

THE UNIVERSITY OF AKRON
Educational Talent Search
Student Enrollment Application
www.uakron.edu/aap/ets/
Buckingham Building 51
Akron, Ohio 44325-7909
(330) 972-5771

PERSONAL INFORMATION: (PLEASE PRINT)

SOCIAL SECURITY #: _____

Name: _____
Last First Middle Initial

Address: _____ Akron, OH Zip Code: _____

Home Phone #: _____ Student Cell Phone #: _____

Date of Birth: _____ Age: _____

Email Address: _____

Gender: Male Female
Ethnicity: Black/African American Hispanic/Latino More than one race reported
 White/Caucasian American Indian Other
 Asian African Native Hawaiian/Pacific Islander

What languages are spoken at home? _____ Where were your parents born? _____

Consideration for physical limitation _____ Consideration for hearing limitation _____

Are you a U.S. Citizen? Yes No If no, what is your residency status? _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Place of Employment: _____ Place of Employment: _____

Work Number: _____ Work Number: _____

Cell Number: _____ Cell Number: _____

Email Address: _____ Email Address: _____

EDUCATIONAL/CAREER INFORMATION:

What school do you currently attend? _____ Last Grade Completed: _____

What school will you attend next year? _____ Year you will graduate high school: _____

YOU MUST ATTACH YOUR MOST RECENT REPORT CARD

NEED FOR ETS SERVICES: (STUDENTS, YOU MUST FILL OUT THIS SECTION)

Please indicate the areas in which you need assistance from the ETS program:

- | | | |
|--|--|--|
| <input type="checkbox"/> Taking College Prep Classes | <input type="checkbox"/> Career Assessments/Exploration | <input type="checkbox"/> Cultural and Educational Activities |
| <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> College Campus Visits | <input type="checkbox"/> College Admissions |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> GED Referrals | <input type="checkbox"/> College Selection |
| <input type="checkbox"/> ACT/SAT Test Resources | <input type="checkbox"/> Study Skills/Test Taking Strategies | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> OGT Preparation | <input type="checkbox"/> Other _____ | |

What do you plan to do after high school? _____

List your strongest subject(s): _____ Weakest: _____

List your most favorite subject(s): _____ Least Favorite: _____

Extracurricular Activities/Employment (school, church, work, etc.): _____

List your career interests: _____

List the post-secondary schools, colleges or universities you are interested in attending: _____

Please give the date (month and year) you plan to begin your post-secondary (college) education: _____

Who referred you to ETS: _____

ELIGIBILITY INFORMATION:

Does either parent (natural or adoptive, do not include step-parent) with whom you live have a 4-year college degree? Yes No

With whom do you usually live? (Name) _____ (Relationship) _____

If you are under age 18, are you in foster care? Yes No

Are you a participant in any other AAP program such as Upward Bound or Upward Bound Math Science? Yes No

If yes, which program? _____

Are you a participant in any other Pre-College program, such as STEP, Young Scholars, etc..? Yes No

If yes, which program(s)? _____

Write briefly why you want to be in the Educational Talent Search (ETS) Program and what you want to receive from the program.

CERTIFYING STUDENT SIGNATURE:

I certify that this application has been filled out completely and correctly to the best of my knowledge. I understand that I am required to keep a grade point average of at least 2.30 to remain in the program and to attend special activities such as field trips. I further understand that I must attend at least 2 ETS activities each program year (September 1 to August 31). I understand that if I attend a school other than an Akron public school, I must give ETS a copy of each report card and must maintain contact with my appointed Educational Specialist.



Signature of Student Applicant

Date

ELIGIBILITY/INCOME INFORMATION:

The University of Akron's Educational Talent Search project is federally funded, therefore, we must document your family's income for the purpose of determining your eligibility status.

Please check below the source(s) of your family income and the range of your total taxable family income. "Taxable income" is the amount you earned after exemptions and deductions are figured. If you filed an income tax form, use the Taxable Income of your 1040 EZ form. Please ask us if it is not clear what to fill in.

SOURCE(S) of FAMILY INCOME		
<input type="checkbox"/> Employment	<input type="checkbox"/> Public Assistance (TANF, OWF, Food Stamps)	<input type="checkbox"/> Child eligible for free lunch
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Public Assistance (Medicaid only)	<input type="checkbox"/> Child eligible for reduced lunch
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other: _____
TOTAL FAMILY ANNUAL INCOME		
<input type="checkbox"/> \$0 – 18,090 Amount \$ _____	<input type="checkbox"/> \$30,630 – 36,900 Amount \$ _____	<input type="checkbox"/> \$49,441 – 55,710 Amount \$ _____
<input type="checkbox"/> \$17,821 – 24,360 Amount \$ _____	<input type="checkbox"/> \$36,901 – 43,170 Amount \$ _____	<input type="checkbox"/> \$55,711 – 61,980 Amount \$ _____
<input type="checkbox"/> \$24,361 – 30,630 Amount \$ _____	<input type="checkbox"/> \$43,171 – 49,440 Amount \$ _____	<input type="checkbox"/> \$61,981 and up Amount \$ _____

Does either custodial parent (natural or adoptive, do not include step-parent) have a 4-year college degree? Yes No

Is the head of household Male or Female? What is the student's relationship to that person? _____

How many people in the household are supported by the above income? _____

CERTIFYING PARENT/GUARDIAN SIGNATURE:

I certify that the income information as stated above is accurate and that this application has been filled out completely and correctly to the best of my knowledge. I understand that my student is required to keep a grade point average of at least 2.30 to remain in the program and to attend special activities such as field trips. I further understand that he/she must attend at least 2 ETS activities each program year (September 1 to August 31). I understand that if he/she attends a school other than an Akron public school, we must give ETS a copy of each report card and must maintain contact with our appointed Educational Specialist.



Parent/Guardian Signature

Date

Educational Talent Search (ETS) looks forward to helping your child prepare for life after high school. However, we need your help and the commitment of your child to want to pursue a post-secondary education.

THE UNIVERSITY OF AKRON
Educational Talent Search
302 Buchtel Common
Akron, OH 44398



SCHOOL RECORD RELEASE 2020-2021

PRINT INFORMATION

Student's Last Name	First	Middle
Date of Birth (Month, day, and year)	Male/Female	
Name of School Attending	Grade	Counselor Name

I hereby grant permission for the officials at my child's school to release copies of his/her permanent record, test scores, and grades to the Educational Talent Search Program at The University of Akron. Permission for the release of my child's school records will remain in effect until he/she is no longer a program participant or until he/she has graduated from high school.

Confidentiality of school records is protected by state and federal law. Any person/facility receiving authorized information may not make further disclosure without the written consent of the person to whom it pertains.

I understand that I can revoke this authorization at any time by providing written notice to the person/facility who I designated to release the information. I understand that any information released prior to revocation cannot be retrieved and neither person/facility receiving the information will be held responsible for such.

I hereby release Educational Talent Search, The University of Akron, and its employees and agents from all legal responsibilities or liabilities that may arise from this act.

Parent/Guardian Signature

Print Name

Date

The Educational Talent Search program is sponsored by The US Department of Education and The University of Akron. The total dollar amount of federal funds awarded in the five-year grant period (2016-2021) is approximately \$2,332,800.

The University of Akron Educational Talent Search (ETS) is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between Akron Public Schools and The University of Akron Educational Talent Search (ETS).

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow The University of Akron Educational Talent Search (ETS) to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide The University of Akron Educational Talent Search (ETS) access to your child’s Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from The University of Akron Educational Talent Search (ETS) to Akron Public Schools; and from Akron Public Schools to The University of Akron Educational Talent Search (ETS). SEI is acting on behalf of both parties to match the information provided by The University of Akron Educational Talent Search (ETS) with your child’s school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student’s academic success and achievement, and to evaluate services being offered. No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.

PARENT/GUARDIAN CONSENT

INITIAL HERE

I give consent for Summit Education Initiative to provide secure sharing of my child’s personally-identifiable information between The University of Akron Educational Talent Search (ETS) and the Akron Public Schools. I understand the following information will be shared:

- Student Name, grade level and date of birth, student ID number
- School district name and school building name
- Course grades and Grade Point Average
- National and state test results
- Attendance records (classroom and school absence totals, both excused and unexcused)
- Results of surveys administered at the building and/or district level

I understand that my child’s information will only be shared between Summit Education Initiative, The University of Akron Educational Talent Search (ETS) and the Akron Public Schools, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is 18 years old, unless it is revoked by me in writing, or unless my child is no longer affiliated The University of Akron Educational Talent Search (ETS) or registered as a student in Akron Public Schools. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.

Parent/Guardian Name (print)

Date of Consent

Parent/Guardian Signature

Child’s Name

Child’s School District

Date of Birth (MM/DD/YYYY)

Child’s School Building

Child’s School Student Number

**University of Akron Summer Program
Health Information Form
Student Health Services**

This page is to be filled out by a parent or guardian on every child attending The University of Akron Summer Programs. To avoid confusion: ONLY ONE CHILD PER FORM. Please photocopy this page if you need additional forms.

Child's Name _____ Last _____ First _____ Initial _____ Age _____

Parent or Guardian _____ Day Phone: () _____

Parent or Guardian _____ Day Phone: () _____

Home Address _____ Hm Phone: () _____

City _____ State _____ Zip _____

If neither the parents nor guardians are available in an emergency notify:

Name _____ Day Phone: () _____

Address _____ Hm Phone: () _____

Child's Physician _____ Bus Phone: () _____

Medical Insurance Information - Please complete all sections

Primary Insured's Name _____ Policy # _____

Medical Insurance Company _____ Group # _____

Insurance Company Address _____

This section must be completed for attendance

Statement of Wellness for Participation:

I, _____, do hereby verify that my child, _____ to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in the summer programs.

Signed _____ Date _____
Parent/Guardian

Permission to Administer Emergency Treatment:

In the case of a medical emergency and the event that the parent/guardians named on this form cannot be reached, I hereby give my permission for emergency treatment to be administered to my child, named above. I agree to assume financial responsibility for all expenses associated with the emergency care and/or transportation for said child. Additionally, I agree not to hold University of Akron Summer Programs, its officers, or its employees, liable for any injury or losses related to the emergency care my child receives.

Signed _____ Date _____
Parent/Guardian

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please list allergies, significant illness, surgery, accidents, or other medical restrictions or limitations:

List any regular medication currently being used:

Permission for Over the Counter Medications:

I authorize the school nurse, or athletic trainer to administer the following over the counter medications at their discretion.
Please check:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Diphenhydramine HCL (Benadryl) | <input type="checkbox"/> Anti-itch and antibacterial
Skin creams |
| <input type="checkbox"/> Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Pseudoephedrine (Sudafed) | <input type="checkbox"/> Cough Medicine and/or drops |
| <input type="checkbox"/> Antacids (Tums, Mylanta) | | |

I understand that there are risks associated with taking any medication, and I agree not to hold University of Akron, its officers or its employees liable for any injury to my child related to the administration of any medication listed above.

Signed _____ Date _____
Parent/Guardian

THE UNIVERSITY OF AKRON
Educational Talent Search
Student Permission and Release Form

As the parent/guardian of: _____
(circle one) Name of Student (Please include First Name, Middle Initial and Last Name)

I authorize and permit my student to participate in field trips, activities, and events offered by the University of Akron Educational Talent Search program. Further, I warrant and represent that:

1. My student is in good health and physically fit to participate in ETS field trips, activities, and events. There are no medical reasons, except as noted on the Medical Emergency Treatment Consent Form located on the back of this form, that preclude or limit my student's participation in any field trips, activities, or events.
2. I know The University of Akron does not have medical insurance. Should my student need medical attention, I have adequate insurance to meet this need.
3. I am aware of the clothing needs for field trips, activities and events, and I will insure that my student is appropriately dressed.
4. I am aware that in any field trip, activity or event there are certain risks. I have explained to my student the appropriate behavior expected for participation in field trips, activities, and events and that my student must obey all rules, regulations and instructions given or applicable for the field trip, activity, or event in which he/she is a participant.
5. I agree that The University of Akron and anyone associated with it will not be liable for:
 - a. any loss, injury or death related to the field trip, activity, or event except that caused by an employee as a result of his or her gross negligence or intentional tort; or
 - b. any loss, injury or death that occurs as a result of another student's action or failure to act, or those of a nonparticipant's actions or failure to act related to this field trip, activity, or event.

Further, I agree to indemnify and hold harmless The University of Akron and its Board of Trustees, officers, faculty and staff, from any claims whatsoever occasioned in any of these situations for which I have agreed that The University of Akron shall not be liable.

I have read this **Release** form. I understand the form and all words used in the form.



Parent/Guardian Signature

Date

Internet Acceptable Use Release

I understand my child has applied to The University of Akron (UA) for computer access and my permission is needed before the account can be activated.

I further understand access to computers and computer networks open the door to a wide range of educational and entertainment material on the Internet, including some adult material. I acknowledge that UA cannot screen the material on the Internet.

By signing below, I acknowledge having read the statements above and, agreeing to these terms and conditions, give my permission for the University to give the above-named child access to University computers and computer networks, and to all of the material accessible by those means. I agree to take responsibility for my child's use of the computers and networks.



Parent/Guardian Signature

Date



The University of Akron is an
Equal Education and Employment Institution

The Educational Talent Search program is sponsored by The U.S. Department of Education and The University of Akron. The total dollar amount of federal funds awarded in the five year grant period (2011-2016) is approximately \$2,221,140.

It is the policy of this institution that there shall be no discrimination against any individual at The University of Akron because of age, color, creed, handicap, national origin, race, religion, sex, or sexual orientation. The University of Akron will not tolerate sexual harassment of any form in its programs and activities.

Educational Talent Search

The University of Akron

Buckingham Building 51
Akron, OH 44325-7909

Office (330) 972-5771

www.uakron.edu/aap/ets/

Fax (330) 972-8553

Program History

Educational Talent Search (ETS) is a federally funded TRiO program which provides services to assist in the successful enrollment or re-enrollment of students into postsecondary education for students. ETS has been at The University of Akron since September 1991. The program services 972 students in grades 6th through 12th and eligible adults who want to pursue a college degree.

Program Grant Objectives

- 85% of non-senior participants served each project year will complete the current academic year and continue in school for the next academic year, at the next grade level.
- 85% of seniors served during the project year will graduate during the project year with a regular secondary school diploma, within the standard number of years.
- 80% of seniors served during the project year will complete a rigorous secondary school program of study and will graduate during the project year with a regular secondary school diploma within the standard number of years.
- 55% of participants, who have graduated with a regular secondary school diploma, during the project year, will enroll in an institution of higher education by the fall semester immediately following high school graduation.

- 30% of participants serviced during the project year, who enrolled in an institution of higher education, by the next academic semester as a result of acceptance but deferred enrollment, will complete a program of postsecondary education with six years.

ETS Staff

Jennifer Well
Asst. Program Director

Cherelle Watson
Educational Specialist

Kimberly Sanders
Educational Specialist

Roy Rosario
Educational Specialist

Shannan Hayes
Educational Specialist

Emily Young
Administrative Secretary

Deborah Stone
Interim AAP Director



Academic Year Component

ETS staff conducts monthly workshops in Akron Public Schools. In addition, students have opportunities to attend cultural events as well as go on college tours.

Summer Component

Grade level academic enrichment summer camps are offered to ETS students to enhance the academic, cultural, and social skills of participants and their families.

Adult Services

Services are offered for free to adults who have not completed high school or college stop outs. These services include GED and college entry information, along with college tours and cultural events.

Services Include:

- Financial Aid Information & Workshops
- ACT/ SAT Prep and Waivers
- Tutoring Services
- College Campus Visits
- Monthly School Workshops
- Career Assessment & Exploration
- College Application Waivers
- Assistance in completing college applications
- ACT Prep Classes

EDUCATIONAL TALENT SEARCH

Annual Events

- Financial Aid Workshops
- Scholarship Information
- STARS Banquet
- College Tours
- Spring Break Student Events
- Summer Enrichment Camps
- ACT Prep Classes
- ACT/SAT Waivers

Mission Statement

Academic Achievement Programs is dedicated to the mission of preparing students for success in higher education. It provides academic, social, and cultural experiences for students from grades 6 through 12. Through four distinct programs it expands and enhances the academic instruction and adds value to the development of students through an intensive summer component and full academic year activities. These experiences are intended to empower students to make good decisions at home, in school and in personal relationships, which will improve their home school graduation rates and facilitate their successful admission to and graduation from postsecondary educational institutions.

Vision

- We view each participant as capable of achieving a college degree with appropriate guidance
- We involve each participant in academic experiences which improve skill levels
- We support the personal growth and development of each participant
- Through intellectually stimulating challenges which engage participants in critical thinking
- We provide leadership opportunities and encourage personal and group integrity
- We never negotiate when it comes to honesty and respect of self and others