

PARENT APPLICATION/ELIGIBILITY FORM

You must complete all portions for this application to be considered. Do not leave any portion blank.
Please attach a copy of last year's tax forms for parents/guardians the child is living with.

Student's Name	Student's School
Mother's Name	Father's Name
Mother's Cell Phone	Father's Cell Phone
Mother's Email	Father's Email

I. BACKGROUND AND HOUSEHOLD INFORMATION

Which parent/guardian does the child live with?

Both
 Mother Only
 Father Only
 Guardian(s)

Grandparents
 Other (explain) _____

Have you filed your tax return? <i>If so please attach a copy of the following: Income tax forms, W-2, check stubs or proof of income. We only need proof of income for the parent/guardian the child is LIVING with.</i>	Does biological/natural mother have a Bachelor's Degree?
<input type="radio"/> Yes, attach tax return and continue to Part II.	<input type="radio"/> Yes
<input type="radio"/> No, select from the following:	<input type="radio"/> No

<input type="radio"/> Will file (provide copy of check stub or W-2)	Does biological/natural Father have a Bachelor's Degree?
<input type="radio"/> I did not and will not file a Federal Income tax return.	<input type="radio"/> Yes
<input type="radio"/> Family's household annual taxable income was less than the amount required for filing (Less than \$6,000).	<input type="radio"/> No
<input type="radio"/> Received non-taxable income (Check all that apply).	

(Please provide proof of assistance (ex. Copy of Check stub, monthly statement, yearly statement, receipts, etc.)

<input type="checkbox"/> Social Security	Monthly	\$		Annually	\$	
<input type="checkbox"/> Child Support	Monthly	\$		Annually	\$	
<input type="checkbox"/> Foster Care Support Payment	Monthly	\$		Annually	\$	
<input type="checkbox"/> Public Assistance (TAFI or other)	Monthly	\$		Annually	\$	
<input type="checkbox"/> Other	Monthly	\$		Annually	\$	

(ex. Paid in Cash, personal check)

II. INCOME INFORMATION: ANSWER THE FOLLOWING QUESTIONS USING LAST YEAR'S TAX FORMS

of Family Members living in home _____

Filing Status
 Single
 Married, filing jointly
 Married, filing seperately
 Head of Household

TAXABLE INCOME from Form 1040-line 43, Form 1040A-line 27, Form 1040EZ-line 6: \$ _____ *

**if you filed a tax return, DO NOT LEAVE THIS BLANK. If the answer is zero, use "0".*

Please read & sign *I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge.*

Parent/Guardian Signature _____

Parent/Guardian (Print Clearly) _____ **Date:** _____

III. RELEASE OF SCHOOL RECORDS

I authorize the Educational Talent Search Program to access and/or receive copies of my academic transcripts, grade reports, report cards, TAKS scores and any other academic information necessary to complete the application process.

Parent Signature	Print Name	Date
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IV. PARENTS/STUDENT'S COMMITMENT TO THE PROGRAM

I understand that if my child is accepted into the Educational Talent Search Program, the following expectations must be met in order to remain active in the program. Failure to meet all requirements may be grounds for dismissal from the program:

- Meet with their ETS Advisor when requested to do so
- Attend a minimum of 2 scheduled activities including but not limited to workshops, seminars, presentations during the school year
- Attend a minimum of one (1) college campus tour during the school year
- Remain an active member of ETS until I graduate from high school or relocate to another school district

NOTICE: You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects have UT Arlington correct concerning you. You may review and this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of t Texas Government Code.