



Please Choose Your School District:

Irvington Orange

Academic Foundations Center • 110 Warren Street – Bradley Hall, Room 117 • Newark, NJ 07102
Main Office: (973) 353 – 3544 • Fax Number: (973) 353 – 5323 • Website: <https://myrun.newark.rutgers.edu/afc/ts>

"Please PRINT All Information in Blue or Black Ink Only"

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: Female Male
MM DD YYYY

Are you a US Citizen? Yes No, if not, are you a Permanent Resident? If yes, please indicate Green Card #: _____

Ethnicity: African American Alaska Native American Indian Asian Hispanic/Latino
 Pacific Islander White Other: _____

Home Address: _____ # _____ Street _____ Apt. _____

City _____ State _____ Zip Code _____

Do you live with: Both Parents Mother Only Father Only Legal Guardian: _____
Relationship to Student (i.e. Grandparent, etc.)

PARENT INFORMATION:

Parent/Guardian Name(s): _____

Parent/Guardian Marital Status: Single Married Separated Divorced Widowed

Home Phone #: (____) _____ - _____ Alternate #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Parent Email Address: _____

Student Email Address: _____

SCHOOL INFORMATION:

Name of School: _____ Grade: _____ Year of Expected High School Graduation: _____

If not a student in grade 6-12, please note here your current status (for example, Veteran, etc.): _____

PROGRAM ELIGIBILITY STATUS & NEEDS ASSESSMENT (REQUIRED):* (Please see back for TRiO Legislation §1070a-11 Program Authority)

(Parent(s)/Guardian(s), please provide the following information)

Level of education of Mother/Guardian: Does mother have a 4-year college degree? No Yes

Level of education of Father/Guardian: Does father have a 4-year college degree? No Yes

Number of people in household: Adults=____ Children=____ Household Taxable Income: \$ _____

Student/Applicant is in need of the following services from Talent Search: (Please select all that apply)

- College Entry Information
- Improving Grades Overall
- Assistance with Educational/Career Goals
- Tutoring Services/Resources
- Financial Literacy Information
- Test Taking Skills (NJ ASK, HSPA, SAT/ACT)
- Financial Aid Information
- Other: _____

MEDICAL RELEASE & EMERGENCY INFORMATION (Please see back of application for more information): **

I authorize the program to seek medical attention, in the event of an emergency. No Yes

AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS: *** No Yes

PHOTO & MEDIA RELEASE: **** No Yes

APPLICATION CERTIFICATION & AUTHORIZATION: *****

I certify that this information is true and correct to the best of my knowledge. No Yes

I certify that my child has permission to participate in program. No Yes

I certify that I have read page 2 and understand the program requirements. No Yes

Parent/Guardian Signature: _____

Date: _____

ADDITIONAL INFORMATION

(Please Read Below)

*** TRiO Legislation §1070a-11 Program Authority; authorization of appropriations**

(e) Documentation of status as a low-income individual (l) Except in the case of an individual's status pursuant to subsection (h)(4) shall be made by providing the Secretary with – (A) a signed statement from the individual's parent or legal guardian; (B) verification from another governmental source; (C) a signed financial aid application; or (D) a signed United States or Puerto Rico income tax return. Please be advised by filling out this section and signing the program application on page 1, this document will serve as your statement, as in (A).

****MEDICAL RELEASE & EMERGENCY INFORMATION:**

History of health conditions *(Please include any food allergies, etc.):* _____

Physician Name: _____ *(if applicable)* Phone #: (_____)

In Case of an Emergency, Contact: _____
Name Relationship to Student

Emergency Contact Phone #(s): Home #: (_____) and/or Cell Phone #: (_____)

Every reasonable precaution will be taken to provide safety and care of your child. Every effort will be made to notify you and/or your Emergency Contact (listed) in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is needed to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent/guardian.

***** AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS:**

(For duration of Program Participation)

I hereby voluntarily authorize the school to release information to the Talent Search Program. Specifically, I authorize disclosure of the following information or category of information – class schedules, standardized test scores (SAT, ACT, NJ ASK, PARCC, and NJ Biology Competency Exam), quarterly report cards, transcripts, disciplinary actions, evaluations, attendance history and medical records for the purposes of evaluating eligibility for admission and participation. This authorization will remain in effect from the date it is executed until revoked by parent/guardian, in writing, and delivered to the Talent Search Program.

****** PHOTO & MEDIA RELEASE:**

I hereby freely and irrevocably grant Rutgers University and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the program in photographs, video and in any and all other media forms.

******* APPLICATION CERTIFICATION & AUTHORIZATION:**

I certify that this information is true and correct to the best of my knowledge. I understand that this application is being made in connection with receipt of Federal & State funds and that Organization Officials may verify this information. I approve and authorize my child's application for the Rutgers University-Newark Talent Search Program. Additionally, I hereby authorize my child to participate in all activities organized by the Rutgers University-Newark Talent Search Program and give the program permission to request report card, transcript & test scores for the duration of my child's participation.