



University of
Bridgeport

EDUCATIONAL TALENT SEARCH APPLICATION FOR SERVICES

ETS USE ONLY E____ S____

Statement of confidentiality: The information required by this application is for the purpose of determining the applicant's eligibility for the Educational Talent Search Program. Information received will be maintained in a confidential manner and is kept in a secured location.

MUST BE COMPLETED IN BLUE OR BLACK INK (NO PENCIL)

I. APPLICANT INFORMATION

Please Print

Date: _____ \ _____ \ _____

Name: _____ \ _____ \ _____
First Middle Last

Address: _____
Street # and name Apt. #
_____ \ _____ \ _____
City/Town State Zip Code

Telephone #: (____) _____ e-mail Address _____

Date of Birth: _____ \ _____ \ _____ **Social Security #: _____

Sex: male _____ female _____ Do you have a brother/sister in the Program? Yes _____ No _____

If yes give name & School: _____
Name brother/sister School/grade

Citizenship: _____ U.S. Citizen _____ Alien Resident – Alien Number _____

_____ Other (please explain) _____ Country of Birth _____

ETHNICITY: _____ Native American _____ Asian _____ Black/African American _____ Hispanic _____ White

Disabilities: _____ Physical _____ Learning _____ None

Present School: _____ Student ID #: _____

Current Grade: _____ Expected Graduation Date: _____ \ _____ \ _____

With whom do you live? _____ Both Parents _____ One Parent _____ Foster Parent _____ Spouse
_____ Legal Guardian _____ Other (please explain) _____

****SS# is required by the US Department of Education and is kept in a secured location.**

II. FAMILY INFORMATION

FEMALE PARENT INFORMATION (PLEASE PRINT)

Name of Female Parent: _____

What is her relationship to you? ___ Mother ___ Stepmother ___ Foster mother ___ Guardian ___ Other

(If other, please explain): _____ e-mail address _____

Is her address the same as yours? ___ Yes ___ No Cell Phone # _____

If no, her address: _____

Street Address

Apt #

_____ \ _____ \ _____ \ _____
Town or City State Zip Code Telephone

High School Grad/GED: ___ Yes ___ No **College:** None/Some ___ 2yr degree ___ 4yr degree ___

Occupation: _____ Business Phone: _____

Marital Status: **(Check one)** Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

MALE PARENT INFORMATION (PLEASE PRINT)

Name of Male Parent: _____

What is his relationship to you? ___ Father ___ Stepfather ___ Foster father ___ Guardian ___ Other

(If other, please explain): _____ e-mail address _____

Is his address the same as yours? ___ Yes ___ No Cell Phone # _____

If no, his address: _____

Street Address

Apt #

_____ \ _____ \ _____ \ _____
Town or City State Zip Code Telephone

High School Grad/GED: ___ Yes ___ No **College:** None/Some ___ 2yr degree ___ 4yr degree ___

Occupation: _____ Business Phone: _____

Marital Status: **(Check one)** Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

Language spoken at home:

III. FAMILY INCOME

Does your household receive assistance from any of the following sources?

State assistance (TANF) ___ Yes ___ No

Social Security ___ Yes ___ No

Veteran's Benefit ___ Yes ___ No

Food Stamps ___ Yes ___ No

Unemployment Compensation ___ Yes ___ No

Other _____

***If your family receives a major portion of its annual income from one of these benefit sources, you may be required to submit a photocopy of a summary statement.**

IV. ALTERNATE CONTACTS

Please list two people other than parent/guardian we can contact in case of emergencies (friend or relative who **DOES NOT LIVE WITH YOU**).

1. Name _____ Relationship _____

Address:

_____ Apt. # _____
Street Address

_____ \ _____ \ _____
City\Town State Zip Code

Telephone #: Days (____) _____ Evenings (____) _____

2. Name _____ Relationship _____

Address:

_____ Apt. # _____
Street Address

_____ \ _____ \ _____
City\Town State Zip Code

Telephone #: Days (____) _____ Evenings (____) _____

V. AFFILIATIONS

Does student belong to any other programs? ____ Yes ____ No

If yes please give name of program(S); check all that apply:

Fairfield University:	Upward Bound	_____
Sacred Hear University	Upward Bound	_____
Village Initiative Project	VIP	_____
Public Ed. Fund	MAACS	_____
Yale/Bridgeport	GEARUP	_____
Other		_____

VI. SIGNATURE

My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate. I acknowledge that for my son/daughter to be considered for admission to the University of Bridgeport Educational Talent Search Program, I may be required to provide copies of one or more of the following: last year's federal income tax return, W-2 forms, or a summary statement from public assistance agencies such as TANF and SSI etc.

By signing below, I also authorize the appropriate school office to furnish University of Bridgeport Educational Talent Search program with my son/daughter's academic records which may include but is not limited to one or more of the following:

- CONNECTICUT STATE MASTERY TESTS (CMT)
- SAT, ACT, PSAT, ETC.
- CALIFORNIA ACHIEVEMENT TESTS
- CONNECTICUT ACADEMIC PERFORMANCE TEST SCORES (CAPT)
- REPORT CARDS & CAREER INTEREST INVENTORIES
- TRANSCRIPTS

Date: _____ Applicant's signature: _____

Date: _____ Parent's/Guardian signature: _____
(required if applicant is younger than 18 or if parent's financial data is provided)