



2018-2019

Davidson County Community College
Talent Search Program
297 DCC Road
Thomasville, NC 27360



Office (336) 249-8186 ext. 6326 / Fax (336) 224-0240

Email: talentsearch@davidsonccc.edu

Dear Parent/Guardian:

The TRiO Talent Search (TS) Program provides assistance to students who have shown the ability to succeed in education and have the desire to continue education after high school graduation. Funded by the US Department of Education, TS provides free academic, career, and financial counseling to students and encourages them to graduate from high school and continue on to and complete postsecondary education (college).

TS is extremely beneficial for students and parents alike. Students will learn how to prepare for college, explore careers, tour businesses and college campuses, receive academic tutoring, learn about finances, apply for financial aid, and much more! In addition, we host special events, activities, and field trips throughout the year.

Students enrolled in Thomasville or Lexington City Schools in grades 6th-12th are eligible to apply. Once accepted, one can remain as a participant until high school

Please review the attached application, answer all questions and sign areas with★.

INFORMATION NEEDED:

- Student's social security number
- Student's school ID
- Parent/guardian verification of annual taxable income for 2017 (1040–line 43; 1040A–line 27; 1040EZ–line 6 on tax form)
- Student/Parent signatures are required

Submit the complete application via mail to the above address or to the schools guidance office to the attention of Talent Search Student Success Advisor. For more information, visit davidsonccc.edu/talentsearch or call 336-249-8186 ext. 6302.

Sincerely,

Paula Langston-Ware, Director

Complete (BOTH SIDES) of application with **REQUIRED** signatures & dates noted by a



STUDENT INFORMATION

First Name: _____ MI _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____ Email: _____

SSN (Required): _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____ School ID: _____

What is the primary language spoken in the home? English Spanish Other _____

ETHNICITY

Are you Hispanic/Latino ___ Y ___ N

___ Native American/Alaskan

___ Black/African American

___ White/Caucasian

___ Native Hawaiian/Pacific Islander

___ Asian

___ Multi-Racial

RESIDENCY

___ U.S Citizen

___ Permanent Resident

GENDER (check below)

___ Male ___ Female

CURRENT GRADE LEVEL (check below)

___ 6th ___ 7th ___ 8th

___ 9th ___ 10th ___ 11th

___ 12th

Current (GPA): _____

You have the ability and desire to continue education beyond high school: ___ Yes ___ No

Are you enrolled in any other TriO programs? ___ Yes ___ No

WHAT ASSISTANCE CAN TALENT SEARCH PROVIDE TO YOU? (check all that apply)

___ Tutoring Services

___ Class/Course Selection

___ Financial Aid Application

___ Financial Literacy

___ College Admissions Process

___ College Entrance Exams

___ Secondary School Re-entry

FAMILY INFORMATION

****Check one of the following:**

___ Single Parent Household

___ Two Parent Household

Number of immediate family members living in household _____

___ Live with mother/guardian

___ Live with father/guardian

___ Both

Mothers Name: _____

Mothers Email: _____

Fathers Name: _____

Fathers Email: _____

PARENTS/GUARDIAN EDUCATION

***Mother**

High School Grad: ___ Yes ___ No

Two Year College Grad: ___ Yes ___ No

Four Year College Grad: ___ Yes ___ No

***Father**

High School Grad: ___ Yes ___ No

Two Year College Grad: ___ Yes ___ No

Four Year College Grad: ___ Yes ___ No

FAMILY INCOME

Do you receive free/reduced Breakfast/Lunch ___ Yes ___ No

Did anyone in your household file federal income tax last year? (2017) ___ Yes ___ No

If yes, what is your family taxable income? _____

(located on tax forms (1040–line 43; 1040A–line 27; 1040EZ–line 6)

If no, list other sources of Income:

___ ADFC

___ Food Stamps

___ Social Security

___ Disability (Ssi)

___ Child Support

___ Retirement

___ Unemployment

___ Veteran Benefits

DCCC Talent Search

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CHILD'S MEDICAL HISTORY

Does your child have any allergies? ___ Yes ___ No

If yes, please list _____

Does your child have a physical impairment, medical condition or disability? ___ Yes ___ No

If yes, please list _____

Is your child taking any type of prescription medication? ___ Yes ___ No

If yes, please list _____

I certify that all the information above is correct and true to the best of my knowledge. I understand the information is confidential and will only be used for verification for this program.



Parent/Guardian Signature: _____ Date: _____

**Davidson County Community College TRiO Talent Search Program
Release Form**

Student's Name: _____ School: _____

The information requested on this form will be utilized to assist us in providing free services for your child. To provide the most effective services, we may need to obtain information from several sources, such as high schools, colleges, testing agencies, counselors, admissions and financial aid officers, social workers, etc. All information received will be kept confidential in compliance with the Family Educational Rights and Privacy Act.

I. School Records

As the parent and/or legal guardian of _____, I grant Talent Search permission to obtain school records, progress reports, and test results from the secondary school my child is attending. I will also permit Talent Search staff to speak with teachers, counselors, and other administrators at my child's school in order to obtain and exchange information as part of the services my child will receive from the Talent Search Program. I authorize the Talent Search Program to access copies of my child's progress reports and/or test scores that are necessary to assist my son/daughter in achieving his/her educational goals.

II. Waiver of Liability

As parent and legal guardian of the above-mentioned student, I authorize and permit my child to participate in field trips, activities, and events offered by the Talent Search Program. I understand that my child may be leaving his/her school campus or Davidson County Community College and may be transported by the Talent Search staff of Davidson County Community College. I agree that the Lexington City Board of Education, the Thomasville City Board of Education, Davidson County Community College, and Talent Search staff, or anyone associated with the Lexington City Board of Education, the Thomasville City Board of Education, and Davidson County Community College will not be held liable for any loss, injury, or death related to any field trips or events. Further, I agree to hold the Lexington City Board of Education, the Thomasville City Board of Education, Davidson County Community College, Talent Search staff, advisory committee members, officers, staff, and volunteers, harmless from any claims whatsoever occasioned in any of the situations that I have agreed, that Talent Search and Davidson County Community College, the Lexington City Board of Education and the Thomasville City Board of Education shall not be held liable.

III. Medical Release

In the event that my child, _____, is involved in a medical emergency, I authorize the Talent Search staff to make decisions regarding immediate medical attention (hospitalization, administration of prescribed medications, doctor treatment, etc.) if they are unable to contact me for verbal authorization.

Insurance Name and Number: _____ Medicaid Card Number: _____

IV. Emergency Contacts

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

V. Media Release

Periodically, students participating in the Talent Search Program events may be photographed, filmed, or interviewed. As the parent and/or legal guardian of _____, I grant permission for my child to participate in photographs, films, or interviews as they pertain to Talent Search and I understand that such pictures, film, or interviews may be used to promote or publicize the Talent Search events or demonstrate how federal funds are being used to assist students.



Student Signature: _____ Date: _____



Parent/Guardian Signature: _____ Date: _____