



ALPHA PHI ALPHA EDUCATIONAL TALENT SEARCH

566 Monroe Street, P.O. Box 6071, Macon, GA 31208

Phone: (478) 746-4518 Fax: (478) 746-2912 Website: www.apaets.com Facebook: @APAETS

PART 1 - STUDENT APPLICATION

Name _____	Social Security Number _____	
Mailing Address _____	(City, State & Zip) _____	
Home Phone Number _____	Cell Phone Number _____	Date of Birth _____
Email Address _____	Sex _____	
School Name _____	Graduation Date (Month/Year) _____	Current Grade Level _____

Are you a U.S. citizen? Yes No

Do you have a disability? Yes No

Who do you live with? Both Parents One Parent Parent/Step-Parent Legal Guardian Foster Parents
 Spouse Other: _____

Are you enrolled in Upward Bound or another TS program? Yes No

Ethnic Background: African American or Black American Indian Asian/Pacific Islander
 Hispanic White Other: _____

What are your favorite school subjects? _____

What are your least favorite school subjects? _____

Do you need tutoring? Yes No If yes, what subject(s)? _____

What extracurricular activities are you involved in? _____

Do you plan to attend a college or university? Yes No Undecided

Do you plan on going to college after graduation? Yes No Undecided

Major: _____ Career/Job: _____

What type of degree do you plan to obtain? Two Year/Certificate Four Year Degree Undecided

Are you considering the Armed Forces? Yes No Undecided

How did you find out about Talent Search?

Mail-out Friend in TS Sibling in TS Counselor Teacher Recruitment Presentation

Turn this form over to the back and complete the rest of the application.



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PART 2 – PARENT/GUARDIAN APPLICATION

Mother/Step-Mother/Guardian Name

Home Number

Cell Number

Father/Step-Father/Guardian Name

Home Number

Cell Number

EDUCATIONAL AND HOUSEHOLD INCOME INFORMATION

Please note the following information is mandatory

Did the student's **BIRTH MOTHER** graduate from college with a **four-year** degree? Yes No

Did the student's **BIRTH FATHER** graduate from college with a **four-year** degree? Yes No

Please check the taxable income level on your most recent 1040 income tax forms. The taxable income level may be found on tax form 1040-line 43, 1040A-line 27 and on 1040EZ-line 6. Do not use the adjusted gross income for this report.

Household Taxable Income (Check One)

- | | |
|-------------------------|-------------------------|
| \$00,000-\$18,210 _____ | \$57,090-\$63,570 _____ |
| \$18,210-\$24,690 _____ | \$63,570-\$70,050 _____ |
| \$24,690-\$31,170 _____ | \$70,050-\$76,530 _____ |
| \$31,170-\$37,650 _____ | \$76,530-\$83,010 _____ |
| \$37,650-\$44,130 _____ | \$83,010-\$89,490 _____ |
| \$44,130-\$50,610 _____ | \$89,490-\$95,970 _____ |
| \$50,610-\$57,090 _____ | \$95,970-Over _____ |

If you did not file income taxes, please indicate amount of income for most recent tax year: (Disability, TANF, Veterans Benefits, Social Security Benefits, Retirement, Unemployment): \$ _____

Total Number of People in Your Household **including** other children away in college: _____

CERTIFICATES AND SIGNATURES

- I/We certify that all the information provided including my annual gross income is correct and true to the best of my knowledge.
- I/We authorize the release of my school and/or financial records to the TS program, including test scores and any other academic information and test results necessary to complete the program's application process.
- I/We hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration.
- I/We understand that the information provided on this application will be held in confidence by the TS staff.
- I/We understand that if I need accommodation for a disability to participate in TS, or in any of its scheduled activities, I must contact the Director of Talent Search at 478-746-4518 at least 30 working days prior to the activity.

Student Signature

Date

Parent/Guardian Signature

Date