PJC | Talent Search
PARIS JUNIOR COLLEGE

## I. PERSONAL INFORMATION:

**DATE**: _____

**Please Print**

**Name** _____ **Social Security Number** _____ - _____ - _____
Last First Middle

**Address** _____ **City/State/Zip** _____

**Home Phone #**_____ **Parent/Guardian Cell Phone #**_____

**Student Cell Phone #** _____ **E-mail**_____

**Date of Birth** _____ **Age** _____ **Gender**: ☐ Male ☐ Female

**Is English your second language?** ☐Yes ☐ No **Are you Hispanic or Latino?** ☐Yes ☐ No

**Ethnic Origin (select one or more)**
☐ Black or African American ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ Two or More Races

**Are you a U.S. Citizen?** ☐Yes ☐ No
If no, are you a Permanent Resident? ☐Yes ☐ No If yes, Resident # _____

**School Name**_____ **Grade** _____

**Emergency Contact** _____ **Phone#**_____

## II. FAMILY INFORMATION:

### (TO BE COMPLETED BY PARENT/GUARDIAN)

**ETS is required to verify that our participants meet federal criteria based on educational background and household income level. This information is required of all applicants and may need to be verified in order for students to qualify for participation. The information provided will be kept confidential.**

| *Parent(s)/Guardian(s)* | *Relation to Student* | *Work Phone* |
|---|---|---|
| Name _____ | _____ | _____ |
| Name _____ | _____ | _____ |

**Does the student's birth/adoptive Parent 1 have a Bachelor's degree or higher?** ☐ Yes ☐ No
**Does the student's birth/adoptive Parent 2 have a Bachelor's degree or higher?** ☐ Yes ☐ No

**Does student live with** ☐ Both Parents ☐ One Parent ☐ Guardian(s) ☐ Foster Parent(s) ☐ Other

**Number of people living at home:** **Adults** _____ **Children** _____

***IF AVAILABLE, PLEASE ATTACH A SIGNED COPY OF LAST YEARS FEDERAL INCOME TAX FORM**
PLEASE USE **2025 INCOME TAX RETURN**:
**TAX FORM 1040, REPORT FROM LINE #15, TAXABLE INCOME** **$**_____

IF YOU **DID NOT FILE AN INCOME TAX RETURN**, PLEASE INDICATE YOUR SOURCE OF INCOME AND **ANNUAL** AMOUNT

Source: _____ Annual Amount: $_____

**Do you receive any of the following benefits?**
If so, please check those that apply and attach a copy of the latest benefits notification letter (if available).

☐ Government Housing ☐ Social Security ☐ Food Stamps ☐ TANF
☐ Unemployment ☐ School Lunch Program ☐ Child Support ☐ None

## III. PARENT/GUARDIAN PERMISSION AUTHORIZATION STATEMENT:

I, _____give my permission for _____ to receive any medical attention, including preventive routine and/ or emergency care and dental services as deemed necessary by qualified medical personnel in the event such treatment is necessary during the entire time my son/daughter is participating in a Talent Search planned activity. I further agree and understand that the Talent Search Program staff members CANNOT and WILL NOT be held responsible for accidents or injuries. I give my son/daughter permission to be interviewed and/or photographed by digital, still photo film or video recorder by Talent Search Program for use on radio, TV, printed media, or in project documentation and promotional materials. Talent Search Program staff members may request and receive any educational records and/or other required documentation for the above-named applicant to participate in the Talent Search Program. With my signature, I certify that all information given is true and correct.

***Parent Signature*** _____ ***Date*** _____

## IV. STUDENT COMMITMENT STATEMENT:

If selected as a member of Paris Junior College's Talent Search, I agree to participate in the program and conduct myself in a way to bring credit to myself, my family, my school, and the Talent Search Program. I agree to attend planned meetings during the academic year and attend selected field trips

***Student Signature*** _____ ***Date***_____

**Student Personal Statement:**
**Please write a brief statement indicating why you want to participate in the Talent Search Program. You may also include what you expect to gain from your participation in the program.**

## V. SCHOOL COUNSELOR REFERRAL STATEMENT:

**Statement of Need/Academic Potential:**

***Signature of Evaluating School Official*** _____ ***Date***_____

*****Please attach a copy of student's most recent report card or transcript*****

*Paris Junior College prohibits discrimination, including harassment, against any student on the basis of sex or gender, race, color, national origin, disability, religion, age or any other basis prohibited by law.*