

Central Connecticut State University

2025-2026 TRiO Educational Talent Search Enrollment Application

Mission Statement: **Educational Talent Search** (ETS) is a program for students (grades 6-12) who are interested in pursuing a college education after completing high school. These students will have access to tutoring, mentoring, field trips, summer programs, and assistance with the college application process. No grade point average (GPA) is required for participation in this program.

The TRiO Programs are funded to serve students who meet the **eligibility criteria of low-income and/or first-generation potential college student status**. In meeting this federal regulation, we ask that you provide the following information to determine eligibility. The information you provide is private and used solely to determine eligibility, report data, and track student success.

Please visit our website at <http://www.ccsu.edu/trio> for more information regarding programming.

BRING OR MAIL APPLICATION TO: Bring to the main office at your child's school or scan and email this application to lisette.velasquez@ccsu.edu.

Mail To:

Office of TRiO ETS Programs at Central Connecticut State University,
c/o Ms. Lisette Velasquez, Willard Room 313-02
1615 Stanley St. New Britain, CT 06050
Phone: 860-832-2234

Actual Signatures are required for this application to be processed.

Please print using a black or blue pen. Include school transcript. This application must be filled out completely and must include the student's ID#.

STUDENT INFORMATION – CONFIDENTIAL

Name of Student: _____ Student Email: _____

Mailing Address (include Floor or Apt #): _____ New Britain, CT. Zip Code: 0605__

Home Phone: _____ Cell Phone: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Divorced MM DD YYYY

Ethnic Background:

☐ Hispanic/Latino ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White, non-Hispanic/Latino ☐ Native Hawaiian or Other Pacific Islander ☐ Two or more races ☐ Race or Ethnicity Unknown

U.S. Citizen? ☐ Yes ☐ No *or* Permanent Resident? Green Card #: _____

U.S. Veteran? ☐ Yes ☐ No Enrolled in another TRiO Program (GEAR-UP, EOC, etc.)? ☐ Yes ☐ No ☐ Not Sure

EDUCATION INFORMATION—CONFIDENTIAL

Name of the School: _____ Current Grade Level: _____ GPA: _____

Name of Counselor: _____ Student ID: _____

Do you want to go to college? ☐ Yes ☐ No ☐ Not Sure If Yes, Name of College: _____

Alternate Education: ☐ Out of school ☐ CDP ☐ GED ☐ Adult Ed ☐ Other: _____

ELIGIBILITY INFORMATION – CONFIDENTIAL

Parent/Guardian #1 Name: _____ Phone Number _____

Parent/Guardian's Email(s): _____ Relationship to student: _____

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Parent/Guardian's Email(s): _____ Relationship to student: _____

Language spoken in the home: ☐ English only ☐ English and _____ ☐ Only _____ (specify language)

Required - Does Parent/Guardian #1 have a U.S. four-year college degree (B.A. or B.S.): ☐ Yes ☐ No ☐ Not Sure

Required - Does Parent/Guardian #2 have a U.S. four-year college degree (B.A. or B.S.): ☐ Yes ☐ No ☐ Not Sure

High School ONLY: Applicants must be on a four-year track towards high school completion. Please include a copy of your student's academic transcript with this application.

FINANCIAL INFORMATION – CONFIDENTIAL

Required: Answer Section A or B below, but not both

A. Taxable Income from the most recent Federal 1040/1040A/1040EZ tax form:

(Do not use Adjusted Gross Income for the table below; use "Taxable" Income - found on page 2 of the 1040 tax return)

☐ \$0 – \$18,210

☐ \$31,171 – \$37,650

☐ \$50,611 – \$57,090

☐ \$18,211 – \$24,690

☐ \$37,651 – \$44,130

☐ \$57,091 – \$63,570

☐ \$24,691 – \$31,170

☐ \$44,131 – \$50,610

☐ \$63,571 – Over

OR

B. I did not file Federal 1040/1040A/1040EZ taxes, but my income is: \$_____ per: ☐ week ☐ month ☐ year

My income is from (check all that apply) ☐ Job ☐ Unemployment ☐ TANF ☐ Disability ☐ Other

Required

Total number of family members living at home (including applicant): _____

I certify that the information reported in this statement is, to the best of my knowledge and belief, true, correct, and complete.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** ____/____/____

ADDITIONAL INFORMATION – CONFIDENTIAL

My student requires special accommodations to participate in activities outside of the school: ☐ Yes ☐ No

If yes, describe: _____

My student has the following medical conditions: (Please describe): _____

AGREEMENTS AND RELEASES/ETS SERVICES

Please check TRiO services needed or wanted:(Select Multiple)

☐ Study Skills/Time Management

☐ Middle School Activities

☐ Financial Aid Application Assistance

☐ Reading/Writing Skills

☐ Career Exploration

☐ Application Fee Assistance/Waiver

☐ Tutoring Services

☐ Academic Counseling

☐ High School/College Preparation

☐ Mentoring Programs

☐ College Visits

☐ Financial Aid/Scholarship Information

☐ Workshops on Succeeding in College

☐ College Application Assistance

☐ Parental Involvement and Support

PHOTOGRAPHY AGREEMENT AND RELEASE

I authorize the use of my student's/my photo by ETS for publicity and recruitment purposes for the duration of their/my involvement in the ETS program. ☐ Yes ☐ No

I, the undersigned, confirm that all the information on this application is true to the best of my knowledge. Further, if my student is/I am accepted into the TRiO program, I agree to meet with TRiO Staff regularly, do my best academically and prepare to enter a Trade School; Technical, 2-Year or 4-Year College after high school.

STUDENT SIGNATURE: _____ Date: ____/____/____

PARENT/GUARDIAN SIGNATURE: _____ Date: ____/____/____

RELEASE OF RECORDS

Students Name (print): _____ School: _____

The Release of Records is essential and required for TRiO staff to provide appropriate services. The information requested will be relative to and consistent with my student's/my education. Such information may include, but is not limited to copies of school transcripts, test scores, free and reduced lunch eligibility, class schedules, attendance and financial aid information for as long as my student is/I am enrolled in a TRiO program. I authorize the representatives of my student's/my secondary school to release said records to the staff for purposes stated above.

Further, we/I authorize TRiO representatives to communicate with representatives from postsecondary institutions on my student's/my behalf for up to six-years after high school graduation. This also authorizes the postsecondary institution in which my student/I am enrolled to release information on admissions, college academic enrollment and financial aid information including award letters.

This information is used to best determine program services specific to my student's/my needs for educational progress, program reporting and verification of postsecondary completion. This information is private and protected under the General Education Provision Act, as well as the Family Education Rights and Privacy Act. Should you choose not to sign this *Release of Records*, TRiO may not be able to serve your student/you, or program services may be limited

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18): _____ Date: _____

Federal and state laws do authorize the release of private information without your consent to school officials who have legitimate educational interests in the information; the US Department of Education for the purposes of program compliance; evaluation; in connection with a subpoena, if necessary to protect your health or safety or the health or safety of others; or if required by a court order.

FOR OFFICE USE ONLY:

____ U.S. Citizen or Permanent Resident		____ Student Need	
____ Completed 5 th Grade, 11-27 years old, <u>OR</u> meets criteria for adult participation		____ Signed Documents	

<input type="checkbox"/> LI/FG	<input type="checkbox"/> LI	<input type="checkbox"/> FG	<input type="checkbox"/> OTHER _____ Verified

<input type="checkbox"/> Add	<input type="checkbox"/> Waiting List	<input type="checkbox"/> Pending	<input type="checkbox"/> Not Eligible (Reason) _____

Staff Initials _____	Date _____	Director's Initials _____	Date _____