



“SOARING TO GREATER HEIGHTS”
EDUCATIONAL TALENT SEARCH PROGRAM
APPLICATION FORM (CONFIDENTIAL)

NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

MANDATORY

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: (CIRCLE) MALE FEMALE BIRTHDATE: \_\_\_\_\_

1. U.S. CITIZEN? YES NO STUDENT’S MARITAL STATUS: \_\_\_\_\_

2. I LIVE WITH: (CIRCLE) PARENTS GUARDIAN FOSTER HOME OTHER: \_\_\_\_\_

3. IF YOU DO NOT LIVE WITH PARENTS OR GUARDIAN, PLEASE ANSWER THE FOLLOWING:

STUDENTS’S NET INCOME PER YEAR: \$ \_\_\_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

4. IF YOU LIVE WITH YOUR PARENTS OR GUARDIAN, PLEASE ANSWER THE FOLLOWING:

PARENT’S NET INCOME PER YEAR: \$ \_\_\_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

(ALL APPLICANT’S MUST ANSWER THE FOLLOWING: )

5. CIRCLE THE HIGHEST GRADE COMPLETED BY YOUR MOTHER:

ELEMENTARY THROUGH HIGH SCHOOL COLLEGE YEARS COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

6. CIRCLE THE HIGHEST GRADE COMPLETED BY YOUR FATHER:

ELEMENTARY THROUGH HIGH SCHOOL COLLEGE YEARS COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

7. MOTHER’S NAME: \_\_\_\_\_ LIVING DECEASED

8. FATHER’S NAME: \_\_\_\_\_ LIVING DECEASED

9. PARENT’S MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED

10. PLEASE CHECK AND INDICATE ALL ITEMS THAT CURRENTLY APPLY TO THE STUDENT:

{ } JUNIOR HIGH IN \_\_\_\_ GRADE { } HIGH SCHOOL IN \_\_\_\_ GRADE

{ } HIGH SCHOOL GRADUATE WITH NO COLLEGE LEVEL EDUCATION

{ } HIGH SCHOOL DROPOUT, LAST GRADE COMPLETED:

{ } VETERN { } DISABLED { } PLEASE SPECIFY

11. WHAT ASSISTANCE DO YOU NEED?

{ } CAREER INFORMATION { } COUNSELING { } STUDY SKILLS { } TESTS

{ } FINANCIAL AID { } COLLEGE ADMISSION REQUIREMENTS { } OTHER

12. PLEASE LIST THE TOP TWO COLLEGES YOU WOULD LIKE TO ATTEND:

1ST: \_\_\_\_\_ 2ND: \_\_\_\_\_

YOUR APPLICATION CANNOT BE PROCESSED UNLESS EACH QUESTION IS ANSWERED. I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (STUDENT) DATE (PARENT) DATE

\*Parent’s signature on this form authorizes the release of student information relevant to qualifying for the Educational Talent Search Program. Student information shall include, but not be limited to, grades and free/reduced lunch certificates.

It is the official policy of Wallace Community College Selma, in accordance with the State Board of Education and Post-Secondary Education, that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, natural origin, age, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment.

Return application to: School’s Guidance Counselor or Educational Talent Search WCCS P.O. Box 2530 Selma, AL 36702-2530

Phone (334) 876-9297

Fax (334) 876-9365

Web www.wccs.edu

**EDUCATIONAL TALENT SEARCH PROGRAM**

**INCOME VERIFICATION CERTIFICATE**

**(CONFIDENTIAL)**

I certify that the income circled below is a true statement of my taxable income for 2012.

Please circle the appropriate income:

- A. \$ 0 - \$16,335
- B. \$16,336 - \$22,065
- C. \$22,066 - \$27,795
- D. \$27,796 - \$33,525
- E. \$33,526 - \$39,255
- F. \$39,256 - \$44,985
- G. \$44,986 - \$50,715
- H. \$50,716 - \$56,445

Please print student's Name \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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