

University of Southern California Educational Talent Search

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Participant Application				
Last Name: _____		First Name: _____		Middle Initial: _____
Student ID Number _____		Student E-mail Address: _____		
Current Address: _____		City _____	State _____	Zip _____
		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		
School Currently Attending: _____ Grade Level: _____ Track: _____ GPA _____	Do you have a physical or learning disability? If you answered yes, please specify: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___ / ___ / ___ Age: _____	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	Whom do you live with? <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Parent/Guardian Residential & Educational Status				
Print Mother/Guardian Name _____		Print Father/Guardian Name _____		
Relationship to Student _____		Relationship to Student _____		
Work Phone _____		Work Phone _____		
Cell Phone/Pager _____		E-mail address _____		Cell Phone/Pager _____
E-mail address _____		E-mail address _____		
Do you have a college degree? <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> N/A		Do you have a college degree? <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> N/A		
What was your household's taxable income last year? \$ _____ Number of persons living in household: _____ Monthly \$ _____ Annually \$ _____		If you did not file an income tax return for the recent year, please indicate your source(s) of income by placing a check in the appropriate box(es) below: <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Ward/Dependent of the court <input type="checkbox"/> Free Lunch at school <input type="checkbox"/> Other, Specify: _____		
I certify that the information above is correct to the best of my knowledge. Incomplete applications will not be accepted.				
Student Signature _____		Date _____		Parent/Guardian Signature _____
				Date _____

FOR OFFICE USE ONLY

Eligibility: LI/FG LI FG OTHER ETS Program: CTS SCTS

Date of entry: _____ Class of: _____

Required Signatures: Academic Advisor: _____ Program Manager: _____