

2024 Form

TRIO

Your student completed the Educational Talent Search 6th grade program and wishes to continue. To remain in the program, we need further information. All information remains confidential as per federal guidelines.

Legal Name	Nickname	Date		
Gender you identify as: 🖸 -Male 🛛 -Female Sch	ool Name	SS#		
Student Phone if any	Student email			
Please provide household information for the Paren	t(s)/Guardian(s) who student lives with	n for the majority of the time:		
Parent/Guardian 1 – living with applicant	Parent/Guardian	Parent/Guardian 2 – living with applicant (if any)		
Name	Name	Name		
Relationship to applicant		applicant		
Cell Phone	Cell Phone			
Email				
Occupation	Occupation			

Complete the following information for all HOUSEHOLD members not listed above (use back of form if needed):

Name	Age	Relationship	Name of School or Occupation	Grade

If you feel you have unusual circumstances or anticipate a change in family income, please check here \Box and explain on the back of this form.

SIGNATURES I attest that the information on this application is correct and accurate to the best of my knowledge.

Parent's/Guardian's Signature: _____ Date: _____

Date:

ETS Advisor: ____

Action: Admit Admit Vait List Other