



Southern Utah University



Educational Talent Search

Mail to: SUU ETS, 351 W. University Blvd. Cedar City, UT 84720

Phone: 435.586.7846

Fax: 435.586.8235

Application/Eligibility Form

TO BE COMPLETED BY PARENT/GUARDIAN: All sections must be completed in order to be considered for entry into the program.

Child's Name: _____ Social Security # _____ - _____ - _____
First Last MI

Mailing Address: _____ Birth Date: _____
P.O. Box or Street Address Month/Day/Year

City State Zip Sex: Male Female Phone: _____

Parent Email: _____ Student Email: _____

STUDENT INFORMATION:

A. Name of School Child is Currently Attending B. Current Grade 6 7 8 9 10 11 12 C. GPA: _____

D. Race/Ethnicity: Asian Black/African American Hispanic Pacific Islander
Native American or Alaskan Native White Other _____

E. Is child a ward of the court (foster care) Yes No H. Does your child have a disability or medical condition? Yes No

F. Is your child a U.S. Citizen? Yes No If yes, please explain: _____
If No, is your child a permanent resident? Yes No

G. Is English your first language? Yes No If yes, please explain: _____
If No, do you have difficulty reading, writing, speaking or understanding English? Yes No

ELIGIBILITY INFORMATION:

Mother/Guardian Name _____ Father/Guardian Name _____

Employer _____ Work Phone _____ Employer _____ Work Phone _____

Who does the child live with? _____

Single Parent Household? Yes No

Does either parent have a Bachelor's Degree? Yes No Which Parent? _____

Does any dependent receive (or would he/she qualify) for free or reduced lunch or school fee waivers?
Yes _____ No _____

Gross Income for the previous year _____ Number of dependents claimed on taxes _____

RELEASE OF INFORMATION:

I hereby give my permission for my son/daughter to participate in all Educational Talent Search Activities. I hereby authorize Southern Utah University Educational Talent Search to release and obtain documents relative to and consistent with my child's education. Such documents may include the following: transcripts, financial aid forms, letter of admissions, special education documentation, school lunch program eligibility, test results, and necessary documentation for follow-up on my admittance to an educational institution. I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge. I understand that this information will remain strictly confidential.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____