

University of Southern California

Educational Talent Search

3716 S. Hope Street Suite 262, Los Angeles, CA 90089 • (213)743-2372 • Fax: (213) 743-2124

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		_____ 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: _____