



Mission

The mission of the North Carolina State University TRIO Talent Search (TS) Program is to provide equal access to quality education by facilitating retention and promotion from middle and secondary grades through college completion.

History

NC State University submitted an application for a TRIO Talent Search grant in 1991 and began operation in January 1992. Since that time, the TS program has served thousands of students providing access to higher education to first generation, or under-served students. Currently the NC State University TRIO TS Program serves 814 students in 8 middle and high schools in Johnston and Wake Counties.

Staff

- Five professional and support staff
- Numerous teachers, bus drivers, chaperones, interns and facilitators

Facilities

The office is physically located at 407 Gorman Street, Suite 100, Raleigh, NC 27607 The normal office hours are 8:00 A.M. to 5:00 P.M. Monday through Friday. All staff members are housed in this suite. Various auxiliary sites located on campus are used to facilitate program activities and events on weekends. Venues in each county are also periodically used for activities during the academic year on weekdays.

Activities

- Provide opportunities for middle and high school students from disadvantage backgrounds.
- Increase the number of those students to enroll in and complete their postsecondary education.

Services

- | | |
|--|--|
| <ul style="list-style-type: none"> • College Tours • College Admissions • Test Prep (SAT/ACT) • Career Enrichment • Academic Counseling | <ul style="list-style-type: none"> • Computer Technology • Goal Setting • Positive Self-Imaging • Summer Academic Enrichment • Personal Development |
|--|--|

Participating Schools

Wake County Public School System

- East Wake High School
- Knightdale High School
- Zebulon Middle School
- Wendell Middle School

Johnston County Public School System

- Smithfield Selma High School
- North Johnston High School
- Selma Middle School
- Smithfield Middle School

Contacts

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 @NC State TRIO - Talent Search

 @NCStateTRIO_TS

 @NCStateTRIO_TS

 NC State TRIO Programs (iPhone users)

NC State University
TRIO Talent Search Program
APPLICATION

Address: Box 7319, Raleigh, NC 27695
Phone: (919) 515-6447 Fax: (919) 515-4581 Email: TRIO-TalentSearch@ncsu.edu
Web site: www.ncsu.edu/trio

*US Citizen:
Yes: ___ No: ___

Last Name First Name MI

Date of Birth Age *Social Security/ Naturalization Number

Parent Cell Number () Student Cell Number ()

Work () Additional Cell /Home Phone ()

Current Address: Street/P.O Box City State Zip Code

Race (For statistical purposes only): ___Native Am. ___Asian/Pacific Islander ___African American ___Hispanic
___White ___Native Hawaiian ___More than one race

Sex: Male: ___ Female: ___ Preferred Household Language: English: ___ Spanish: ___ Other: ___

Student Email: Parent Email:

Number in household (including yourself): List below:

Table with 3 columns: Name, Relationship to Applicant, Age. Includes 'SELF' entry.

School Currently Attending:

Academic Grade Level (please check appropriate box of grade you are in or just completed if applying in summer)

Grid of boxes for academic grade level: 6th Grade, 7th Grade, 8th Grade, 9th Grade, 10th Grade, 11th Grade, 12th Grade, HS Graduate, HS Non-Finisher, College Non-Finisher.

Have you ever participated in a college access program similar to Talent Search (i.e. Upward Bound, Gear Up, AVID)? ___Yes ___No

If yes, please specify program and sponsoring school or organization?

*Student Signature: Date:

Goal Statement (briefly describe your goals and the importance of education to you) (attach pages as needed)

Parent Information

Please indicate the level of education completed. Check “Yes” only if you have completed the indicated degree. If you have started a degree, but have not completed it, then check “No.”

Relationship with Applicant & Name	Middle School	High School	2 yr. College Degree	4 yr. college Degree
Mother’s Name:			<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____	<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____
Father’s Name:			<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____	<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____
Legal Guardian’s Name:			<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____	<input type="checkbox"/> yes <input type="checkbox"/> no yr. completed: ____

Student Eligibility and Certification

Please answer the following questions by checking the appropriate response and completing the statements as it applies to your household. This information is needed to certify eligibility for the program.

Did anyone in your household file federal income tax last year?

(20____) Yes ___ No ___

If yes, what was the **taxable** income: _____ ***Application cannot be processed without taxable income; it may be zero.**

Total Number in Household: _____ My signature certifies that the above information is correct. I understand that this information is confidential and will only be used for income verification for this program.

***Signature of Parent/Guardian:** _____ **Date:** _____

PARENTAL CONSENT FOR ACTIVITY PARTICIPATION

The North Carolina State University TRIO Talent Search Program will include supervised educational and social activities designed to promote confidence, academic achievement and cultural awareness. Many steps to supervise the safety and welfare of all participants will be implemented, however, PARENTAL/GUARDIAN consent and agreement is required. **By signing below you consent to the following statement:**

I grant permission for my student to participate in all activities sponsored by the TRIO Talent Search Program. I understand that the appropriate number of chaperones will accompany all trips, and students will be adequately supervised during all other activities.

In consideration for my child being allowed by NC State to participate in the Program, I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from or proximately caused by my child’s participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

***Parent/Guardian Signature:** _____

INFORMATION RELEASE

The information requested below will be utilized to assist us in providing services to you. In order to provide the most effective services, we may need to obtain information from several sources; such as middle schools, high schools, colleges, testing agencies, counselors, admissions and financial aid officers, social workers, etc. **ALL THE INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY RIGHTS AND PRIVACY ACT.**

My signature below authorizes the TRIO Talent Search Program to:

Request a copy of my high school and/or college progress report, transcript, test scores, and/or documentation of behavior, grade promotion or graduation;

Request a copy of my middle school progress report, report card, and/or documentation of behavior, grade promotion, retention, matriculation, and transfer records;

Request a copy of my financial aid applications and awards from the federal government, state funding agencies, and postsecondary institutions;

Request a copy of my test score reports (ACT, SAT) from the American College Testing Program, College Board, and Educational Testing Service;

Communicate with representatives from agencies or postsecondary institutions on my behalf.

Authorization Statement

I hereby authorize TRIO Talent Search to contact and request information from, as well as supply information to, the above mentioned parties.

***Student Signature:** _____ **Student School ID:** _____

***Parent's Signature:** _____ **Date:** _____

Parent's PowerSchool Username: _____ **Password:** _____

INTERNET/PHOTO RELEASE AGREEMENT

My signature below indicates that I am providing consent for my son/daughter to utilize the Internet for educational purposes in accordance with the Acceptable Use Policy of NC State University. Additionally, I agree and consent to allow the photographs, and/or audio/video recordings taken or created during TS activities to be placed on the Web and in public information materials. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I further agree to allow the TS Program to release, for educational purposes, photographs and video recordings, with or without audio, of program activities and projects including my child and/or their likeness. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

***Student Participant (PRINT)**

Student Signature

Date

***Parent/Guardian (PRINT)**

Parent/Guard. Signature

Date

Program Director or Designee (PRINT)

Signature

Date

Emergency Contact and Medical Information

Child's Name

Date of Birth

Parent's/Guardian's Name

Emergency Contact Other Than Parent

() _____
Cell Phone

() _____
Home

() _____
Cell Phone

() _____
Home

() _____
Work

() _____
(Work

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician's Name (list "NA" if no designated doctor)

Phone Number

Insurance Company (list "NA" if there is no insurance policy)

Policy Number

Allergies/Special Health Considerations (please list)

Please list any medications prescribed to your child that are currently being taken:

I authorize NC State University's TRIO Talent Search Program and hospitals to perform any and all necessary medical treatment and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

***Parent's/Guardian's Signature**

Date

Please provide any additional information concerning health issues/medication related to your child:

