



Cincinnati YOUTH Collaborative
United for Youth

EDUCATIONAL TALENT SEARCH

301 Oak St., Cincinnati, OH, 45219
 Phone: (513) 475-4167 Fax: (513) 475-4150

PLEASE PRINT

SCHOOL _____ GRADE _____ DATE OF BIRTH _____

NAME _____ SOC SEC# _____

ADDRESS _____
 CITY STATE ZIP CODE

HOME PHONE # _____ CELL PHONE # _____ EMAIL _____

Are you on? (Circle all that apply): facebook My Space Urbanchat other _____

US CITIZEN (Circle): Yes No- If No, are you a permanent resident? Y N SEX (Circle): M F

ETHNIC ORIGIN (Optional) (Circle one): American Indian Asian African American
 Hispanic White Pacific Islander Multiracial Other _____

LIVE WITH (Circle One): One/Both Parents Legal Guardian Other _____

Does the parent or guardian, with whom you live, have a four-year college degree? (Circle) Yes No

Please circle the number of family members living in your household: 1 2 3 4 5 6 7 Other _____

Did your family file a Federal Income Tax form? (Circle) Yes No

Please CIRCLE your family TAXABLE INCOME for the most recent year:
 (See Line 39 on Form 1040, Line 24 on Form 1040A or Line 6 on 1040EZ).

\$1- \$16,245	\$27,466- \$33,075	\$44,296- \$49,905
\$16,246- \$21,885	\$33,076- \$38,685	\$49,906 - \$55,815
\$21,886- \$27,465	\$38,686- \$44,295	\$55,816 or more

Please CIRCLE any of the following that your family receives:

TANF Social Security Food Stamps Free/Reduced Lunch Other _____

CERTIFICATION AND RELEASE OF INFORMATION

I certify that all of the above information is accurate to the best of my knowledge.
 I give permission for the CYC Educational Talent Search program to have access to any school records of _____ (name of son or daughter) to determine academic and/or income eligibility for the program and to monitor status and progress in elementary, secondary and postsecondary education.

 Date

 Signature of Parent or Guardian

TURN OVER

NAME _____ SCHOOL _____

SELF ASSESSMENT

Please check areas for which you would like to receive information, advising or help:

- | | |
|---|--|
| <input type="checkbox"/> Career Choices | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Social Interaction |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Study Skills/Test Taking Strategies |
| <input type="checkbox"/> Selecting a College | <input type="checkbox"/> College Test Preparation (ACT)(SAT) |
| <input type="checkbox"/> College Admissions | <input type="checkbox"/> College Visits |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Cultural Field Trips |
| <input type="checkbox"/> Academic Planning (taking the right classes to get into college) | |
| <input type="checkbox"/> Other (Please Specify) _____ | |

EDUCATIONAL PLANS

- I am undecided about my future educational plans
- I plan to enter the workforce after graduation from high school
- My plans to continue my education beyond high school include (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> College/University | <input type="checkbox"/> Vocational/Technical School |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Military |

(Please Circle Y for yes or N for No)

I have met with my counselor to develop an Individual Academic Career Plan (IACP) Y N

I would like a Mentor (a caring adult friend to hang out with and/or ask for advice) Y N

WHAT IS YOUR CURRENT AREA OF INTEREST BEYOND HIGH SCHOOL?

- | | |
|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Law |
| <input type="checkbox"/> Business | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Military |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music |
| <input type="checkbox"/> Education | <input type="checkbox"/> Performing arts |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Science |
| <input type="checkbox"/> Government | <input type="checkbox"/> Building Trades |
| <input type="checkbox"/> Social Services | |
| <input type="checkbox"/> Other (please specify) _____ | |

_____ **Date**

_____ **Signature of Student**

Advisor Notes _____

Office Use Only: Received: _____ FG/LI _____ FG _____ LI _____ N _____

TURN OVER