

GENERAL APPLICATION

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK. COMPLETELY FILL OUT APPLICATION.

STUDENT INFORMATION: (AS IT APPEARS ON SOCIAL SECURITY CARD/BIRTH CERTIFICATE)

Legal Name: _____
FIRST NAME MIDDLE NAME LAST NAME

Mailing Address: _____
STREET OR PO BOX # APT

CITY STATE ZIP CODE

Social Security #: ____ - ____ - ____ **Birthdate:** ____ / ____ / ____ **Student Email:** _____

Gender: Male Female **Student Cell #:** (____) ____ - ____ **Parent Email:** _____

Citizenship Status: US Citizen Permanent Resident Other: _____
 What city were you born in? _____

Race/Ethnic Background: Are you Hispanic / Latino: Yes No

Please choose the races you most affiliate with:	
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Native Hawaiian / Pacific Islander
<input type="checkbox"/> Asian : _____	<input type="checkbox"/> Two or more races: _____
<input type="checkbox"/> Black or African American	_____
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other: _____

Current Grade/School:

Grade:	School:	
<input type="checkbox"/> 9th	<input type="checkbox"/> Arroyo Valley	<input type="checkbox"/> San Bernardino
<input type="checkbox"/> 10th	<input type="checkbox"/> Indian Springs	<input type="checkbox"/> San Geronio
<input type="checkbox"/> 11th	<input type="checkbox"/> Pacific	
<input type="checkbox"/> 12th	Student ID #: _____	

PARENT(S) GUARDIAN(S) INFORMATION:

Currently, the student lives with (check one): Both Parents Mom Dad Foster Home Other: _____

Mother/Guardian Name: _____ **Cell/Other Number:** (____) ____ - ____

Father/Guardian Name: _____ **Cell/Other Number:** (____) ____ - ____

Education Level (indicate for parent, Mother = M Father = F):

M F	M F
<input type="checkbox"/> <input type="checkbox"/> Did not graduate from high school	<input type="checkbox"/> <input type="checkbox"/> Some college but no Bachelor's Degree
<input type="checkbox"/> <input type="checkbox"/> High school graduate/ GED	<input type="checkbox"/> <input type="checkbox"/> Bachelor's degree or higher
<input type="checkbox"/> <input type="checkbox"/> If attended college/university outside the US please indicate where: _____	

INCOME VERIFICATION: (The following information will be kept confidential and be used only to determine eligibility for the TRIO/Educational Talent Search Program. This information is required.)

Is your student eligible for the free and reduced lunch program? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the household/family size? : _____ If No , please estimate the amount of all income you received during the last year (i.e. SSI, Unemployment, Disability, etc.)
Did you file a Federal Income Tax Return last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
If Yes , what was your TAXABLE INCOME? \$ _____ Taxable income can be found on your tax form: 1040 (line 43) or 1040A (line 27). Enter \$0.00 if the box is blank.	\$ _____

I certify that the above information is complete and accurate to the best of my knowledge.

 Parent/Guardian Signature Date



STUDENT NEEDS ASSESSMENT

In order to assess your individual needs, please answer the questions below.

1. I need assistance with the following (please choose all that apply):

<input type="checkbox"/> While in high school:	<input type="checkbox"/> Educational/Career Planning:	<input type="checkbox"/> Making College a Reality:
<input type="checkbox"/> Understanding high school graduation requirements, the a-g course requirements and UC/CSU validation <input type="checkbox"/> Understanding what the ACT/SAT's are, when to take them, the cost involved, and why take them? <input type="checkbox"/> Learning Study Skills	<input type="checkbox"/> Creating an education plan <input type="checkbox"/> Researching short and long term goals <input type="checkbox"/> Researching job/career choices and the required level of education <input type="checkbox"/> Understanding what a major is, how to select one and prerequisites for majors?	<input type="checkbox"/> Understanding the 4 systems deadlines and requesting information <input type="checkbox"/> Filling out college applications <input type="checkbox"/> Understanding financial aid, and completing the FAFSA <input type="checkbox"/> Making a decision, submitting the Statement of Intent to Register (SIR)

2. What are your plans after graduating from high school?

<input type="checkbox"/> Attend a 4yr college/university	<input type="checkbox"/> Attend Community College	<input type="checkbox"/> Attend Vocational /Technical School
<input type="checkbox"/> Work	<input type="checkbox"/> Join the Military	<input type="checkbox"/> I am not sure

3. What University/Colleges do you plan to attend or are interested in learning more about?

a. _____ b. _____ c. _____

4. What career/job would you like to have when you grow up?

5. Are you currently a participant of any of the following programs?

AVID EAOP CSUSB Upward Bound CSUSB Educational Talent Search CSUSB GEAR UP Other: _____

6. Tell us your goals and aspirations? How do you feel Educational Talent Search Program will benefit you?

STUDENT AGREEMENT

As a participant of the University of California, Riverside, Educational Talent Search Program (ETS) I agree to the following terms, which are in compliance with ETS's objectives:

1. Participate and/or attend ETS's activities which include but are not limited to college/university campus tours, cultural/educational field trips, student/parent conferences, tutoring, individual and/or group meetings/workshops presented by ETS Staff.
2. Maintain a cumulative grade point average of 2.5 in "a-g" courses through high school (9th-12th grade) until graduation.
3. Promote to the next grade level at the end of each academic year.
4. Enroll in a rigorous curriculum secondary academic plan (i.e. "a-g" courses) by the beginning of 10th grade in high school.
5. Take the PSAT in the fall of 11th grade and the SAT Reasoning or American College Test (ACT) + writing college entrance exams by the end of the junior year in high school.
6. Apply for admission to at least one post-secondary institution (Community College, University of California, California State University, Private College/University, or Vocational School) by the end of the 12th grade to meet individual application deadlines.
7. Apply for federal and/or state financial aid. This includes submitting the Free Application for Federal Student Aid (FAFSA) and Cal-Grant Application on or before March 2nd 12th grade.
8. Complete all the High School Graduation Requirements as outlined by the San Bernardino City Unified School District (SBCUSD).
9. Enrolling in a post-secondary education program during the fall following high school graduation.

STUDENT NAME: _____ STUDENT SIGNATURE: _____ DATE: _____

PARENT NAME: _____ PARENT SIGNATURE: _____ DATE: _____

Parent Authorization

I, _____, parent/legal guardian of _____, understand and hereby give permission for my child to participate in Educational Talent Search (ETS) activities conducted by the University of California, Riverside (UCR). Furthermore, I understand that the primary objectives of ETS are to have students promote to the next grade level, enroll in a rigorous secondary school program ("a-g" courses), graduate from high school, apply for postsecondary education and financial aid and enroll in a postsecondary institution.

I hereby authorize ETS staff and assistants at the University of California, Riverside to:

1. Have access to, and make and receive copies of my child's (a) academic records through the completion of the 12th grade, and (b) my child's standardized test records through the completion of 12th grade, including tests taken under the auspices of the Educational Testing Service. I authorize access to hard copies and electronic copies of the records, as well as access to electronic databases and warehouses. I understand that these records will be used to monitor my child's academic progress and to determine when academic support services are needed.
2. Disclose information from my child's academic records to representatives of colleges and universities and other institutions so that they may determine my child's eligibility for admissions at their institutions, his/her need for special services, and for general use in planning of outreach activities. The records will be maintained by the University of California, Riverside consistent with Federal Family Education Rights and Privacy Act of 1970 (FERPA) and university policies.
3. Speak and/or exchange information with counselors, teachers and other school administrators about my child's academic progress as part of the services provided by UC Riverside's ETS program.
4. Allow my child to access network computer services such as the World Wide Web (internet) and electronic mail for the purposes of requesting and obtaining postsecondary preparation and institution information.
5. Allow my child to attend educational and cultural field trips and/or other activities sponsored and coordinated by UCR's Educational Talent Search Program and sometimes by other organizations within the university. I understand that my child will have adult supervision while participating in these activities.
6. Obtain academic records upon transfer to another school/institution outside of ETS' service area or sent to another school/institution serviced by another ETS program.
7. I, the undersigned, give my permission for my child to be photographed, videotaped, voice recorded, and/or quoted while participating in the Educational Talent Search Program. I understand that this agreement gives the University of California full discretion and authority to edit and use the photographs, videotape, voice recordings, and/or quotes for documenting or publicizing the Educational Talent Search Program. I understand that the photographs, videotapes, voice recordings, and/or quotes will be, and remain, the property of the University of California.

I understand and agree that this Parent Authorization will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian for said children.

I understand that this Parent Authorization is valid for the duration of the time that my child participates in ETS, unless I rescind it through written instructions.

I acknowledge that I have read this Parent Authorization and that I understand the words and language in it.

I am the parent or legal guardian of the minor _____, and I am signing this Parent Authorization on behalf of said minor.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Autorización de Padre

Yo, _____, padre/tutor legal de _____, entiendo y autorizo que mi estudiante participe en actividades llevadas a cabo por la Universidad de California, Riverside (UCR) y el programa Educational Talent Search (ETS). Por otra parte, entiendo que los objetivos principales de ETS son la promoción de los estudiantes al siguiente nivel de grado, inscribirse en un programa de rigor en su escuela secundaria (cursos "a-g"), egresar de la secundaria, aplicar a educación superior y por ayuda financiera, e inscribirse en una institución de educación superior.

Yo autorizo a personal de Educational Talent Search y a personal asociado con la Universidad de California, Riverside a:

1. Tener acceso para hacer y recibir copias de los registros (a) académicos de mi estudiante al cursar la secundaria hasta el 12º grado y (b) obtener registros de exámenes estandarizados a través del 12º grado, incluyendo exámenes realizadas bajo los auspicios de la de Educational Testing Service. Yo, autorizo el acceso a copias de papel y copias digitales de archivos, así como acceso a bases de datos electrónicos. Entiendo que estos registros se utilizarán para monitorear el progreso académico de mi estudiante y para determinar cuándo se necesiten servicios de apoyo académico.
2. Proporcionar información del expediente académico de mi estudiante a representantes de colegios y universidades u otras instituciones para que se determine la elegibilidad de mi estudiante para la admisión a sus instituciones, o servicios especiales y de uso general en la planificación de los servicios de enlace. Los registros se mantendrán por la Universidad de California, Riverside de acuerdo con los Derechos Federales de Educación de Familia Federal (Federal Family Education Rights) y la ley de privacidad de 1970 (FERPA), y el reglamento de la Universidad.
3. Hablar o intercambiar información con consejeros, maestros y otros administradores de la escuela sobre el progreso académico de mi estudiante como parte de los servicios proporcionados por el programa ETS de UC Riverside.
4. Permitir que a mi estudiante tenga acceso a los servicios de equipo de red mundial (internet) y correo electrónico con el propósito de solicitar y obtener información de instituciones de educación superior.
5. Permitir que mi estudiante asista a excursiones educativas y culturales, y otras actividades patrocinadas y coordinadas por el programa Educational Talent Search de UCR y a veces por otras organizaciones ligadas con la universidad. Entiendo que mi estudiante estará bajo la supervisión de un adulto al participar en estas actividades.
6. Obtener registros académicos al transferirse mi estudiante a otra institución fuera del área de servicio de ETS o referido a otra escuela o institución a la cual otro programa ETS ofrece servicios.
7. Yo, otorgo mi permiso para que mi estudiante para ser fotografiado, grabado en video, que su voz sea grabada, y/o citada durante su participación en el programa Educational Talent Search. Entiendo que con este acuerdo le doy criterio y autoridad completa a la Universidad de California para editar y utilizar las fotografías, video, grabaciones de voz o al ser citado para documentar o dar a conocer el programa Educational Talent Search. Entiendo que las fotografías, videos, grabaciones de voz son, y seguirán siendo, propiedad de la Universidad de California.

Entiendo y acepto que esta Autorización de los Padres será relacionada a mí, mi cónyuge, mis herederos, mis representantes personales, mi asigna, mis hijos y cualquier guardián de dichos niños.

Entiendo que esta Autorización de los Padres es válida para la duración del tiempo que mi hijo/a participe en ETS, a menos que yo la anule a través de instrucciones escritas.

Reconozco que he leído esta Autorización de Padre y que entiendo las palabras y el lenguaje en ella.

Yo soy el padre o guardián legal del menor _____, y estoy firmando a esta Autorización de Padre a nombre de dicho menor.

Nombre de Padre/ Guardián: _____

Firma de Padre/Guardián: _____ Fecha: _____

Participant's name: _____

Please Print

UNIVERSITY OF CALIFORNIA, RIVERSIDE

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in **General Services for the Educational Talent Search Program until completion of high school (Academic Advising, Tutoring, Campus Tours, Specialized Workshops)**

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date

Nombre del Participante: _____
(en letra de molde)

UNIVERSIDAD DE CALIFORNIA, RIVERSIDE

Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización

Renuncia: A cambio de que se me permita participar en cualquier capacidad en los ***Servicios General para el Programa de Educational Talent Search hasta al terminarse la preparatoria (Asesoramiento Académico, Tutoría, Excursiones Escolares, Talleres Especializados)*** mas adelante llamado "La Actividad", Yo, en mi nombre y en el de mis herederos, representantes o designados personales, **por la presente relevo, renuncio, eximo, y acepto no demandar** a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad **de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes**, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y perdida de propiedad originada por, pero no limitada a, la participación en La Actividad.

Asunción de Riesgos: La participación en La Actividad con lleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir: 1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o perdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de estos y otros riesgos que son inherentes de La Actividad. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en La Actividad y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además está de acuerdo específicamente con el hecho que la Renuncia y el acuerdo de Asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se está de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, Asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones **y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda.** Reconozco que firmo este acuerdo libre y voluntariamente, **y con mi firma indico que esta es una renuncia completa e incondicional de toda responsabilidad** de la manera más amplia permitida por la ley.

**AUTHORIZATION FOR THIRD PARTY
TO CONSENT TO TREATMENT OF MINOR
LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of (name of minor) _____, a minor, do hereby authorize (name of agent) University of California, Riverside, Educational Talent Search Program Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my)(our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) **August 31, 2021**, unless sooner revoked in writing delivered to the agent(s) noted above.

Date: _____

Signature: _____
{Parent/Legal Guardian/person having legal custody} (circle relationship)

(Please fill out reverse side of this page)

MEDICALLY RELEVANT INFORMATION

Minor's Name: _____

Minor's Birth Date:

Allergies to drugs or food:

Conditions for which minor is currently being treated: _____

Current Medications:

Restrictions on activity:

Primary care physician (name and telephone number): _____

Insurance Company:

Mother's name:

Mother's address:

Mother's telephone numbers: Work _____ Home _____ Other _____

Father's name: _____

Father's address: _____

Father's telephone numbers: Work _____ Home _____ Other _____

If there is any condition of which you are presently aware that may affect your ability to participate in this program, other than those identified above, please indicate:

