Participant Application Packet

Dear Parents/Guardians:

Educational Talent Search (ETS) is a Federally Funded TRIO Program that assists Baltimore County middle and high school students who dream of pursuing a college education but feel they are facing financial or other challenges.

The ETS Program provides free resources and services that will enhance individual academic success, career awareness and personal growth. These services are for eligible students attending targeted schools in Baltimore County Public Schools. A professional school counselor at each school serves as the formal point of contact for the ETS Program.

The ETS Program identifies and assists individuals from disadvantaged backgrounds who have the potential to succeed in higher education. The program provides academic, career and financial counseling to its participants and encourages them to graduate from high school and continue on to and complete their postsecondary education.

I look forward to assisting your child achieve their aspirations for post-secondary education!

Kindly,
Katrina Concholar
Director

All of the following must be completed and submitted before a student can be considered for admission to Educational Talent Search:

**Student must complete and submit:**
- Application Form (All Sections)

**Parent/Guardian must complete and submit:**
- Eligibility Verification (Section 2) - parent must list taxable income where requested
- Release of Records Authorization Form
- Waiver & Release Agreement

**NOTE:**
Completion of this application does not guarantee admission to Educational Talent Search. A letter concerning acceptance/waitlist/other status will be sent upon review of your application.

Please submit your competed application to your school guidance/counseling office/call our Office.
Section I: Participant Information

Name ___________________________________________ Birth date __________ Age ______

Address ______________________________________ City/State/ Zip _______________________

Email Address _______________________________ Student cell phone # _______________________

School __________________ Grade ______ Counselor ___________________

Gender: ____

Are you currently enrolled in any of the programs listed: ___AVID ___Upward Bound (UB) ___Other: __________

What are your educational plans?

___ I plan to continue my education after I graduate from high school.
___ I do not plan to continue my education after high school.
___ I plan to enter the Armed Forces.
___ I am undecided about my educational plans.

Applicant's Certification

I, ________________________________, applicant for admission to the UMBC Educational Talent Search Program, verify that all information supplied by me in this application packet, to the best of my knowledge is factual, and that no information was presented with intent to defraud.

_________________________________________             ___________________________
Signature                                                Date

<table>
<thead>
<tr>
<th>Parent/Guardian (if applicable)</th>
<th>Parent/Guardian (if applicable)</th>
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<tbody>
<tr>
<td>Name ___________________________________________</td>
<td>Name ___________________________________________</td>
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<tr>
<td>Gender: ___________________________</td>
<td>Gender: ___________________________</td>
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<tr>
<td>Address (if different from student)</td>
<td>Address (if different from student)</td>
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<td>Highest Education Level Completed</td>
<td>Highest Education Level Completed</td>
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<td>_____BA/BS or above  _____AA/AAS</td>
<td>_____BA/BS or above  _____AA/AAS</td>
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<td>Home Phone: ____________________________</td>
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<td>Work Phone: _________________________________</td>
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<td>Email: ______________________________________</td>
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Section II: Eligibility Information (To be completed by Parent/Guardian)

Is the student a US Citizen? ___Yes ___No  Social Security # _______ - _______ - _______

If no, is the student a permanent resident? ___Yes ___No  - If yes, must provide number: A __________

Is the student in foster care? _____Yes _____No
(If yes, please attach documentation)

Does the student receive accommodations mandated by an IEP or 504 plan? _____Yes _____No

Ethnicity: Hispanic ___ Non-Hispanic ___

Race: (Please check all that apply)
  American Indian/Alaskan Native_____  Asian _____  Black or African American _____
  White _____  Native Hawaiian/ Pacific Islander_____

Student primarily lives with: (check all that apply): ___Mother/Female Guardian ___Father/Male Guardian
  ___Other  Name and Relation to Student:_______________________________

Number of People in household ________

_____I/We had taxable income in the amount of $___________ in the previous tax year
  Taxable income is located on your IRS tax forms: 1040 (line 43), 1040A (line 27) or 1040EZ (line 6).

_____I/We did not have any taxable income for the previous tax year

Please check all which apply:
  ___SSI/SSID  ___SNAP/WIC  ____ Homeless or at risk of being homeless (McKinney Vento Act)
  Free or Reduced Meals  ____Yes ____No

Parent Certification

I, ______________________________, parent/guardian of the above named applicant for admission to the UMBC Educational Talent Search Program, verify that all information supplied by me within this application, to the best of my knowledge, is factual, and that no information was presented with intent to defraud.

__________________________________________________                ___________________________
Signature                                      Date
# BALTIMORE COUNTY PUBLIC SCHOOLS

## CONSENT FOR RELEASE OF STUDENT RECORDS

**INSTRUCTIONS:** This form authorizes the Baltimore County Public Schools to disclose personally identifiable information from the student record. Complete the form, sign where indicated and return the completed form to the principal where the student is enrolled.

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
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<tbody>
<tr>
<td>Student's Last Name</td>
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<tr>
<td>Mailing Address</td>
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</table>

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<thead>
<tr>
<th>STUDENT RECORD(S) AUTHORIZED TO BE RELEASED (MARK ALL THAT APPLY)</th>
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<tbody>
<tr>
<td>☐ Cumulative</td>
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☑ Other, please specify: Quarterly/Semester and Year End Transcripts or Report Cards

## PERSON TO WHOM RECORDS ARE TO BE RELEASED

<table>
<thead>
<tr>
<th>Name</th>
<th>Educational Talent Search Program</th>
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<tbody>
<tr>
<td></td>
<td>Business/Company Name</td>
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<tr>
<td></td>
<td>University of Maryland, Baltimore County</td>
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<table>
<thead>
<tr>
<th>Mailing</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>1000 Hilltop Circle Math/Psychology Bldg Room 010A Baltimore, MD 21250</td>
<td>Baltimore</td>
<td>MD</td>
</tr>
</tbody>
</table>

## AUTHORIZATION AND CERTIFICATION

I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

I hereby authorize Baltimore County Public Schools to release the student record(s) identified above. I understand that the recipient of the student record(s) will use the record(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of the Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Parent/Guardian Name (or eligible student) (Please Print)

Parent/Guardian Signature (or eligible student) Date

Last Revised: 05/24/2016
WAIVER AND RELEASE AGREEMENT
FOR THE
Educational Talent Search Program at UMBC

I, __________________________, am participant at the University of Maryland, Baltimore County ("the University") and have agreed to participate in the University’s Educational Talent Search Program at UMBC ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me during the program, and hereby release the State of Maryland, the University, and the employees and agents of either, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2. I understand that, although the University will attempt to maintain the Program as described in program materials and information sessions, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the State of Maryland, nor the University, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

3. I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.

4. I understand that, although the University has made reasonable efforts to assure my safety while participating in the Program, that even in domestic travel there are unavoidable risks, and I hereby release and promise not to sue the State of Maryland, the University, or the employees and agents of either, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program. I make this waiver on behalf of myself, my family, heirs, and personal representative(s).

5. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement I have the right to consult with the adviser, counselor, or attorney of my choice.

7. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Maryland.
8. I further grant to the University of Maryland, Baltimore County (“UMBC”) all rights necessary to enable UMBC to use my child’s image or photograph, alone or within a group setting, in all forms and in any media and in any publication or published format, and to otherwise use and/or publish it without remuneration to me and without incurring any debt or liabilities to me of any kind. I understand that the images or photographs which may include my child’s images are being created by UMBC and may be used in future Program brochures, printed material, and/or web-based informational or promotional materials (hereafter “materials”) related to the Program and UMBC. I understand the name of my child will not be used in the materials.

9. This agreement represents my complete understanding with the University concerning the University’s responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

10. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

In witness to my having read and agreed to all the terms and conditions set forth herein above, I hereby place my signature below.

________________________
Signature of Program Participant

Print Full Name of Program Participant ________________________________

Date: ______________________

________________________
Signature of the parent or guardian signifies understanding of, and agreement with the terms and conditions of this Agreement.

________________________
Signature of parent or guardian – Mandatory for minors

Print Full Name of Parent/Guardian ________________________________

Date: ______________________