



**EDUCATIONAL TALENT SEARCH  
APPLICATION/RELEASE FORM  
SHAWNEE COMMUNITY COLLEGE**

Educational Talent Search is a federal program funded by the United States Department of Education and sponsored by Shawnee Community College. The ETS program is dedicated to increasing middle and high school retention/graduation rates as well as post-secondary placements. Services are provided **FREE** of charge.

Please complete all items. Return to your Academic Specialist or School Official. **All information will remain confidential.**

**Application Information**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

2) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3) Mailing Address \_\_\_\_\_ City \_\_\_\_\_

4) Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

5) Current Grade- 6 7 8 9 10 11 12 School: \_\_\_\_\_

6) Do you have access to a computer: Y or N Gender: **M** or **F**  
Home: Y or N  
School: Y or N

7) Student E-mail Address: \_\_\_\_\_

Parents/ Guardian E-mail Address: \_\_\_\_\_

- 8) Race (optional):
- White
  - American Indian/ Alaska Native
  - Hispanic/Latino
  - Multi-racial
  - Native Hawaiian/Pacific Islander
  - Asian
  - Black/African American
  - Other

9) Are you a U.S. Citizen? Y or N If not, do you have permanent resident status? Y or N





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Shawnee Community College**

***I certify that the information on the application is correct and true to the best of my knowledge. I hereby authorize the Educational Talent Search staff to secure financial (also includes free/reduced lunch information) and academic information necessary to monitor student progress and determine student eligibility. I give permission for my child to participate in all activities, trips, and photos. ETS staff has permission to discuss my child’s financial situation with Shawnee Community College Financial Aid Officers and supply college personnel with their name and address for the express purpose of providing information to you about college. I further give permission for my child to receive all necessary medical attention if the need arises; such need shall be at the discretion of the medical provider on duty and/or the Educational Talent Search employee supervising or coordinating the activity or trip.***

**Student’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent’s/Guardian’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Educational Talent Search  
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Ullin IL, 62992  
618-634-3374  
[www.shawneeccc.edu/talent\\_search](http://www.shawneeccc.edu/talent_search)