



Return to: School Counseling Office  
 or Mail to: Clearwater Valley ETS  
 Lewis-Clark State College  
 500 8<sup>th</sup> Avenue  
 Lewiston, ID 83501  
 208-792-2913



Student Information

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP County

E-mail Address: \_\_\_\_\_

Date of Birth: Month Day Year Age: \_\_\_\_\_

Gender:  Female  Male

Social Security Number: \_\_\_\_\_ - -

Telephone Number : (\_\_\_\_\_) \_\_\_\_\_

Emergency Number : (\_\_\_\_\_) \_\_\_\_\_

Name of Your School \_\_\_\_\_

Current Grade (circle one) 6 7 8 9 10 11 12 GED N/A

Does your Mother have a Bachelor's Degree?  Yes  No

Does your Father have a Bachelor's Degree?  Yes  No

Who does the student live with?

- Both Parents  Mother Only  Father Only  Neither Parent  Mother & Guardian  Father & Guardian

**Ethno-Racial Background:**

Are you Hispanic/Latino?

Yes  No

(check all that apply)

Black/African American

American Indian/Alaska Native

Asian

White

Native Hawaiian/Pacific Islander

**Citizenship Type (Check One):**

U.S. Citizen

Permanent Resident

A #: \_\_\_\_\_

Family Information

**Mother/Guardian**

**Father/Guardian**

Name: \_\_\_\_\_  
Last First MI

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you qualify for any of the following programs? Free Lunch  Yes  No SNAP Benefits  Yes  No Section 8 Housing  Yes  No  
 If you marked yes to an item above, skip to back of form.

Number of people in Household     

Taxable\* income (after deductions) for last year: \$      \*Found on federal tax form 1040 line 43 or 1040A line 27

I/we did not file taxes last year because income was less than required to file.

**Office Use Only**

Participant Eligibility Verification:  Both  First Generation Only  Low Income Only  Other GPA: \_\_\_\_\_

By signing below, I declare this student to be eligible to receive CVETS project services, and he or she demonstrates a need for one or more of the services provided by the project.

TRIO Advisor Signature: \_\_\_\_\_ TRIO Director Signature: \_\_\_\_\_

Notes

Office Use

Accepted	Welcome Letter	Waitlisted	Waitlist Letter	Advisor Notified
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<b>Academics</b>	Yes	No	<b>Careers</b>	Yes	No
I need to learn how to take better notes in class	<input type="checkbox"/>	<input type="checkbox"/>	I know what I need to do to achieve my career plan	<input type="checkbox"/>	<input type="checkbox"/>
Taking tests or quizzes is difficult for me	<input type="checkbox"/>	<input type="checkbox"/>	I need help understanding my abilities and interests	<input type="checkbox"/>	<input type="checkbox"/>
I need help with reading, English or writing subjects	<input type="checkbox"/>	<input type="checkbox"/>	I have a career plan for my future	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn or develop better studying habits	<input type="checkbox"/>	<input type="checkbox"/>	I need more resources to help explore career options	<input type="checkbox"/>	<input type="checkbox"/>
Improving my GPA is important	<input type="checkbox"/>	<input type="checkbox"/>	I'd like to visit a workplace to learn about careers	<input type="checkbox"/>	<input type="checkbox"/>
I struggle with math or science subjects	<input type="checkbox"/>	<input type="checkbox"/>	I need to learn job finding skills	<input type="checkbox"/>	<input type="checkbox"/>
<b>College</b>	Yes	No	<b>General</b>	Yes	No
I need help getting to and preparing for college	<input type="checkbox"/>	<input type="checkbox"/>	I need to improve how to manage my time	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to visit a college campus	<input type="checkbox"/>	<input type="checkbox"/>	Being organized is one of my strengths	<input type="checkbox"/>	<input type="checkbox"/>
I need to learn about financial aid and scholarships	<input type="checkbox"/>	<input type="checkbox"/>	I have a computer at home with internet access	<input type="checkbox"/>	<input type="checkbox"/>
I need help completing college applications	<input type="checkbox"/>	<input type="checkbox"/>	I know how to be involved in service to my community	<input type="checkbox"/>	<input type="checkbox"/>
I need to prepare for college entrance exams (SAT/ACT)	<input type="checkbox"/>	<input type="checkbox"/>	I understand how learning styles affect how I learn	<input type="checkbox"/>	<input type="checkbox"/>

### Independent Student Verification

(check all that apply)

- I am a Veteran of the United States Military
- I have children or dependents that I provide over half of their support
- I am 24 years of age or older
- I am married
- I was an orphan or a ward of the court until the age of 18
- I have been deemed homeless according to the McKinney-Vento Act liaison

**Information Release:** I/we authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my son/daughter's education. Such documents may include: a copy of the students 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 information. I/we authorize ETS to release to or obtain information from any agency or program providing supplemental services. We have answered all the questions on the ETS general application form to the best of our knowledge. We would like to be part of the ETS program. I hereby give my permission for my child to participate in 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.

**Medical Release:** I do hereby grant permission to the Educational Talent Search Program (ETS) of Lewis-Clark State college and its authorized representatives, to furnish first aid as my son/daughter may require, as well as to seek medical attention through the nearest medical facilities when students are on field trips and other authorized activities. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or major surgery, ETS will use all reasonable efforts to contact me. Failure in such efforts should not prevent ETS from providing emergency treatment as may be necessary for the best interest of my child.

**FOR ALL PARENTS/GUARDIANS:** I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge. In addition, I agree to the above mentioned releases.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of Emergency and I cannot be reached, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_