



California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
 Tel: 760.750.4887 Fax: 760.750.3089 trio@csusm.edu www.csusm.edu/outreach/trio/talentsearch

NEW STUDENT APPLICATION

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY #	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HIGH SCHOOL ID #	HIGH SCHOOL ATTENDING	
CURRENT GRADE	YEAR OF GRADUATION	
MAILING ADDRESS		
STUDENT HOME PHONE		STUDENT CELL PHONE
STUDENT PERSONAL EMAIL		
STUDENT CITIZENSHIP STATUS <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> U.S. PERMANENT RESIDENT <input type="checkbox"/> OTHER: _____		
STUDENT ETHNICITY AND RACE, HISPANIC or LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO		LANGUAGE(S) SPOKEN AT HOME
STUDENT RACIAL CATEGORY (Check as many as apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		STUDENT CURRENTLY LIVES WITH <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____

PARENT/GUARDIAN(S) INFORMATION

MOTHER/GUARDIAN NAME	FATHER/GUARDIAN NAME
CELL PHONE	CELL PHONE
HOME PHONE	HOME PHONE
EMAIL	EMAIL
Please indicate highest level of education completed by Mother/Guardian <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College Two-year College Degree (Associates) <input type="checkbox"/> Four-year College Degree (BA/BS) <i>College/University Name degree earned from _____</i>	Please indicate highest level of education completed by Father/Guardian <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College Two-year College Degree (Associates) <input type="checkbox"/> Four-year College Degree (BA/BS) <i>College/University Name degree earned from _____</i>

FAMILY INCOME INFORMATION

SIZE OF FAMILY UNIT - How many people live in your household?	Parent/Guardian(s) filed a federal income tax for last calendar year <input type="checkbox"/> YES <input type="checkbox"/> NO
From the last calendar year, what is your family's Taxable Income - (Found on IRS Form 1040 - line 15) CHECK ONLY ONE <input type="checkbox"/> \$0 <input type="checkbox"/> Below \$20,835 <input type="checkbox"/> \$20,836 - \$27,465 <input type="checkbox"/> \$27,466 - \$34,545 <input type="checkbox"/> \$34,546 - \$41,625 <input type="checkbox"/> \$41,626 - \$48,705 <input type="checkbox"/> \$48,706 - \$55,785 <input type="checkbox"/> \$55,786 - \$62,865 <input type="checkbox"/> \$62,866 - \$69,945 <input type="checkbox"/> \$69,946 and above	

STUDENT NEEDS ASSESSMENT

What are your plans after graduating from high school? <input type="checkbox"/> Attend a 2-year community college <input type="checkbox"/> Attend a 4-year college/university <input type="checkbox"/> Attend a trade/vocational school <input type="checkbox"/> Join the military <input type="checkbox"/> Work Only <input type="checkbox"/> I don't know <input type="checkbox"/> Other: _____
What career(s) interest you most?
Check below the areas you need assistance with to graduate from high school and prepare for college. <input type="checkbox"/> Academic Planning <input type="checkbox"/> College Campus Visits & Cultural Enrichment <input type="checkbox"/> Financial Aid Literacy <input type="checkbox"/> Study Skills <input type="checkbox"/> Academic Tutoring <input type="checkbox"/> College Application Assistance <input type="checkbox"/> Financial Aid Application Assistance <input type="checkbox"/> Other (please indicate): <input type="checkbox"/> Career Exploration <input type="checkbox"/> Financial Aid Information <input type="checkbox"/> Life Skills

CERTIFICATION

I give my consent to the TRIO Talent Search Program at California State University Marcos to secure and review information that may be needed to verify my income, to complete applications to postsecondary institutions and financial aid programs. I hereby grant permission to the personnel of my student's school to provide copies of transcripts, test scores, and academic progress reports to the TRIO TS Staff during the application process and throughout the period of their participation in the program. I give permission for the use my student's name and photograph for editorial, promotional, recruitment or education purposes. The student authorizes TRIO Talent Search program at California State University San Marcos access to and the right to request/release collegiate admissions, enrollment and financial aid information and documents.

I certify that the above information is correct to the best of my knowledge. I understand that all the information will be held in the strictest of confidence and used for statistical purposes only.

STUDENT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	HIGH SCHOOL	GRADUATION YEAR

In consideration of my desire to participate in the events and related activities sponsored by the TRIO Talent Search Program, California State University San Marcos, I assume all risks attendant thereto and, thus, hereby release, hold harmless and forever discharge the State of California, the Trustees of the California State University; the California State University San Marcos Corporation, and each and every officer, agent, employee, duty authorized volunteer, and representative of each (hereinafter referred to as "the CSU") from all claims, causes of action, judgments, damages or demands, of any kind from or by myself, heirs, executors, administrators and assigns, for personal injuries and property damage which I may cause or sustain during the event whether known or unknown, foreseen or unforeseen. I agree to indemnify and defend the CSU for liability arising from my tortuous acts or omissions. I further assume the risk of death or injury to myself or to my property, in connection with my travel to and from the central transportation site and the event site(s).

I warrant that I am in good physical health and am physically able to participate in the above event and related activities, if any. I understand that my participation is voluntary and that the activities planned are to enhance my educational experience.

I recognize that Physical Activity may be required during my participation in this event and that there are known risk of injury. Without limitation, the risks include falls from heights; tripping; injuries from the hands of another or negligence; vehicle and transportation related injuries; allergies, fungus, material, and viral diseases; and infection. I am voluntarily participating in these activities with knowledge of the dangers and risks involved and hereby agree to accept any and all risks of injury or death.

I understand that there is no applicable medical or liability insurance provided to me by the CSU to cover medical or property expenses arising out of injuries or damages which I or my property might sustain in the above event. I understand and accept responsibility to meet any and all medical or property expenses arising out of any injury or damages to myself or my property or, due to my fault, to anyone else, including the CSU.

I hereby acknowledge that I have sole responsibility for my personal possessions and equipment during the event and its related activities. I hereby grant permission to any and all foregoing to use any photograph, videotape, motion picture or any other record of this event.

I hereby agree that if the event or any of its activities is canceled due to a storm, rain or other "act of God" conditions, or for any reason, that I will not hold the CSU liable for any losses which I might sustain from the cancellation of an activity or the event. I further understand that if physically or medically injured, I will abide by the decision of medical authorities and the event/activities director(s) concerning my eligibility and continued participation in the event and its related activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a waiver and release of liability and a contract between myself, and all of the parties named in the first paragraph above and sign it on my own free will.

STUDENT

PRINTED NAME	SIGNATURE	DATE
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PARENT/GUARDIAN (Required for Participants under age 18)

PRINTED NAME	SIGNATURE	DATE
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EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP
CELL PHONE	HOME PHONE
EMAIL	