

School: _____ Student Name: _____ ID#: _____



Academic Talent Search Program Application

Santa Ana College

1530 West 17th Street

Santa Ana, CA 92706

(714) 564-6182

(714) 542-0896 FAX



The Academic Talent Search program is 100% funded by the U.S. Department of Education. The funding level for the 2012-2013 program year is \$320,832 dollars.



SANTA ANA COLLEGE

A HISTORY OF SUCCESS • A FUTURE OF PROMISE

1530 West 17th St. • Santa Ana, CA • 92706-3398 • (714) 564-6000 • www.sac.edu

Digital Media Center

1300 S. Bristol St.
Santa Ana, CA 92704-3424
(714) 241-5812

Centennial Education Center

2900 W. Edinger Ave.
Santa Ana, CA 92704-3902
(714) 241-5700

Basic Fire Academy

18301 Gothard St.
Huntington Beach, CA 92648
(714) 841-9645

CJTC-Orange County Sheriff's Regional Training Academy

15991 Armstrong Ave.
Tustin, CA 92782
(714) 566-9200

WHAT IS ATS:

The ATS program is funded by the U.S. Department of Education. The overall goal of the program is to ensure that students graduate from high school and enroll in a two or four year university after graduation.

The services that the program provides are the following:

- SAT/ACT Registration Assistance and Fee Waivers
- College Application Assistance
- Scholarship Search and Financial Aid Assistance
- Career Exploration
- Cultural and University Field Trips
- Summer Science & Technology program (for intermediate only)
- Student and Parent Workshops on various topics

ELIGIBILITY REQUIREMENTS:

- Attend one of the following intermediate or high schools : Century, Saddleback, Santa Ana, Valley, Sierra or Willard.
- Be a U.S. Citizen, permanent resident or in the process of becoming a resident.
- Meet one or both of the following: Neither parent graduated from a 4 year college/university and/or are considered low-income.
- Freshman and Sophomores must maintain a 2.0 GPA and juniors and seniors a 2.5 GPA. Exceptions are made on a case by case basis.

WHERE:

High School: Academic Advisor's are located in the Higher Education Center's at each of the high schools

Intermediate: Academic Advisor's hold weekly meetings at each of the Intermediate schools

WHEN:

The high school program starts the first week in September and continues through June. The intermediate program starts second semester and ends in August. Once you have been accepted into the program you will remain in the program until you graduate from high school, provided you continue to attend one of our target schools and maintain the required GPA.

If you are interested in joining the program, please complete this application and return it to the ATS representative at your school or give it to your school counselor. If you have any questions feel free to contact our office at (714) 564-6182.

PRESIDENT: Erlinda J. Martinez, Ed.D.

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES:

Claudia C. Alvarez • Arianna P. Barrios • John R. Hanna • Lawrence R. "Larry" Labrado • Jose Solorio • Nelida Mendoza Yanez • Phillip E. Yarbrough

CHANCELLOR: Raúl Rodríguez, Ph.D.

STUDENT INFORMATION: _____ **SCHOOL:** _____ **CLASS OF:** _____

Name: _____ Student I.D.: _____ Grade: _____

Address: _____ Apt#: _____ City: _____ Zip: _____

Birthday: ___/___/___ Gender: Male Female Home Phone: (____) _____ Cell Phone: (____) _____

Social Security Number: _____ Student Email: _____

Are you currently a participant in any of the following programs? Upward Bound EAOP Other: _____

Have you submitted an application before: Yes No

ETHNIC BACKGROUND: (check all that apply)

- Latino or Hispanic
- Black or African American
- White
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

STUDENT'S RESIDENCY STATUS (check one)

- U.S. Citizen
 - Permanent Resident A# _____
 - Filing for Residency
- (If you are applying for residency, you must provide us with a copy of your documents from INS)*

PARENTS' OR GUARDIANS' NAMES:

Father: _____ Mother: _____

Guardian: _____ Relationship to you: _____

Student lives with (check one): Both parents Mother Father Parent and Stepparent Guardian

Student Eligibility:

PARENTS' HIGHEST LEVEL OF EDUCATION COMPLETED: (check one box for each parent)

Nivel mas alto de educación que completaron los padres: (marque una opción para cada padre)

	No Formal Education	Elementary (K-6)	Intermediate School (7-8)	High School (9-12)	Community College (2 yr. degree)	College Degree (4 yr. degree)	Unknown
Father							
Mother							

TOTAL NUMBER OF FAMILY MEMBERS (Including yourself, your parents, and siblings): _____

Numero total de miembros en su familia (incluyendo al estudiantes, los padres y hermanos).

LAST YEARS TOTAL TAXABLE INCOME: \$ _____ (Located on 1040 line 43, 1040A line 27, or 1040EZ line 6)

Ingreso del año anterior. Localizado en los formularios 1040 línea 43, 1040A línea 27 o 1040EZ línea 6.

INCOME FROM OTHER SOURCES: Disability/Unemployment Child Support Social Security Other: _____

Ingresos de otros recursos.

Are you eligible for or are you on the Free and Reduced Lunch Program? Yes No

Parent/Guardian Permission:

I certify that all of the information on this application is correct. I give my permission for my son/daughter to participate in the Santa Ana College Academic Talent Search Program. I also give permission for the Talent Search staff to work with officials of the Santa Ana Unified School District to access student data regarding my child's eligibility for participation in the Academic Talent Search Program.

Parent/Guardian Signature: _____ **Date:** _____

Director's Approval: _____ **Date:** _____

<u>Processing Information</u>
___ Sent Approval Letter
___ Contact Sheet

Entry Date: _____ **Staff Initials:** _____

Santa Ana College
ACADEMIC TALENT SEARCH PROGRAM
PERMISSION FORM

Field Trip Permission:

I hereby give permission to the Academic Talent Search Program staff to take my son/daughter on various field trips to colleges, cultural, educational and recreational centers. This permission is given for the Academic Talent Search approved activities and will be in effect as long as my son/daughter is in the program.

Parent Signature: _____ Date: _____

Permission to Access Records:

I hereby give the Academic Talent Search Program staff permission to have access to report cards, high school transcripts, and other pertinent information such as test results. I understand that this permission will be in effect throughout my son's/daughter's participation in the program and is used only as a tool to help my child with making sure he/she is taking all the A-G requirements and all necessary test to graduate from high school.

Parent Signature: _____ Date: _____

Picture Release Form:

I hereby give the Academic Talent Search Program permission for my son/daughter to be photographed during events and activities. I also give permission for these pictures to be used in brochures, presentations, and other Talent Search materials.

Parent Signature: _____ Date: _____

Medical Consent:

Health Status: Does your child have any past or present health problems or conditions which we should know about? If yes explain: _____

Is your child allergic to any medication? Yes No If yes which? _____

Name of Family Physician _____ Telephone (____) _____

Medical Emergency: In case of emergency, please contact parent/guardian at (____) _____

If parent/guardian is not available, please contact : name _____ at (____) _____

Is the student covered by health insurance Yes No

If yes, please provide the Insurance Carrier: _____ Medical ID# _____

Medical Release: I agree to indemnify and hold harmless SAC-Academic Talent Search, Santa Ana College, Rancho Santiago Community College District, Santa Ana Unified School District, and its officers, agents and employees from and against any and all claims and liabilities which may arise out of or result from or be in any way connected directly or indirectly with participating in the program. Also, I consent to emergency treatment of my son or daughter by the staff of SAC-Academic Talent Search and/or by the staff of an accredited hospital or clinic if this is deemed necessary by SAC-Academic Talent Search staff. I understand that I will be notified of illness as soon as possible.

Parent Signature: _____ Date: _____