



EDUCATIONAL TALENT SEARCH
Student Information Form

STUDENT

Name _____
First Middle Last

Mailing Address _____
Street Number or P.O. Box City State ZIP

Phone _____ E-mail _____

Date of Birth _____ Social Security Number _____ U.S. Citizen? Yes No

School _____ Grade _____ G.P.A. _____ Gender Male Female

Ethnicity: White/Caucasian Native American Asian/Pacific Islander Black/African American Hispanic/Chicano/Latino Multi-racial Other

Any physical or learning disabilities? Yes No If yes, please specify: _____

PARENT

Father/Male Guardian Info	Mother/Female Guardian Info
Name _____	Name _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Graduate of a four-year college/university? Yes <input type="checkbox"/> No <input type="checkbox"/>	Graduate of a four-year college/university? Yes <input type="checkbox"/> No <input type="checkbox"/>

ELIGIBILITY

Size of Household (Please circle one) 1 2 3 4 5 6 7 8 9+

Is your family eligible for Free or Reduced Lunch?

Check the box that reflects your family's taxable income. NOTE: Per capita payments are NOT taxable income.

Size of Family Unit	Income Level
<input type="checkbox"/>	No Taxable Income
<input type="checkbox"/> 1	\$0 - \$19,140
<input type="checkbox"/> 2	\$19,141 - \$25,860
<input type="checkbox"/> 3	\$25,861 - \$32,580
<input type="checkbox"/> 4	\$32,581 - \$39,300
<input type="checkbox"/> 5	\$39,301 - \$46,020
<input type="checkbox"/> 6	\$46,021 - \$52,740
<input type="checkbox"/> 7	\$52,741 - \$59,460
<input type="checkbox"/> 8	\$59,461 - \$66,180
<input type="checkbox"/> for each additional member add	\$ 6,630
# of additional members _____	

Authorization for Release of Information

I authorize the Central Wyoming College's Educational Talent Search program to receive copies of my child's academic records and other materials necessary for application review and, if accepted, for continued participation in the program.

Parent/Guardian Signature _____ Date _____