



Mills Educational Talent Search TRIO Program

STUDENT APPLICATION

Mills Educational Talent Search (METS) is a FREE, Federally-Funded College Preparation Program for First-Generation, Low-Income Youth in Oakland. *METS es un programa federal que se enfoca en informar y apoyar a estudiantes de bajos ingresos, que son los primeros en la familia que planean ir a la universidad, o que tienen una desventaja educacional, y todos los servicios son gratis.*

Please **complete** this form in **dark ink** in order to participate in our **FREE program**. Return completed form to your **school's main office or college center**. All information is **CONFIDENTIAL**.

Student Name _____ Home Phone (____) _____ - _____

Address _____ Zip _____

STUDENT INFORMATION

- Cell Phone (____) _____ - _____
- Email _____
- Social Security # _____ - _____ - _____
- Residency Status:
 - US Citizen
 - Permanent Resident: _____
Green Card # (Required)
- Date of Birth ____/____/____
- Gender: Male Female
- Ethnic Background (*check all that apply*):
 - African American/African/Black
 - Native American/Alaskan Native
 - Hispanic/Latino
 - Asian: *Please Specify* _____
 - Pacific Islander/Native Hawaiian
 - White/Caucasian
 - More than one race
 - Other _____
- School you attend: _____
- Current Grade Level _____
- High School Graduation Year _____
- Language(s) spoken in your home: _____
Please Specify _____
- Do you live with:
 - Both Parents Father Mother
 - Guardian(s) Foster Parent(s)
 - Other: *Please Specify* _____
- Are you enrolled in ESL classes? Yes No
- Are you currently in another Program:
 - Upward Bound EGC PCA Other: _____
- Do you have a disability: Yes No
(If yes, please explain) _____
- STATEMENT OF INTENT TO PARTICIPATE:
 - I wish to enroll in and participate in the activities sponsored by the METS Program. Prior to receiving services, I will provide the staff with all requested information and documentation to verify my eligibility for services as required by the CA Student Aid Commission (CSAC) and U.S. Department of Education (USDE).

Student Signature _____ Date _____

Office Use Only: Date Received: _____ Staff: _____

LI/FG LI FG Need Residency Yes No

Program Status Accept Deny Entered in DB Yes No

Approved by: _____ Date: _____

PARENT/GUARDIAN INFORMATION

17. What is the level of education completed in the U.S.?

Print Name	Middle School or less	High School	2-year College	4-year College
	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Parent Contact Phone/Email: _____

19. Do you or your child receive (check all that apply):

- School Lunch Program: Free **OR** Reduced
 Cal-WORKS (AFDC, TANF) Social Security Food Stamps
 Disability Unemployment Other: _____

20. Parent's/Legal Guardian's Total **TAXABLE** Income:

Note: Taxable income is **NOT** adjusted gross income.

(Check Form **EZ** line 6, **1040** Line 43, **1040A** Line 27)

- \$ 0 - \$17,505 \$ 29,686 - \$35,775 \$ 47,956 - \$54,045
- \$ 17,506 - \$23,595 \$ 35,776 - \$41,865 \$ 54,046 - \$60,135
- \$ 23,596 - \$29,685 \$ 41,866 - \$47,955 \$ 60,136 and over

21. This income supported _____ number of people.

(*Include all people who were supported by this income*)

For verification, please submit **one** of the two documents with this application:

- Most current tax return (1040 or 1040A, pages 1-2 only); or
- Social Services Income Documentation

22. In case of an emergency please contact:

_____) _____ - _____
Name Relationship Phone Number

23. AUTHORIZATION & RELEASE:

- I hereby give permission for my child to participate in the activities of the Mills Educational Talent Search Program.
- I hereby authorize METS to have access to and make copies of my child's academic records (grades, test scores, attendance). I understand that these records will be kept in confidence and will be used to follow my child's academic and personal progress.
- I authorize the release of my child's financial aid information from colleges and federal government to METS.
- I authorize the use of my child's image in METS publications and media releases to the METS program.
- I authorize METS employees to render medical aid if necessary, and release the program from responsibility for any harm incurred to the student.
- I certify that all information on this application is complete and accurate to the best of my knowledge.

Parent/Legal Guardian Signature _____ Date _____



Programa Mills Educational Talent Search TRIO

APLICACION ESTUDIANTIL

METS es un programa federal gratuito que se enfoca en informar y apoyar a estudiantes de bajos ingresos, que son los primeros en la familia, que planean ir a la universidad, o que tienen una desventaja educacional y viven en el área de Oakland.

Por favor llene esta aplicación en tinta negra o azul para poder participar en este programa gratuito. Entregue su aplicación completa a la oficina principal de su escuela, al programa METS. Toda información será mantenida confidencial.

Nombre de Estudiante _____ Teléfono de Casa (____) _____ - _____

Dirección _____ Ciudad _____ Código Postal _____

INFORMACION DEL ESTUDIANTE

- Numero Celular (____) ____ - _____
- Correo electrónico _____
- # Seguro Social: _____ - _____ - _____
- Estatus Migratorio:
 - Ciudadano Estadounidense
 - Residente Permanente: _____
Green Card # (Requerido)
- Fecha de nacimiento ____/____/____
- Sexo: Masculino Femenino
- Etnicidad (marca todas las que apliquen)
 - Afro Americano/Africano
 - Nativo Americano/Nativo de Alaska
 - Hispano/Latino
 - Asiático: Por favor Especifique _____
 - Pacifico Islandés/ Hawaiano Nativo
 - Caucasiano
 - Más de una etnicidad
 - Otro _____
- Escuela: _____
- Nivel en la Escuela _____
- Año de Graduación _____
- Estas tomando clases de (Inglés como segundo idioma)? Si No
- Vives con:
 - Ambos Padres Padre Madre
 - Guardián(es) Padre(s) Adoptivo(s)
 - Otro: Por favor Especifique _____
- Idioma(s) que se usa(n) en casa:
Por favor especifique _____
- Tienes alguna discapacidad: Si No
(Por favor especifica) _____
- Eres parte de algún otro programa?:
 - Upward Bound EGC PCA Otro: _____
- DECLARACIÓN PARA PARTICIPAR:
 - Quiero inscribirme y participar en las actividades patrocinadas por el programa METS. Antes de recibir servicios, proporcionare al personal la información solicitada y documentación para verificar mi elegibilidad para los servicios según requerido por la Comisión de ayuda estudiantil de California (CSAC) y el Departamento de Educación de Estados Unidos (USDE).

Firma de Estudiante _____

Fecha _____

Office Use Only: Date Received: _____ Staff: _____

LI/FG LI FG Need Residency Yes No

Program Status Accept Deny Entered in DB Yes No

Approved by: _____ Date: _____

INFORMACION DEL PADRE/GUARDIAN

17. Qué nivel de educación completaron los padres/guardianes?

Nombre	Primaria o menos	Secundaria	2 años en la Universidad	4 años en la Universidad	Universidad fuera de E.U.
Madre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardián	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Teléfono y Correo electrónico de los Padres: _____

19. Su hijo(a) o usted reciben (indique todo lo que aplique):

Programa de Comidas de la Escuela: Gratis Reducido
 Cal-WORKS (AFDC, TANF) Seguro Social Estampillas de comida
 Discapacidad Desempleo Otro: _____

20. Ingreso imponible total del Padre o Guardián:

Nota: El ingreso imponible no es lo mismo que el ingreso ajustado (Verifique en la forma de taxes EZ línea 6, 1040 línea 43, 1040A línea 27)

\$ 0 - \$17,505 \$ 29,686 - \$35,775 \$ 47,956 - \$54,045
 \$ 17,506 - \$23,595 \$ 35,776 - \$41,865 \$ 54,046 - \$60,135
 \$ 23,596 - \$29,685 \$ 41,866 - \$47,955 \$ 60,136 o más

21. Este ingreso mantiene a _____ personas.
(Incluya a todos los que sean mantenidos bajo su ingreso económico)

Por Favor entregue UNO de los documentos para verificación de ingresos:

- Declaración de impuestos del año pasado (1040 o 1040A, solamente paginas 1-2);
- Documentación de ingresos de Servicios Sociales

22. En caso de emergencia favor de ponerse en contacto con:

Nombre completo Relación al estudiante Número telefónico

23. AUTORIZACION & PUBLICACION:

- Doy permiso a mi hijo(a) para que participe en las actividades del programa de METS.
- Autorizo que METS tenga acceso a hacer copias de los expedientes académicos de mi hijo (grados, calificaciones, asistencia). Entiendo que estos registros se mantendrán confidenciales y se utilizarán para seguir el progreso académico y personal de mi hijo(a).
- Autorizo que la información financiera de mi hijo(a) sea entregada de universidades y el gobierno federal al programa de METS.
- Yo autorizo que METS use fotos de mi hijo(a) para publicaciones y medios de comunicación del programa METS.
- Autorizo que empleados de METS presten ayuda médica a mi hijo(a) si es necesario, sin implicar responsabilidad al programa por los daños ocasionados al estudiante en tal incidente.
- Yo certifico que toda la información en esta solicitud es completa y exacta a lo mejor de mi conocimiento.

Firma de Padre/Guardián Legal _____

Fecha _____



Mills Educational Talent Search TRIO Program

Student Needs Assessment

Student Name _____ Home Phone (____) _____ - _____

School _____ Grade _____ Date of Birth: ____/____/____ Email Address _____

I attest to the accuracy of the information in this sheet. I realize that I need to meet at least twice per school year with my METS Advisor in order to benefit from the program services.

Student Signature _____ Date _____

Complete only if you are a MIDDLE SCHOOL STUDENT (6th-8th grade)

EDUCATIONAL GOALS:

What high school are you planning on attending?
(please check one):

- Castlemont High Coliseum College Prep Academy
- Fremont High LPS Oakland Life Academy
- Oakland Technical High Other: _____

What careers/jobs are you interested in?

- Artist (singer/dancer/designer)
- Business
- Computers
- Doctor/Nurse/Veterinarian
- Education/Teaching
- Fire Fighter
- Engineer
- Police Officer
- Politician
- Sports
- Writer
- Other: _____

Are you interested in attending college?

- Yes No I don't know yet

STUDENT NEEDS ASSESSMENT:

Please check all the services you feel that you need:

- Academic Advising Study/Test Taking Skills
- Career Day College/ Career Exploration Writing Skills
- Educational and Cultural Trips College Field Trips
- Tutoring (subjects): _____ Other: _____

EDUCATIONAL PLANS:

TO DO WELL IN SCHOOL, I WILL (check all that apply):

- Receive academic advising Sign-up for tutoring
- Attend educational or college field trips
- Attend College Information Seminars
- Meet with my METS advisor Improve my study skills

Complete only if you are a HIGH SCHOOL STUDENT (9th-12th grade)

EDUCATIONAL GOALS:

Which goal best describes your present plan after graduating from high school? (please check one):

- To attend a community college & earn an AA/AS Degree
- To complete a technical/vocational program
- To attend community college & transfer to a 4-year university
- To work full-time
- To attend a 4-year college & earn a BA/BS Degree
- To enter the military service
- Undecided

Name 2 majors/careers you would be interested in:

- a) _____ b) _____

What colleges would you be interested in applying to?
(Check all that apply):

- UC:** Berkeley Davis Santa Cruz Merced LA
 Riverside Santa Barbara Other: _____
- CSU:** SFSU East Bay SJSU Sacramento Chico
 Sonoma Monterey Fresno Other: _____
- CC:** Peralta Colleges (Laney, Merritt, Alameda, Berkeley)
 Chabot College Other: _____
- Private:** USF Santa Clara University Dominican
 St. Mary's College Holy Names Other: _____

STUDENT NEEDS ASSESSMENT:

Please check all the services you feel that you need:

- College Admissions Advising Financial Aid Advising
- College/Career Exploration Study/Test Taking Skills
- SAT/ACT Test Preparation Essay Writing Skills
- College Tours Scholarship Information
- Tutoring (subjects): _____ Other: _____

EDUCATIONAL PLANS:

TO DO WELL IN SCHOOL, I WILL (check all that apply):

- Receive academic advising Sign-up for tutoring
- Attend educational or college field trips
- Attend College Information Seminars
- Meet with my METS advisor Improve my study skills

Do you have any friends or family you would recommend to join METS? Please write their names here:

Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:

RETURN YOUR COMPLETED APPLICATION TO YOUR SCHOOL'S METS ADVISOR OR OFFICE/COLLEGE CENTER, OR TO THE MILLS COLLEGE TRIO OFFICE. A METS ADVISOR WILL CONTACT YOU ONCE WE RECEIVE YOUR COMPLETED APPLICATION.