

Complete (BOTH SIDES) of application with REQUIRED signatures & dates noted by a



**STUDENT INFORMATION**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SSN (Required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School ID: \_\_\_\_\_

What is the primary language spoken in the home?  English  Spanish  Other \_\_\_\_\_

**ETHNICITY**

Are you Hispanic/Latino \_\_\_ Y \_\_\_ N

\_\_\_ Native American/Alaskan

\_\_\_ Black/African American

\_\_\_ White/Caucasian

\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ Asian

\_\_\_ Multi-Racial

**RESIDENCY**

\_\_\_ U.S Citizen

\_\_\_ Permanent Resident

**GENDER** (check below)

\_\_\_ Male \_\_\_ Female

**CURRENT GRADE LEVEL** (check below)

\_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup>

\_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup>

\_\_\_ 12<sup>th</sup>

Current (GPA): \_\_\_\_\_

You have the ability and desire to continue education beyond high school: \_\_\_ Yes \_\_\_ No

Are you enrolled in any other TriO programs? \_\_\_ Yes \_\_\_ No

**WHAT ASSISTANCE CAN TALENT SEARCH PROVIDE TO YOU?** (check all that apply)

\_\_\_ Tutoring Services

\_\_\_ Class/Course Selection

\_\_\_ Financial Aid Application

\_\_\_ Financial Literacy

\_\_\_ College Admissions Process

\_\_\_ College Entrance Exams

\_\_\_ Secondary School Re-entry

**FAMILY INFORMATION**

**\*\*Check one of the following:**

\_\_\_ Single Parent Household

\_\_\_ Two Parent Household

Number of immediate family members living in household \_\_\_\_\_

\_\_\_ Live with mother/guardian

\_\_\_ Live with father/guardian

\_\_\_ Both

Mothers Name: \_\_\_\_\_

Mothers Email: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Fathers Email: \_\_\_\_\_

**PARENTS/GUARDIAN EDUCATION**

**\*Mother**

High School Grad: \_\_\_ Yes \_\_\_ No

Two Year College Grad: \_\_\_ Yes \_\_\_ No

Four Year College Grad: \_\_\_ Yes \_\_\_ No

**\*Father**

High School Grad: \_\_\_ Yes \_\_\_ No

Two Year College Grad: \_\_\_ Yes \_\_\_ No

Four Year College Grad: \_\_\_ Yes \_\_\_ No

**FAMILY INCOME**

Do you receive free/reduced Breakfast/Lunch \_\_\_ Yes \_\_\_ No

Did anyone in your household file federal income tax last year? (2019) \_\_\_ Yes \_\_\_ No

If yes, what is your family taxable income? \_\_\_\_\_ (located on 2019 tax forms (1040–line 43; 1040A–line 27; 1040EZ–line 6))

If no, list other sources of Income:

\_\_\_ ADFC

\_\_\_ Food Stamps

\_\_\_ Social Security

\_\_\_ Disability (SSI)

\_\_\_ Child Support

\_\_\_ Retirement

\_\_\_ Unemployment

\_\_\_ Veteran Benefits

**DCCC Talent Search**

297 DCCC Road  
Thomasville, NC 27360  
**Office** (336) 249-8186 ext. 6302  
Fax (336) 224-0240  
Email: [talentsearch@davidsonccc.edu](mailto:talentsearch@davidsonccc.edu)

**CHILD'S MEDICAL HISTORY**

Does your child have any allergies? \_\_\_ Yes \_\_\_ No

If yes, please list \_\_\_\_\_

Does your child have a physical impairment, medical condition or disability? \_\_\_ Yes \_\_\_ No If yes, please list \_\_\_\_\_

Is your child taking any type of prescription medication? \_\_\_ Yes \_\_\_ No

If yes, please list \_\_\_\_\_

I certify that all the information above is correct and true to the best of my knowledge. I understand the information is confidential and will only be used for verification for this program.



**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Davidson County Community College TRiO Talent Search Program Release Form

Student's Name: \_\_\_\_\_

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

The information requested on this form will be utilized to assist us in providing free services for your child. To provide the most effective services, we may need to obtain information from several sources, such as high schools, colleges, testing agencies, counselors, admissions and financial aid officers, social workers, etc. All information received will be kept confidential in compliance with the Family Educational Rights and Privacy Act.

### I. School Records

As the parent and/or legal guardian of \_\_\_\_\_, I grant Talent Search permission to obtain school records, progress reports, and test results from the secondary school my child is attending. I will also permit Talent Search staff to speak with teachers, counselors, and other administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Talent Search Program. I authorize the Talent Search Program to access copies of my child's progress reports and/or test scores that are necessary to assist my son/daughter in achieving his/her educational goals.

### II. Waiver of Liability

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Talent Search Program. I understand that my child may be leaving his/her school campus or Davidson County Community College and may be transported by the Talent Search staff of Davidson County Community College. I agree that the Lexington City Board of Education, the Thomasville City Board of Education, Davidson County Community College, and Talent Search staff, or anyone associated with the Lexington City Board of Education, the Thomasville City Board of Education, and Davidson County Community College will not be held liable for any loss, injury, or death related to any field trips or events. Further, I agree to hold the Lexington City Board of Education, the Thomasville City Board of Education, Davidson County Community College, Talent Search staff, advisory committee members, officers, staff, and volunteers, harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Talent Search and Davidson County Community College, the Lexington City Board of Education and the Thomasville City Board of Education shall not be held liable.

### III. Medical Release

In the event that my child, \_\_\_\_\_, is involved in a medical emergency, I authorize the Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: \_\_\_\_\_ Medicaid Card Number: \_\_\_\_\_

### IV. Emergency Contacts

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### V. Media Release

Periodically, students participating in the Talent Search Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of \_\_\_\_\_, I grant permission for my child to participate in photographs, films, or interviews as they pertain to Talent Search and I understand that such pictures, film, or interviews may be used to promote or publicize the Talent Search events or demonstrate how federal funds are being used to assist students.

### Communication Release

VI. I, \_\_\_\_\_, authorize DCCC TRIO Talent Search to send communication via email, text message, school  
(Parent/Guardian Name)

messenger, REMIND App to my email, students email, cell phone, student cell phone, or home phone. I understand that text messaging rates may apply to any text messages received. I also understand that I or DCCC TRIO Talent Search may revoke this permission in writing at any time. I agree not to hold DCCC TRIO Talent Search liable for any electronic messaging charges or fees generated by this service. I further agree that in the event emails, cell phone and other information changes, that I will inform DCCC TRIO Talent Search.



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



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Davidson County Community College (DCCC)  
 Talent Search Program  
**STUDENT ASSESSMENT 2020-2021** (Submit with application)

**STUDENT INFORMATION (print clearly):**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Point Average (GPA): \_\_\_\_\_

Check items you regularly use:  Home Computer  Cell Phone  Internet  Facebook  
 Instagram  Twitter  Snapchat  Other

An e-mail address that you or a parent check daily: \_\_\_\_\_

**ACADEMIC INFORMATION:**

Are you taking any of the following type of classes?

Accelerated or Honors

AP-Advanced Placement (high school only)

Dual Credit (Middle School/High School Credit Class or High School > College Credit Class)

|                                   | English Language Arts | Mathematics | Science | Social Studies | Writing |
|-----------------------------------|-----------------------|-------------|---------|----------------|---------|
| I excel in:                       |                       |             |         |                |         |
| I have trouble with:              |                       |             |         |                |         |
| I would like to have a tutor for: |                       |             |         |                |         |

My current HIGHEST class average is: A B C

My current LOWEST Class average is: A B C D F

**CURRENT CLASS SCHEDULE:**

| Period/Block | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3rd | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> |
|--------------|-----------------|-----------------|-----|-----------------|-----------------|-----------------|
| Subject      |                 |                 |     |                 |                 |                 |
| Teacher      |                 |                 |     |                 |                 |                 |
| Room number  |                 |                 |     |                 |                 |                 |

**MY GOAL FOR AFTER HIGH SCHOOL:**

Community College  4-yr. College/University  Vocational/Technical College  Military

I don't know yet

I am interested in the following career or field of study: \_\_\_\_\_

I am interested in the following schools/college: \_\_\_\_\_

**NEED FOR TALENT SEARCH SERVICES:**

Below are areas the DCCC Talent Search Program can help you with. Please check all that you will need assistance with.

|  |  |                                  |  |
|--|--|----------------------------------|--|
| Grade Improvement                        |  | Graduation requirements          |  |
| Better class notes                       |  | College planning                 |  |
| Test taking strategies                   |  | College admissions requirements  |  |
| Improved study habits                    |  | ACT/SAT preparation              |  |
| Selecting classes/courses                |  | ACT/SAT fee waiver               |  |
| Time management                          |  | Money management & budgeting     |  |
| Goal setting                             |  | Financial aid (FAFSA)            |  |
| Positive communication                   |  | Scholarship search & application |  |
| Confidence in myself                     |  | Career interest & planning       |  |
| Public speaking                          |  | Job search/Job shadowing         |  |
| Positive decision making                 |  | Interviewing skills              |  |
| Conflict resolution                      |  | College visits/tours             |  |
| Stress management                        |  | Summer camps                     |  |
| Academic assistance & tutoring           |  | Essay writing                    |  |
| Positive relationships with others       |  | Resume writing                   |  |
| Personal counseling                      |  | Leadership opportunities         |  |
| Transportation                           |  | Cultural activities              |  |
| Credit recovery                          |  | Community involvement            |  |
| School re-enrollment                     |  | School involvement               |  |
| Calculating my grade point average (GPA) |  | Mentoring                        |  |

**STUDENT AGREEMENT:**

- ❖ I understand that in order for me to participate in the DCCC Talent Search program, I must maintain enrollment in Thomasville and Lexington City Schools through graduation. I must attend school and classes regularly. Excessive absences can jeopardize my participation with DCCC Talent Search.
- ❖ I understand I must display positive behavior in school and in the community. I understand I must work to be a respectful student at all times. I understand that I must avoid receiving an “Out of School Suspension (OSS) while participating in DCCC Talent Search Program. I understand an OSS can jeopardize my participation with DCCC Talent Search.
- ❖ I understand that I must meet with or check-in with the Talent Search Success Advisor at my school at least once a week, between classes or after-school. I understand my Success Advisor will provide me with information and resources needed to help me be successful.
- ❖ I understand I am making a commitment to the DCCC Talent Search Program and to myself to participate in as many program workshops, academies and activities as possible. I understand I must participate in a minimum of two DCCC Talent Search sponsored workshops, academies or activities each year, otherwise I will be withdrawn from the program to allow someone else the opportunities.
- ❖ I understand I must work toward obtaining at least a 2.50 grade point average (GPA) or higher in order to remain in DCCC Talent Search Good Standing. A 2.50 GPA is the minimum requirement to gain admission into the UNC System colleges. I understand that if my GPA is below 2.50, I will participate in academic services to help me improve my grades.



Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_