encourage low-income and potential first generation college students to complete middle school and high school and go on to college. However, only 2/3rds of our total student enrollment must be both low-income and first-generation college-bound students.

Services listed below are *free of charge* and will be offered at target schools, DVC or at a local college campus.

- Academic, financial, and career guidance, including advice on entry to college
- Career exploration and aptitude assessment
- College Visits
- Assistance in completing college admissions and financial aid applications step by step
- Assistance in preparing for college entrance exams
- Special activities for sixth, seventh, and eighth graders
- Workshops for the parents of participants
- Fee-waiver assistance to pay for college entrance exams, admissions and financial aid application fees.
- Summer academic enrichment programs in Math, English, College Planning, Testing & Career Exploration.
- Academic Tutoring

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

- **High School Application**
- **Program Application**
- **Income Verification (last year's signed 1040, Social Service Income, FAFSA)**
- **High School Participant Needs Assessment**
- **Health Service Information and Medical Release**
- **High School Transcript (if 9th grade, most recent progress report)**
- **Student's Social Security Number at the time of Program Enrollment**

Return the application packet to the ETS staff person at your school or mail it to the following address;

Diablo Valley College
Faculty Office Annex
Educational Talent Search
321 Golf Club Rd
Pleasant Hill, CA 94523

Once your application has been reviewed you will receive a letter in the mail indicating your enrollment status. Applicants accepted into ETS are eligible to receive services until they enroll in college. If you have questions, please feel free to contact us at (925) 685-1230 extension 2677. Documents may be faxed to 691-9246.

Sincerely,

Jackqueline Jones-Castellano

Project Director
Educational Talent Search



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HIGH SCHOOL APPLICATION

FOR ETS OFFICE USE ONLY		
Eligibility Status	_____	
Documentation Type	_____	
Documentation Date	_____	
Program Acceptance	_____	
Student's Social Security #	_____	
Tally Dates	4 th yr.	_____
1 st yr.	5 th yr.	_____
2 nd yr.	6 th yr.	_____
3 rd yr.	7 th yr.	_____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ E-Mail Address: _____

Sex: _____ Date of Birth: _____ Age: (circle) 14 15 16 17 18

Ethnicity: (Circle all that apply) American Indian or Alaska Native Asian Black or African American

Hispanic or Latino White Native Hawaiian or Pacific Islander Other (please list) _____

School: _____ Grade: _____ Name & grade of sibling at this school? _____

Name Parent/Guardian you live with Female: _____ Male: _____

Participant Eligibility:

1. Are you a U.S. citizen? Yes _____ No _____ School ID Number _____

If no, what is your residency status? (e.g. green card, etc.) _____ Alien Reg.#: A _____

2. Did your mother graduate from college with a four-year degree? Yes: _____ No: _____

3. Did your father graduate from college with a four-year degree? Yes: _____ No: _____

4. Do your parents work? Yes: _____ No: _____ Their Occupation? Female: _____ Male: _____

Do you or your parents receive (circle): CalWORKS(WELFARE) Social Security(SSI) General Assistance(G.A.)

Free/Reduced Lunch Subsidized Housing Medi-Cal Food Stamps

5. How many people are in your household, including yourself? _____

6. Do you have a physical or learning disability? Yes: _____ No: _____ If yes, please specify: _____

Statement of Intent to Participate:

I wish to enroll in and participate in the activities sponsored by the Educational Talent Search (ETS) project. In order to enroll I realize that I must submit my social security number to complete my enrollment application. I will meet with the ETS Project Staff on a regular basis (not less than twice a semester) to participate fully in project services. Prior to receiving services, I will provide ETS staff with all requested information regarding family income, educational level and documentation to verify my eligibility/need for services as required by the U.S. Dept. of Education. If I fail to meet with ETS staff or attend at least two project sponsored activities per semester, I may be dropped from the program. I understand and agree to these conditions and acknowledge my willingness to meet the specified conditions of participation as evidenced by my signature below.

Note: Information is protected by the privacy act. No one may view this information unless they work with or for the Diablo Valley College Educational Talent Search Project or are specifically authorized. This information is necessary to determine if you are eligible to participate in the Educational Talent Search Project. I certify that the above information is accurate to the best of my knowledge.

Student's Signature: _____ Date: _____



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PROGRAM APPLICATION

(All information must be completed by the parent(s)/guardian(s) of non-emancipated applicants under the age of 18, or by applicants age 18 and above.)

Student's Name: _____ School: _____ Grade: _____

School ID Number : _____ Permanent Resident Card #: _____

Is your child Hispanic/Latino? Yes No If not, please select (circle all that apply) American Indian or Alaska Native

Asian Black or African American White Native Hawaiian or Pacific Islander

1. ELIGIBILITY CERTIFICATION FORM

Please indicate the highest grade completed	Mother	Father	Guardian
Elementary (k-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school (9-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-year college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-year college degree (or higher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/we the parent(s)/guardian(s) of the above named student had an **annual taxable income** (see line 27 on 1040A or line 43 on 1040) of \$ _____ for 2008. This income supported _____ (number of people, including all people who were supported by income).

One of the following documents must accompany this application to verify income for the previous year and the above statement:

- Signed Copy of last year's 1040 tax return (ONLY FIRST 2 PAGES)**
- Signed Copy of last year's annual Social Services Income** (Notice of Action, SSI, Signed Statement from case worker)
- Signed Financial Aid Form (FAFSA) from previous year**

2. PARENT/GUARDIAN ACKNOWLEDGMENT OF INTENT TO PARTICIPATE

The school that my child currently attends has my permission to release information to Diablo Valley College's Educational Talent Search project concerning _____ (Name of Student). _____ (Name of Student) has my permission to participate in services, activities, and field trips planned and supervised by Diablo Valley College's Educational Talent Search. The project, the college, and the employees of Talent Search are released by me from claims against them arising from injuries, which might occur in route to/at/from the destination.

I, the undersigned, declare under penalty of perjury, that all information reported on this application is true to the best of my knowledge. I acknowledge my support for my child to participate in Diablo Valley College's Educational Talent Search Project. I commit to attending at least one (1) ETS Parent Workshop per program year. I understand that occasionally class release time is required in order for my child to receive ETS services.

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

Note: All personal records or documentation will be held in strictest confidence by the staff of ETS, DVC and the Colleges of Contra Costa. (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.



Educational Talent Search

HIGH SCHOOL PARTICIPANT NEEDS ASSESSMENT 2009-2010

Name: _____ School: _____ Grade: _____

Select the activities that you would like to participate in, between Sept. 2009 and Aug. 2010. **Select 5 activities, Rank your top 5 activities, 1 through 5, with 1 = activity of greatest interest.**

- | | |
|---|---|
| _____ 1). Talk to someone about going to college 54 | _____ 11). SAT/ACT Test Prep 25 |
| _____ 2). Transcript Evaluation 2 | _____ 12). Test-Taking Tips 23 |
| _____ 3). College Preparation Course Information 5 | _____ 13). Study Skills Development 37 |
| _____ 4). College Campus Visit 13 | _____ 14). Time Management/Organizational Skills 55 |
| _____ 5). College Admissions Requirements 9 | _____ 15). Goal Setting/Decision Making 29 |
| _____ 6). Assist w/College Admission Application 10 | _____ 16). Computer Skills Development (Summer/Class) 49 |
| _____ 7). (circle) Career Guidance 6 / Assessment 8 | _____ 17). (circle) English 43 /Math 39 Skills Development |
| _____ 8). Financial Aid / Scholarship Information 15 | _____ 18). Self-Esteem /Awareness 30 |
| _____ 9). Assistance w/Financial Aid Application 16 | _____ 19). High School Graduation Requirements 3 |
| _____ 10).Tutoring. Which 2 subjects do you need help with most?_____ 34 | _____ 20). Test Registration Assistance (College Admissions. SAT/ACT/ELM/EPT, etc.) 22 |

21). What do you see as your biggest obstacles for going to college? _____

22). Explain why you want to attend college? _____

23). State your career goal. Explain why you have chosen this goal? _____

24). List jobs, school clubs and the community service activities in which you will participate during this school year: _____

I realize that I must meet monthly with my ETS Staff person in order to benefit from program services. Given last year's academic performance, I plan to set the following two goals to improve academically.

1). _____

2). _____

Student Signature

Date

FOR STAFF USE ONLY

Eligibility Status _____

Documentation Type _____

Date Assessment Reviewed _____

Date Scheduled for Plan of Action _____

Date of Math Assessment _____

Date of English Assessment _____

ETS Staff

Project Director

Acceptance Date



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HEALTH SERVICE INFORMATION

To the parent(s)/guardian(s): In the event your child may need medical attention for an illness or injury while attending a DVC-ETS sponsored field trip, the following information is necessary for the licensed medical staff to treat the underage minor. **Students will not be allowed to participate in any DVC-ETS sponsored activities without this form being completed. Please print legibly.**

Student's Name _____ School _____ Grade _____

Mother/Guardian Name _____

Father/Guardian Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Work Days/Hours _____

Work Days/Hours _____

Name Nearest Relative _____

Name Nearest Relative _____

Relationship to Student _____

Relationship to Student _____

Phone _____

Phone _____

INFORMATION AND MEDICAL RELEASE

Student's Name _____ Student Social Security # _____ (to be provided at the time of program enrollment)

Information Release: I/we authorize the DVC Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of my child's school transcript, test scores, ACT/SAT or GED scores, and school lunch program eligibility. I/we authorize ETS to obtain information related to my application for receipt of student financial assistance (federal, state, or other) a copy of my award notification from the financial aid office, and college admission and registration information. We would like to be part of the ETS program. I hereby give my permission for my child to participate in the all Educational Talent Search activities. In addition, I hereby give my permission for my child's name, photograph, work, and/or statements to be used by Educational Talent Search for promotional, publicity, or instructional purposes.

Parent Signature _____ Student Signature _____ Date _____

Medical Release: I certify that this information is true to the best of my knowledge. I do hereby give consent to DVC-ETS and its employees and agency to render or seek emergency medical treatment and assistance to the participant if deemed necessary. In consideration of granting permission by the DVC Educational Talent Search for the above named minor to participant in the activities sponsored by ETS, 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 Signature _____ Emergency Phone _____ Date _____