



Directions:

- 1) Please review the application prior to completing it.
- 2) Print legibly.
- 3) Fill out forms and questions completely. Incomplete applications will not be considered.
- 4) Please attach a 100-word essay explaining, "Why I want to be in the TRIO Talent Search Summer Enrichment Program."
- 5) Return the completed application packet to the Talent Search office no later than **April 18, 2025** for full consideration.

STUDENT INFORMATION

Application Date: _____

Student's Name: _____
First Last MI

Current Address: _____
Street Address City State Zip

Cell Phone: (____) _____

Email Address: _____

Birthdate: ____/____/____ Social Security Number: ____-____-____ Age: _____

Gender: ☐ Female ☐ Male Ethnicity: Are you of Hispanic or Latino descent? ☐ Yes ☐ No

Race: (Check all that apply) ☐ American Indian ☐ Asian ☐ Black/African American

☐ White/Caucasian ☐ Native American/Pacific Islander

Are you a U.S. Citizen? ☐ Yes ☐ No Permanent Resident? (Attach copy) ☐ Yes ☐ No A#: _____

Do you have a Facebook? ☐ Yes ☐ No If yes, what is your Facebook name? _____

Student T-Shirt Size (Unisex Adult sizing): _____



FAMILY INFORMATION

With whom do you live? ☐ Father ☐ Mother ☐ Both Parents ☐ Grandparents ☐ Foster Parents ☐ Other?

Are you: ☐ Homeless ☐ In Foster Care ☐ Neither

Parent/Guardian

Name: _____
Work Telephone: _____
Cell Phone: _____
Email Address: _____
Highest Grade Level Completed: _____

Parent/Guardian

Name: _____
Work Telephone: _____
Cell Phone: _____
Email Address: _____
Highest Grade Level Completed: _____

Emergency Contact Person:

Contact's Name: _____
Home Telephone: _____

Relationship to Student: _____
Work Telephone: _____

List all persons authorized for student pickup during the SEP (Name & Relationship to student):

Has either of your parents received a four-year college (Bachelors) degree? ☐ Mother ☐ Father ☐ Neither

Has a family member participated in Talent Search? ☐ Yes ☐ No If yes, who? _____

Do you receive free or reduced lunches? ☐ Yes ☐ No *If not, please attach a copy of your 2024 income tax return or complete the Income Verification Form (page 8) and attach it to this application.

Total number of family members living in the home? _____



ACADEMIC INFORMATION

Current School: _____

School attending in the fall 2025: _____

What is your current GPA? _____ Are you having academic difficulty in any classes? ☐ Yes ☐ No

What grade did you receive in the following classes: Math _____ Science _____ English _____

Student Essay Question

Directions: Students, please write a short paragraph explaining “Why I want to be selected to participate in the TRIO Talent Search Programs Summer Enrichment Program”.



Student Questionnaire

(Parents: Please allow students to fill this portion out on their own)

Do you want to go to college? ☐ Yes ☐ No

What type of education do you plan to pursue after high school?

☐ Four-year College

☐ Two-year College

☐ Armed Forces

☐ Vocational Training/Trade School

Name(s) of colleges or universities that you are interested in attending:

What do you want to major in college? _____

List your careers goals:

List any clubs, sports, and organizations you participate in at school, church, or in the community:

List any special awards/recognition you have received: _____

Why is education important to you?

What are you looking to gain from the Summer Enrichment Program?



STUDENT AGREEMENT

Student Name: _____

Date: _____

- 1.) I will not engage in distractive behavior during classes.
- 2.) I will respect other students.
- 3.) I will respect the Summer Enrichment Program staff. If I am asked to do something, I will do it without attitude or back-talk.
- 4.) I will not participate in bullying of any kind. (Including but not limited to name-calling, crude jokes, rumors, touching, hitting, pushing, and kicking etc.)
- 5.) I will refrain from any swearing/cursing (Telling someone to "shut-up" is considered swearing.)
- 6.) I will wear appropriate attire. (Spaghetti straps, tank tops, crop tops, and inappropriate sayings and/or slogans shirts are NOT permitted.)
- 7.) I will be in attendance every day that the Summer Enrichment Program is in session. If I plan to be absent, I will inform the staff at least one week in advance of planned absences, and the morning of any unplanned absences. (Illness, family emergency, deaths, etc.)
- 8.) I will be an active participant in ALL Summer Enrichment Program activities.
- 9.) I will not use my cell phone when classes are in session unless otherwise noted by SEP staff.

Statement of Acceptance

I understand that my signature denotes that I have read and understand all that is expected of me by the TRIO Talent Search Programs Summer Enrichment Program. I agree to obey all rules and restrictions provided by the Summer Enrichment Program. Special activities offered by the SEP are privileges, not rights, and the staff retains the right to exclude any participant who is not following program rules. Furthermore, I understand that failure to comply with these guidelines will result in my suspension/dismissal from the program. Finally, my signature entrusts that all information I have provided on this application is true.

Student Signature: _____

Parent Signature: _____



PARENT AGREEMENT

Student Name: _____

Date: _____

- 1.) I will attend the **mandatory informational parent meeting on May 3rd at 10:00am.**
- 2.) I will support my child by attending the Showcase/Awards Program on **June 26th, 2025.**
- 3.) I will provide all documents needed by the Summer Enrichment Program for my student's application to be considered.
- 4.) I will advise the staff, in a timely manner, in the event of my child's absence. If I plan for my student to be absent, I will inform the staff at least one week in advance of planned absences, and the morning of any unplanned absences. (Illness, family emergency, deaths, etc.)
- 5.) Breakfast will be served from 7:45 am to 8:15 am Monday through Thursday during SEP.
- 6.) I will have my child to their first class on time. (Monday – Thursday 8:20am)
- 7.) I will go over the Summer Enrichment Program rules with my child and be sure to hold my child responsible for adhering to the rules.
- 8.) I understand that bullying of any kind is not permitted, and any occurrences will be taken seriously (Including but not limited to name-calling, crude jokes, rumors, etc.).
- 9.) I will be sure my child adheres to the Summer Enrichment Program dress code. (Spaghetti straps, tank tops, crop tops, and inappropriate sayings on shirts are **NOT** permitted.)
- 10.) What do you hope your child takes away from the Summer Enrichment Program?

Statement of Acceptance

I understand that my signature denotes that I have read and understand all that is expected of me by the TRIO Talent Search Programs Summer Enrichment Program. I believe that my cooperation and involvement as a parent is imperative to my student's educational and long-term success. I agree to hold my student to all rules and restrictions provided by the Summer Enrichment Program. Special activities offered by the SEP are privileges, not rights, and the staff retains the right to exclude any participant who is not following Program rules. Furthermore, I understand that the failure of my student to comply with these guidelines will result in their suspension/dismissal from the program. Finally, my signature entrusts that all information I have provided on this application is true.

Signature: _____ Date: _____



Income Verification Form

Student(s) Name: _____

School(s) and Grade(s): _____

The TRIO Talent Search programs are sponsored by the United States Department of Education to assist young people interested in making the most of their education opportunities. Our main objective is to provide information to students about educational opportunities including information regarding financial aid for college.

Please indicate your most recent total taxable income from your IRS income tax return. This information will be held in complete confidence by the TRIO Talent Search Program and the U.S. Department of Education and will be used to determine eligibility into the program.

Number of people living in the household? _____

Household Federal Taxable Income *(Federal Taxable Income can also be found on Line 43 of form 1040, Line 27 of Form 1040A, and line 6 of Form 1040EZ.)
48 Contiguous States, D.C., and Outlying Jurisdictions. Check the correct box indicating your household income?
<input type="checkbox"/> \$0 - \$23,474
<input type="checkbox"/> \$23,475 - \$31,724
<input type="checkbox"/> \$31,725 - \$39,974
<input type="checkbox"/> \$39,975 - \$48,224
<input type="checkbox"/> \$48,225 - \$56,474
<input type="checkbox"/> \$56,475 - \$64,724
<input type="checkbox"/> \$64,725 - \$72,974
<input type="checkbox"/> \$72,975 - \$81,224
<input type="checkbox"/> \$81,225 & up

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$10,095 for Alaska; and \$8,865 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The 2025 poverty guidelines are in effect as of January 15, 2025. Federal Register notice was published January 17, 2025.

I certify that the information provided is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

TRIO Talent Search is 100% funded by the United States Department of Education and is hosted by WSU.

Notice of Nondiscrimination

Wichita State University (WSU) does not discriminate in its employment practices, or in its educational programs or activities on the basis of age (40 years or older), ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran. WSU also prohibits retaliation against any person making a complaint of discrimination or against any person involved or participating in the investigation of any such allegation. Sexual misconduct, relationship violence, and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972, other federal law, and WSU policy. The following persons have been designated to handle inquiries regarding WSU's non-discrimination policies: the Associate Vice President and University Title IX Coordinator (Telephone: (316) 978-3186), Office of Civil Rights, Title IX & ADA Compliance. For inquiries, please call or visit the Office of Civil Rights, Title IX & ADA Compliance at (316) 978-3186, Wichita State University, 1845 Fairmount, Wichita, KS 67260, Lindquist Hall.



STUDENT HEALTH INFORMATION

Student Name:	
Program or Event:	TRIO Talent Search Summer Enrichment Program
Emergency Contact Name:	
Relationship to Student:	
Emergency Contact Phone:	
Emergency Contact Name:	
Relationship to Student:	
Emergency Contact Phone:	

In the event of a health emergency involving the Student, WSU will make all reasonable efforts to contact the Emergency Contact(s) listed above immediately. I authorize and give consent for the Student to receive emergency medical attention including, but not limited to, injection, anesthesia, transport by ambulance, surgery, hospitalization, or other proper treatment, as deemed necessary by WSU. A Field Trip Participation Form will be or has been completed and submitted to TRIO in addition to this form.

MEDICATION

WSU staff is not responsible for the safekeeping, supervision, or administration of any medication for Students. If the Student requires medication during the Program, the Student will be responsible for administering the medication.

STUDENT SIGNATURE

Student Signature (Date)

Printed Name

If Student is under the age of 18, a Parent or Guardian must also sign.

PARENT/GUARDIAN SIGNATURE

Signature (Date)

Printed Name

AUTHORIZATION FOR USE OF IMAGE, VOICE, VIDEO, PERFORMANCE, ARTWORK OR LIKENESSBy signing this **AUTHORIZATION FOR USE OF IMAGE, VOICE, VIDEO, PERFORMANCE, ARTWORK OR LIKENESS**

("Authorization"), I hereby permit and authorize Wichita State University (the "University") and its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, my performance, and/or a video and/or audio recording or other likeness of myself (hereinafter collectively "the Recordings") for purposes related to the educational mission of the University, including but not limited to instructional and/or educational purposes, publicity, marketing, and promotion of the University and its various programs.

I hereby relinquish and assign to the University all rights, title, and interest, including copyright, in and to any and all such Recordings, and I hereby irrevocably authorize the University, its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University, to, without limitation and in perpetuity, edit, reproduce, use, copyright, sell, exhibit, display, perform, broadcast, publish, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed including, but not limited to video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, emails, billboards, signs, brochures, placement on the world wide web and/or other electronic delivery, publication, display, or promotion on any and all other media.

I understand that the University will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any and all use of the Recordings in whatever media or form produced. I further acknowledge that I voluntarily agree to participate in the Recordings without the promise of compensation or remuneration in any form whatsoever, and I waive any claim or right to be compensated for the Recordings.

I understand that, although the University will endeavor to use the Recordings in accordance with standards of good judgement, the University cannot warrant or guarantee that any further dissemination of the Recordings will be subject to University supervision or control.

I hereby release and forever fully discharge the University, its members individually, its affiliates, and their employees, students, agents, officers, trustees, and representatives from any and all claims, demands, liability, rights and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have arising from or related to my participating in the Recordings or the University's use of the Recordings, including but not limited to all claims for defamation, libel, invasion of privacy, or infringement of rights of copyright and publicity.

This Authorization shall be governed by the laws of the State of Kansas and jurisdiction and venue of any suit connected to this Authorization shall reside only in courts in Sedgwick County, Kansas.

I acknowledge and represent that I have carefully read this Authorization; that I sign it as my own free act and deed; that I am fully competent to sign this Authorization; and that the consideration for signing this Authorization is full and adequate. It is my express intent that, while I am alive, this Authorization will bind me, my child or ward, my spouse, and the members of my family; and that in the event of my death, this Authorization will also bind my estate, heirs, administrators, personal representatives, and assigns.

Printed Name: _____

Signature: _____

School: _____

Date: _____

Grade: _____

CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNIFICATION AGREEMENT

My child, _____ is a student in the TRIO Talent Search programs at Wichita State University and wishes to participate in the Summer Enrichment Program. All students participate in the program that begins on **May 27, 2025**, and goes through **July 2, 2025**. Participants who are in the 6th/7th will be attending a one-day college trip to Kansas City, Missouri on **June 27th**. Incoming 9th graders will depart on **June 29, 2025**, for the college road trip and return to Wichita State University on **July 2, 2025**. There will be enrichment classes in math, science/robotics, language arts, financial literacy, and theatre arts as well as scheduled field trips each week to various universities and colleges. Students will hear motivational and career speakers and participate in engaging activities.

In consideration of and to permit my child's participation in all activities, as outlined in the schedule, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS Wichita State University, its WSU TRIO Talent Search program, and their officers, servants, agents, students, employees and all persons for whose conduct the University is or could be legally responsible from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death arising out of or in connection with my Student's participation in the SEP.

I am 18 years or older. I understand the legal consequences of signing this document, including: (a) releasing Wichita State University from all liability, (b) promising not to sue Wichita State University, and (c) assuming all risks of participating in the TRIO Summer Enrichment Program being sponsored by Wichita State University.

This Release of Liability, Assumption of the Risk and Indemnification Agreement shall be constructed in accordance with the laws of the State of Kansas.

I understand that this Release of Liability, Assumption of the Risk and Indemnification Agreement is written to be as broad and inclusive as is legally permitted by the State of Kansas. I agree that if any portion is held to be invalid or unenforceable, I will continue to be bound by the remaining terms.

In signing this Release of Liability, Assumption of the Risk and Indemnification Agreement, I acknowledge and represent that I HAVE READ this document and am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I hereby acknowledge that I have been fully informed as to the nature of the SEP and understand that my child may be dismissed from the program for unreasonable or inappropriate behavior.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

Date: _____

I agree to abide by the rules and guidelines established by TRIO Talent Search and follow all reasonable directions and requests of the administrators.

Date: _____

Student Name (Please Print)

TRIO Talent Search is 100% funded by the United States Department of Education and is hosted by WSU.

Notice of Nondiscrimination

Wichita State University (WSU) does not discriminate in its employment practices, or in its educational programs or activities on the basis of age (40 years or older), ancestry, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran. WSU also prohibits retaliation against any person making a complaint of discrimination or against any person involved or participating in the investigation of any such allegation. Sexual misconduct, relationship violence, and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972, other federal law, and WSU policy. The following persons have been designated to handle inquiries regarding WSU's non-discrimination policies: the Associate Vice President and University Title IX Coordinator (Telephone: (316) 978-3186), Office of Civil Rights, Title IX & ADA Compliance. For inquiries, please call or visit the Office of Civil Rights, Title IX & ADA Compliance at (316) 978-3186, Wichita State University, 1845 Fairmount, Wichita, KS 67260, Lindquist Hall.