



Educational Talent Search

Educational Talent Search is a federally funded TRiO program.
There is no cost to participate.

*Funded through a grant from the United States Department of Education
September 1, 2016 through August 31, 2021.*

The Talent Search program identifies and assists individuals from disadvantaged backgrounds who have the potential to succeed in higher education. The program provides academic, career, and financial counseling to its participants and encourages them to graduate from high school and continue on to and complete their postsecondary education. The program publicizes the availability of financial aid and assist participant with the postsecondary application process. Talent Search also encourages persons who have not completed education programs at the secondary or postsecondary level to enter or reenter and complete postsecondary education. The goal of Talent Search is to increase the number of youth from disadvantaged backgrounds who complete high school and enroll in and complete their postsecondary education.

Moreno Valley College
Educational Talent Search
16130 Lasselle Street
Moreno Valley, CA 92551
(951) 233-3719
talentsearch@mvc.edu



Thank you for your interest in the Educational Talent Search (ETS) Program. The fact that you have this packet and have taken a moment to read this letter demonstrates that you are interested in being considered for this amazing program.

ETS is part of federal TRIO programs which is funded through the US Department of Education and has been in existence since 1965. In 2016, Moreno Valley College was awarded an ETS grant to serve a cohort of 500 students from select schools in Moreno Valley Unified School District. Our program targets students from Vista del Lago HS, Valley View HS, Badger Springs MS, Mountain View MS, and Landmark MS. ETS is designed to identify and assist low-income and first generation college-bound students who have the potential to succeed in higher education.

ETS participants receive the following services through individual and group meetings:

- Academic advising to meet college admission requirements
- Referrals to tutorial and other academic support resources
- Information about colleges/universities
- Information about financial aid and scholarships
- Assistance with goal setting and career exploration
- Opportunities for field trips to colleges and universities and cultural/educational events

Once a student becomes a member of ETS, all services provided are **FREE OF CHARGE** and will continue through high school graduation (as long as the student remains at one of our target schools/service school area – restrictions apply).

If you are interested in becoming a member of ETS, we invite you to complete the application and parent consent forms to be considered for this opportunity. The TRIO network has many great alum including Oprah Winfrey, Angela Bassett, and John Quinones. You could be next. Get connected to the TRIO FAM BAM. APPLY TODAY!!!

If you have any questions, please contact:

- Micki Grayson at micki.clowney@mvc.edu or (951) 233-3719
- Alise Clouser at aclouser@mvusd.net or (951) 233-3719

Sincerely,

Micki Poole Grayson
Director
Office of TRiO Programs

EDUCATIONAL TALENT SEARCH (ETS)

Application Check-List

Please make sure all the documents are turned in together in order to process your application. Thank You!

Student's Information

This is the sheet that has "Student Needs Assessment"

Educational Talent Search Consent Packet

This is the packet that has all the emergency, liability, etc forms

Household Income Verification

(Copy of taxes or form that states how much you earn)

Student Social Security Number

T A L E N T S E A R C H
M O R E N O
V A L L E Y
C O L L E G E



EDUCATIONAL TALENT SEARCH STUDENT APPLICATION



PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK AND COMPLETE ALL INFORMATION.

STUDENT'S INFORMATION (AS IT APPEARS ON SOCIAL SECURITY CARD/BIRTH CERTIFICATE):

Legal Name: _____
FIRST MIDDLE LAST

Social Security #: _____ Birth Date: _____
MM/DD/YYYY

Address: _____
NUMBER STREET APT # CITY ZIP CODE

Home Phone Number: () _____ Student's E-Mail Address: _____

Gender
 Male Female

Race and Ethnicity:

Is the student Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> NO		
If YES check ONE below:		If NO check ONE below:
<input type="checkbox"/> Mexican/Mexican-American/Chicano	<input type="checkbox"/> Central American: _____	<input type="checkbox"/> American-Indian/Alaska Native
<input type="checkbox"/> South American: _____	<input type="checkbox"/> Other Spanish: _____	<input type="checkbox"/> Asian: _____
<input type="checkbox"/> Other Spanish: _____		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> White/Caucasian
		<input type="checkbox"/> Two or more races

Citizenship Status:

U.S. Citizen
 Permanent Resident of the U.S.
 Other

Student's School Information:

Grade/H.S. Graduation Year (check one):		School Name (check one):	
<input type="checkbox"/> Middle School	<input type="checkbox"/> 9th	<input type="checkbox"/> Badger Springs MS	<input type="checkbox"/> Valley View HS
<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> Landmark MS	<input type="checkbox"/> Vista Del Lago HS
		<input type="checkbox"/> Mountain View MS	

Student ID#:

Parent (s)/Guardian (s) Information:

Currently, student lives with (check one): Both Parents Mother Father Foster Home Other (specify) _____

Mother/Guardian Name: _____
FIRST LAST

Cell/Other Phone Number: _____ E-Mail Address: _____

Father/Guardian Name: _____
FIRST LAST

Cell/Other Phone Number: _____ E-Mail Address: _____

Education Level (indicate one for each parent: M= Mother F= Father):

<input type="checkbox"/> <input type="checkbox"/> Did not graduate from high school	<input type="checkbox"/> <input type="checkbox"/> Some College but no Bachelor's degree
<input type="checkbox"/> <input type="checkbox"/> High School Graduate /GED	<input type="checkbox"/> <input type="checkbox"/> Bachelor's Degree or higher
<input type="checkbox"/> <input type="checkbox"/> If attended college/university outside the U.S. please indicate where: _____	

Income Certification Information:

Is your student eligible for the Free/Reduced lunch Program? YES <input type="checkbox"/> NO <input type="checkbox"/>	What is the household size of your family? <input type="text"/>
Did you file a Federal Income Tax Return last year? YES <input type="checkbox"/> NO <input type="checkbox"/> What was your taxable income?	If NO, please estimate the amount of all income you received during the last year (i.e. SSI, Unemployment, Disability, etc.): \$ <input type="text"/>

I certify that the above information is complete and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

In order to assess your individual needs, please answer the questions below.

1. I need assistance with the following services (please choose all that apply):

<input type="checkbox"/> While in High School :	<input type="checkbox"/> Educational Planning and Career Selection:	<input type="checkbox"/> Making College a Reality:
<ul style="list-style-type: none"> → Understanding my graduation → Time Management → What are "a-g" requirements, what grades do I need to earn → Which exams do I need to take, when to take them, how much they cost, why take them 	<ul style="list-style-type: none"> → Assistance with creating an educational plan → Setting short and long term goals → Researching job/career choices and it's required level of education → What is and how to choose a major, and requirements specific to majors 	<ul style="list-style-type: none"> → Financial aid applications, forms and deadlines → College admission requirements → My college options → Researching and requesting information about specific colleges

2. What are your plans after graduating from high school?

<input type="checkbox"/> Attend a 4 yr. College/University	<input type="checkbox"/> Attend a Community College	<input type="checkbox"/> Attend a Vocational/Technical School
<input type="checkbox"/> Work	<input type="checkbox"/> Join the Military	<input type="checkbox"/> I am not sure

3. **What College/University (s) do you plan to attend or are interested in learning about?**

a. _____ b. _____ c. _____

4. **What career/job would you like to have when you grow up?**

5. **Are you currently or have you ever been a participant of any of the following programs?**

AVID EAOP Upward Bound Educational Talent Search GEAR UP Other_____

6. **Tell us about your goals and aspirations? How do you feel the Educational Talent Search Program will benefit you? You may attached additional sheets if necessary.**

<i>Official Use Only:</i>				
<input type="checkbox"/> US <input type="checkbox"/> Other	<input type="checkbox"/> LI/FG <input type="checkbox"/> LI Only <input type="checkbox"/> FG Only <input type="checkbox"/> None	<input type="checkbox"/> FY <input type="checkbox"/> DY <input type="checkbox"/> HY/MV <input type="checkbox"/> D	<input type="checkbox"/> AN-H <input type="checkbox"/> AN-M <input type="checkbox"/> AN-L	<input type="checkbox"/> Admit <input type="checkbox"/> Waitlist <input type="checkbox"/> Decline Reason: _____
Coordinator Signature: _____			Date: _____	
Director Signature: _____			Date: _____	



Permission to Release Academic Records/Transcripts

I give the TRiO/Educational Talent Search Program at Moreno Valley College permission to receive copies of my educational records (including all transcripts, grade reports, district assessments, state assessments, and college assessments) and other materials necessary for participation in the program and to release educational records to educational institutions.

Further permission is granted to request academic and financial aid information and records from any and all postsecondary institutions to track college progress.

I understand that my personal information will be kept in confidence and in accordance with the Privacy Act of 1974 Family Educational Rights and Privacy Act (FERPA) and only authorized individuals and the U.S. Dept. of Education have access to the information provided.

I understand that the information provided is used to determine eligibility to the TRiO/Educational Talent Search Program at Moreno Valley College and does not guarantee me acceptance into the Program.

I understand that TRiO/Educational Talent Search at MVC ensures that participants will be considered without regard to race, color, national origin, gender and/or persons with disabilities.

Student:

Print Name		

Signature	Date	

Social Security Number	SID	Date of Birth

Parent/Guardian:

Print Name		

Signature	Date	

Phone	E-mail	

The personal information, including financial status and educational levels, given to the Moreno Valley College Educational Talent Search Program is used for reporting purposes with the United States Department of Education. No one may access, view or utilize the information unless they work with or for Educational Talent Search at Moreno Valley College or unless they are given specific or legal authorization to said information. This information is required to determine if your child meets federal eligibility guidelines established by regulation of the United States Department of Education. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).



STUDENT HEALTH FORM



Student Information:

Name: Last Name First Name M.I.
Address: Street Address City State Zip Code
Date of Birth: Month Day Year Gender: Male Female

Medical Information:

Medical Insurance: Insurance Name Policy #
Family Doctor: Name Address City Phone #

Student's Health Conditions (check those that apply):

Table with 3 columns and 8 rows listing health conditions such as Allergies, Asthma, Diabetes, Cancer, Epilepsy, etc.

Does the student have any on-going health problems? No Yes
Please Specify:
Does the student take any medicine regularly? No Yes
Please Specify:
Does the student have any allergies or allergic reactions? No Yes
Please Specify:

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Parent/Guardian: () Area Code Home Phone # () Area Code Cell Phone #
Other Relative: Name/Relation () Area Code Home Phone # () Area Code Cell Phone #

IN CASE OF EMERGENCY WHICH REQUIRES IMMEDIATE ATTENTION, YOU'RE AUTHORIZED TO TAKE WHAT EVER STEPS ARE NECESSARY TO ENSURE THE HEALTH AND SAFETY OF MY CHILD.

Parent/Guardian: Print Name Signature Date



Parent/Guardian Consent & Authorization to Give Emergency Medical Attention

I, _____, give my permission for my student to participate in activity sponsored by the Upward Bound Math & Science Program, and in doing so, voluntarily agree to assume all of the risk and responsibilities involving my child/ward's participation in this activity.

In the event of a medical emergency, I authorize Moreno Valley College Educational Talent Search and its designated representatives to consent, on my behalf, to any emergency care or treatment to be rendered to the above-identified student upon the advice of any appropriate health care provider. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Name of another adult to contact in the event of an emergency (if parent cannot be reached):

_____ Contact Number: _____

Name of Insurance Carrier _____ Policy Number: _____

Please list allergies, medications, or special needs that the program staff should know about the student participating in this activity, including any medical conditions, allergies or limitations on the student's physical activities:

Parent /Guardian Signature _____ Date _____

I, the undersigned, hereby grant Riverside Community College District (RCCD) and/or its designee, the right to make or record still or moving images and/or audio of my person or voice (or that of my minor child/ward); copyright, use/reuse and publish/republish or distribute images or recordings of me (or my minor child) or those in which I (or my minor child/ward) may be included, in whole or in part, or composite; include my name (or the name of my minor child/ward); made through any media at RCCD's studios or elsewhere connected with the use/reuse or publishing/republishing or distribution of images or recordings of me (or that of my minor child) for art, advertising, trade, editorial or any other purpose.

I hereby waive any right that I (or my minor child/ward) may have to inspect or approve the finished product or products in which images or recordings of me (or that of my minor child/ward) may be used, and any copy or other matter that may be used in connection with them or the use to which they may be applied.

I hereby release, discharge and agree to hold harmless the Riverside Community College District, its legal representatives or assigns, and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said image or recording, or in any subsequent processing thereof.

I hereby warrant that I am over the age of 18 years and (if applicable) have every right to contract for my minor child regarding this release. I have read and understand the above and sign this document freely.

I have read the information and understand it.

Print Participant's Name _____

Print Minor Child's Name _____

Signature of Participant _____

Parent/Guardian Signature for minor _____



Student Conduct Agreement



Our workshops and activities are designed to help you increase your academic and social abilities -- helping you work toward a better future.

For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Parent(s)/Guardian(s) and students are asked to read and sign this paper below.

Student Responsibilities

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. A student bringing any kind of weapon will automatically be dismissed from the program.
7. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
8. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. MVC-ETS, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

Parent/Guardian Responsibilities:

1. To encourage your student to participate and do his/her best -- your interest and involvement are crucial to their success.
2. To participate in parent workshops at least 3 times a year. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program -- please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Educational Talent Search Program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**ASSOCIATED STUDENTS OF MORENO VALLEY COLLEGE
STUDENT EXCURSION CONTRACT**

Field Trips or excursions are for the purpose of educational, cultural, and social enrichment. Riverside Community College District, the Board of Trustees, College employees or agents, and their sureties should not be held responsible under any circumstances whatsoever by the undersigned, his estate, or heirs for any injuries, damage, or loss to the person which the undersigned incurred while on the off-campus function.

State of California Educational Code #72640 states: all persons making a field trip or excursion shall be deemed to have waived all claims against the District, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

It is imperative that all participants observe the regulations set forth by our College and California Education Code.

1. Riverside Community College District, Moreno Valley College, and the California State Education Code prohibit the consumption of alcoholic beverages during a college function regardless if you're 21 years old or not.
2. The use of illegal substances is a violation of state law and district regulations.
3. Destruction of any property is a violation of state law and district regulations. Any cost associated with such destruction is the responsibility of those involved.
4. Students are expected to attend all agenda events unless they have a valid excuse that must be pre-approved by the advisor, coach, or instructor.
5. After scheduled events, as outlined by the written agenda, are completed, the student will not be under the immediate and/or direct supervision of an employee of such district or board.
6. Any violation of the rules may result in exclusion from future field trips, excursions, and in severe cases, it may result in suspension or expulsion from the college.

Your signature on this document indicates that you have read the document, understand its expectations and liability limitations that you are legal age to sign the waiver, and do so voluntarily.

Name of Trip / Destination	Departure Date	Returning Date
Print Name (Student)	Date	Signature
Print Name (Witness)	Date	Signature
Print Name (Advisor/ Coach/ Instructor)	Date	Signature
Print Name (Dean/V P Student Services)	Date	Signature

Riverside Community College District
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the _____
_____ (Activity) for myself, my minor child/ward, my
personal representatives, assigns, heirs and next of kin:

1. I **ACKNOWLEDGE**, agree, and represent that I understand the nature of the (Activity) _____ and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time, I believe conditions to be unsafe I will immediately discontinue further participation in the activity.

2. I **FULLY UNDERSTAND** that (a) Activity involves risk and dangers of serious bodily injury, including permanent disability, paralysis, or death ("risk"); (b) these RISKS and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of participation in the Activity by me.

3. I **HEREBY RELEASE, DISCHARGE, AND COVENANT not to sue the Riverside Community College District**, its Trustees, officers, employees, agents or volunteers, and if applicable, owners and lessors of premises on which the activity takes place from **all liability, claims, demands, losses, or damages** on my account caused by or alleged to be caused in whole or in part by the negligence of the "Releasees." I further agree, that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or my minor child/ward, or anyone on my behalf make a claim against any of the "Releasees." I will indemnify, save, and hold harmless each of the "Releasees" from any litigation expenses, arbitration expenses, medical expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I, as parent/legal guardian of the minor child listed below, agree to the same terms and conditions of this waiver for my child/ward who will be accompanying me on said activity.

Name of Participant (Print)

Name of Child/Ward (Print)

Signature of Participant

Signature of Parent/Legal Guardian

Date

Date



VILLAGE COMMITMENT FORM
IT TAKES A VILLAGE TO RAISE A TRiO/ETS SCHOLAR



The Moreno Valley College Educational Talent Search Program believes that it takes a village to raise an ETS Scholar. Scholars, with the support of families, teachers, families, and community working together, make TRiO work. This commitment form is a compact that each part of the village agrees to do their part to help the scholar maximize their potential and be successful

ETS SCHOLAR:

- Attend school on a regular basis, be attentive in class and make an effort to understand the material presented.
- Complete every assignment with excellence, take every test and participate in class discussion; if assignments are not understood, I will ask my tutor or instructor for assistance.
- Enroll in college preparatory courses with counselor’s approval and keep the TRiO/ETS Program Director informed of the courses I’m enrolled in.
- Attend all required TRiO/ETS activities (i.e. tutoring, Saturday Academies, field experiences, etc.) I will notify the TRiO/ETS office if an emergency condition arises which would result in my absence from any TRiO Activity.
- To make up academic assignments if I am absent for a valid reason (i.e. illness or family emergency).
- To come to school and TRiO Activities prepared and ready to learn.
- Behave appropriately during TRiO/ETS activities and while being transported to and from activities.
- Maintain a GPA of 2.75 grade point average with no Ds and/or Fs. If I get below a “C” on any assignment, I will notify the ETS Coordinator/Director immediately.
- I understand that if I fall below a 2.75 I will be placed on academic probation and my parents/guardians and school will be contacted regarding my status.
- To meet with the Coordinator/Project Director and develop a Plan of Action to systematically improve my grades.
- If my grades do not meet TRiO/ETS requirements by the following grade period, I may be terminated from TRiO/ETS.

ETS PARENT/GUARDIAN:

- To support my ETS Scholar by ensuring they attend activities, including Saturday Sessions, fields trips, tutoring and family workshops.
- Attending Family Workshops and other ETS programs.
- Maintaining contact with ETS staff regarding the ETS Scholar.
- Encouraging the ETS Scholar to do their best in school and remind the scholar that college is a part of their future.
- Supporting the Scholars to participate in unique opportunities, such as summer programs, competitions, etc.

ETS Staff:

- Working closely with the ETS Scholar and Family o monitor academic progress.
- Provide support and encouragement to be successful in and out of class.
- To maintain a level of professional service in upholding the ETS Scholars’ commitment to go to college and prepare for their future career.
- To hold the UBMS Scholar accountable to be excellent.

We, the undersigned understand that TRiO/ETS is an opportunity for _____to develop his/her potential to prepare for college and career opportunities. We understand that TRiO Works because we work. We understand the benefits of the TRiO/ETS Program and commit to doing our part to ensure success.

Student: _____
Name *Signature* *Date*

Parent: _____
Name *Signature* *Date*

ETS Staff: _____
Name *Signature* *Date*