

APPLICATION

**Personal Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt. /Fl.

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  
Month Date Year

Race: Black  Hispanic  White  Am. Indian  Asian  Native Hawaiian/ Pacific Islander  Other

Are you a US citizen? Yes  No  If not, do you have a green card? Yes  No  Green Card # \_\_\_\_\_

**Education**

Are You A High School Graduate? Yes  No

Name of current or last school attended \_\_\_\_\_

What Is your current grade level? (check one if applicable) 6\_\_\_ 7\_\_\_ 8\_\_\_ 9\_\_\_ 10\_\_\_ 11\_\_\_ 12\_\_\_

Expected graduation date \_\_\_\_/\_\_\_\_/\_\_\_\_ Guidance Counselor \_\_\_\_\_  
Month Year

Are you currently in Upward Bound? Yes  No

What is the highest level of education you plan to complete?

High School Diploma <input type="checkbox"/>	Associate Degree (2 years) <input type="checkbox"/>	Graduate School (e.g. Law School, Medical School, etc.) <input type="checkbox"/>
Certificate Program <input type="checkbox"/>	Bachelor Degree (4 years) <input type="checkbox"/>	Technical or Trade School <input type="checkbox"/>

**Parent Information**

I live with my: Mother  Father  Guardian

If you live with your guardian, please state relationship (i.e. Aunt, Grandparent, etc.). \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian: Email Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell /Pager # \_\_\_\_\_

Did your mother/guardian graduate from a 4 year college? Yes  No

Did your father/guardian graduate from a 4 year college? Yes  No

In case of emergency contact? \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Program Eligibility**

What is the source of your total family income? \_\_\_\_\_ Employment \_\_\_\_\_ Welfare \_\_\_\_\_ Social Security \_\_\_\_\_ Other

Total family annual income last year \$ \_\_\_\_\_ Number in family supported by parent(s)/guardian: \_\_\_\_\_ (include self)

**Please attach one of the following:**

- A copy of last years federal income tax return (showing taxable income).
- A statement of income (award letter) from your welfare, unemployment, or social security office, or other, if applicable.

OR

Indicate your permission for us to obtain a statement of your income by completing the following:

Caseworker Name \_\_\_\_\_ Case Number \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Address \_\_\_\_\_

- A statement of income signed by a parent or guardian.

**Services**

**I Need Assistance In The Following Area(s):**

- \_\_\_\_\_ College Placement & Referral
- \_\_\_\_\_ Career Guidance & Exploration
- \_\_\_\_\_ Financial Aid Information & Scholarship Search
- \_\_\_\_\_ Tutoring (Individual & Group)
- \_\_\_\_\_ SAT Preparation Classes
- \_\_\_\_\_ High School Proficiency Assessment Preparation
- \_\_\_\_\_ Grade Eight Proficiency Assessment Preparation

- \_\_\_\_\_ College Tours & Cultural Trips
- \_\_\_\_\_ Mentoring (grades 6 thru 8)
- \_\_\_\_\_ College Exploration
- \_\_\_\_\_ Workshops
- \_\_\_\_\_ Computer Lab
- \_\_\_\_\_ SAT & College Fee Waivers
- \_\_\_\_\_ Other, please explain: \_\_\_\_\_

**Authorization**

The Signatures below give permission to the Educational Talent Search Program to obtain report cards, transcripts, and test scores from the appropriate school guidance office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Jersey Institute of Technology  
 Center for Pre-College Programs  
 Educational Talent Search Program  
 Cypress Hall, Lower Level  
 Newark, NJ 07102  
 (973) 596-8480 Office**

**FOR OFFICE USE ONLY**

MPH-AM <input type="checkbox"/> AAB <input type="checkbox"/> LW <input type="checkbox"/>	HSDO ___ CDO ___ HSGNPE ___	New Middle School _____ Date of Change _____
Start Date _____	LIFG _____ LI _____	New High School _____ Date of Change _____
Exit Date _____	FG _____ Other _____	PSE _____ Date of Change _____
New Address _____		