



TRIO ETS APPLICATION

2023

STUDENT INFORMATION

First Name _____ Last Name _____ MI _____ Birthdate _____ Gender: M ☐ F ☐

Current Grade: 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ School _____ Graduation Year _____

Student Mailing Address/PO Box _____ City _____ Zip _____

Student Phone (____) _____ Student Email _____

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

Race/Ethnicity: ☐ Asian/East Indian ☐ Hispanic ☐ White ☐ American Indian or Alaska Native ☐ Pacific Islander
☐ Black/African American ☐ More than 2 races ☐ Other _____

Who do you live with? ☐ Both parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Languages spoken in the home: _____

If English is not your first language, how comfortable are you reading, writing, and speaking in English?
☐ Very comfortable ☐ Comfortable ☐ Somewhat Comfortable ☐ Not comfortable

Do you have a diagnosed learning or physical disability? ☐ Yes ☐ No Please explain: _____

Are you currently enrolled in a TRIO Upward Bound Program? ☐ Yes ☐ No

Are you currently, or have you been in Foster Care in the past year? ☐ Yes ☐ No

Are you currently, or have you been Homeless in the past year? ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Relationship to student: ☐ Father ☐ Mother ☐ Other _____

Name: _____ Phone: (____) _____

Place of Employment: _____ Work phone: (____) _____

Email address: _____

Highest Level of Education Completed: _____

Parent/Guardian 2

Relationship to student: ☐ Father ☐ Mother ☐ Other _____

Name: _____ Phone: (____) _____

Place of Employment: _____ Work phone: (____) _____

Email address: _____

Highest Level of Education Completed: _____

Does either natural or adoptive parent have a Bachelor's Degree (4 year college degree) ☐ Yes ☐ No

FINANCIAL ELIGIBILITY

For your student to qualify to be enrolled in TRIO ETS, they need to be eligible under the Federal TRIO Guidelines. Based on the guidelines below, does your student qualify? To start, view how many are in your household, next see where your taxable income level falls (look at your IRS from 1040). **If your income is below that amount, or if you qualify for FREE lunch, your student qualifies for TRIO ETS.**

Household Size	Taxable Income from the Previous Year (IRS Form 1040)
1	\$21,870
2	\$29,580
3	\$37,290
4	\$45,000
5	\$52,710
6	\$60,420
7	\$68,130
8	\$75,840
9	\$83,550
10	\$91,260

Does your student qualify for FREE lunch?

☐ YES ☐ NO

Does your student qualify according to this chart?

☐ YES ☐ NO

STUDENT NEEDS ASSESSMENT

Please mark all that you would like help with

- | | | |
|--|--|---|
| <input type="checkbox"/> Study skills | <input type="checkbox"/> How to Pay for College | <input type="checkbox"/> Public & Interpersonal Communication |
| <input type="checkbox"/> Test-taking skills | <input type="checkbox"/> College Readiness | <input type="checkbox"/> Skills Needed for College & Careers |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Academic Advisement | <input type="checkbox"/> STEM Opportunities & Careers |
| <input type="checkbox"/> Personal Organization | <input type="checkbox"/> Career Interests | <input type="checkbox"/> Scholarship Assistance |
| <input type="checkbox"/> Financial/Economic Literacy | <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> College Visits |
| <input type="checkbox"/> FAFSA Assistance | <input type="checkbox"/> Time Management | <input type="checkbox"/> College Admissions |
| <input type="checkbox"/> ACT Prep | | |

SIGNATURES AND RELEASE OF RECORDS/MEDIA

Our signatures below indicate that to the best of our knowledge, the information given on this application is true, complete and accurate. We authorize any public school, education program, and/or postsecondary institution to release to Southern Utah University TRIO Talent Search, upon their request, information pertaining to my academic, enrollment and financial assistance records.

With my signature below (parent, or student if 18 or over), I hereby grant permission to the staff of the Educational Talent Search Program at Southern Utah University to access my (my child's) school records, including **grades, test scores, attendance, and free or reduced lunch eligibility**. These records will be used to assess student needs, monitor student progress, document eligibility for the program, and for reporting purposes.

I (parent, or student if 18 or over) hereby authorize post-secondary institutions to release to TRIO Talent Search copies of **college academic, enrollment and student aid award** at the college/university I will be attending after high school graduation.

As a parent or legal guardian signing this form, I give permission for my child to participate in all program sponsored activities. I also give permission for the use of my child's photograph for editorial, promotional, recruitment, or educational purposes.

Parent/Guardian Signature

Student Signature

STUDENT AGREEMENT

I agree to maintain at least a 2.75 GPA, attend school regularly, participate in TRIO ETS activities, and work to achieve the goals I set with my TRIO ETS advisor.

Student Signature: _____ Date: _____



SUU TRIO ETS ACTIVITIES

Participation Agreement for Minors

MINOR PARTICIPANT:

Name:

Address:

PARENT/GUARDIAN:

Name:

Address:

DESCRIPTION OF ACTIVITY: (hereafter the Activity) TRIO ETS *meetings, workshops, tours, use of campus facilities, etc.*

LOCATION: *Multiple locations including the SUU campus and other schools.*

DATES: *Upon acceptance date to end of participant's participation in TRIO ETS program.*

This Activity Participation Agreement (the "Agreement") is a consent, waiver, and release entered into between Southern Utah University ("SUU"), and the undersigned as Parent/Guardian of the Participant.

Guardian acknowledges that this Agreement contains, among other provisions, the following contractual terms: an assumption of risk, a covenant not to sue, a release of the Guardian and Minor's claims, and indemnification obligations. Guardian represents that Participant is under 18 years of age and that Guardian is fully competent and authorized to sign this Agreement on Participant's behalf. Guardian gives permission for Participant to engage in the Activity. In consideration for SUU ^{permitting} Participant to engage in the Activity, Guardian, for Participant, and for their respective heirs, personal representatives, and assigns, agrees as follows:

1. Assumption of Risk. Guardian represents that Participant is qualified, in good health, and in proper physical condition to participate in the Activity. Guardian acknowledges and understands that the Activity may include but is not limited to the following: physical activities (e.g., running, jumping, climbing); physical exertion such as lifting or moving heavy objects; spending extended periods of time outdoors being exposed to the elements (sun, wind, rain); travel to and from the Activity; and consumption of food and/or beverage Guardian acknowledges and understands that Participant may be exposed to certain risks that are inherent in participation in the Activity. These risks may include but are not limited to such things as incident related to the above-mentioned activities, including sprains, broken bones, cuts, bruises, entrapment, temporary or permanent disability, illness, personal injury, and/or death; adverse weather conditions; exposure to theft and other criminal activity; allergic reactions to food and drink items; other physical, mental, and emotional injury; other risks and dangers, whether known or unknown nor reasonably foreseeable. Guardian, on behalf of Participant, knowingly and voluntarily, accepts, and assumes responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, Participant's engagement in the Activity.

2. **Covenant Not to Sue:** Guardian for him/herself, and on behalf of Participant, agrees that Guardian will not commence any legal action or lawsuit or otherwise assert any legal claim against SUU and its officers, directors, employees, and agents seeking relief for any claim, whether or not such claim is released or waived under this Agreement.
3. **Indemnification:** Guardian agrees to indemnify and hold SUU and its trustees, officers, directors, employees, and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of Participant's involvement in the Activity and to reimburse SUU for any such expenses incurred.
4. **Release of Claims:** Guardian for him/herself, and on behalf of Participant, agrees to release and fully discharge the State of Utah, SUU, their agencies, departments, officers, employees, trustees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, malpractice, or any other actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me or the Participant arising out of Participant's participation in the Activity. This release extends to any claim made by parents or Guardian/s or their assigns.
5. **Severability/Governing Law:** Guardian agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Utah and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The Agreement shall be governed by the laws of the State of Utah, without regard to conflicts of laws principles. Venue for any lawsuits, claims, or other proceedings between the Parties relating to or arising under the Agreement shall be exclusively in the State of Utah.
6. **Likeness Release:** Guardian hereby grants absolute rights and permission to SUU staff and their sponsors to use photographic portraits and/or video footage of this minor for any and all illustration, promotion, or advertising.
7. **Health Insurance and Consent to Medical Treatment:** Should Participant require emergency medical treatment as a result of any accident or illness arising during the Activity, Guardian expressly consents to such treatment. Guardian acknowledges that SUU will not provide health and accident insurance for Participant, and Guardian agrees to be financially responsible for any medical bills incurred as a result of emergency medical treatment. Guardian agrees to release the State of Utah, SUU, and their agencies, departments, officers, employees, trustees, agents and all sponsors, officials and staff or volunteers from the cost of any medical care that Participant receives as a result of participation in the Activity.

Health Insurance Company/Policy #: _____

Emergency Contact Name/Phone #: _____

Acknowledgment: I am the parent or legal guardian of the Participant. I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover Participant's participation in the Activity.

Printed Name: _____

Signature of Parent or Guardian: _____

Date: _____