Dear Parent(s) or Guardian(s):

The TRIO Talent Search Summer Enrichment Program (SEP) hosted by Wichita State University is currently seeking students to participate in its Middle School Summer Enrichment Program (SEP). Your student has been identified as a potential participant for the SEP. Only middle school students who have a GPA of at least 2.50, and entering high school in the fall are eligible to participate in the summer session. The session will be held June 1 - July 30. Students will only be selected if they have ALL paperwork completed and are able to fully participate in, and complete, the entire Summer Enrichment Program. In addition, to offset the costs associated with the SEP as well as maintain the quality of our services, a $20.00 application fee will be due by the application deadline. The fee may be made in the form of cash, cashier’s check or money order payable to TRIO Talent Search. The fee is nonrefundable.

Students will receive rigorous instruction in mathematics, English/reading, computer science, and financial literacy/life skills. Each day, breakfast, snacks and lunch will be provided. Motivational speakers and field trips are planned each week. Preference for SEP participation include the following federal TRIO program requirements: 1) meet income guidelines (eligible for free lunches); 2) is a potential first generation college student (neither parent has a four-year college degree); and 3) has an academic need for the SEP. A limited number of slots are available.

There will be a mandatory parent information meeting held on May 16th, 2020 for parents and student. The meeting will begin promptly at 10:00am and will be held at 1845 N. Fairmount, Wichita State Main campus, Rhatigan Student Center (Harvest Room 142). Parents and students who fail to attend the mandatory parent meeting will forfeit the student’s placement in the Summer Enrichment Program.

We ask that you take a moment to look over the information requested before filling out the enclosed application. As the application is thorough, please know that every item must be completed, but if a question does not apply to your student, please write N/A in the space. Any incomplete applications will delay the registration process and could prevent your student from being selected for the SEP.

In an effort to better serve the needs of your student and ensure that the SEP is a fun and enjoyable experience, please note the following:

- The application must be completed and returned to the TRIO Talent Search office with all supporting documentation, including a current report card, by May 9, 2020
- Do NOT complete the application if your student will miss any part of the Summer Enrichment Program due to vacation, participation in other summer camps/programs, etc.
- Once your student has been approved and selected, we will notify you to confirm.

If you have any questions, please contact me at 316-978-6758 or stephanie.haynes@wichita.edu. I look forward to hearing from you soon.

Sincerely,

Stephanie Haynes
Stephanie Haynes Middle School Director
TRIO Talent Search

Notice of Nondiscrimination: Wichita State University does not discriminate in its employment practices, educational programs or activities on the basis of age, ancestry, color, disability, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation or activity, race, religion, sex, sexual orientation, or status as a veteran. Retaliation against an individual filing or cooperating in a complaint process is also prohibited. Sexual misconduct, relationship violence and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972. Complaints or concerns related to alleged discrimination may be directed to the Director of Equal Opportunity or the Title IX Coordinator, Wichita State University, 1845 Fairmount, Wichita KS 67260-0138; telephone (316) 978-3187.
Directions:

1) Please review the application prior to completing it.

2) Print legibly.

3) Answer each question 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 May 9, 2020 for full consideration.

PLEASE CHECK ONE

Student’s T-Shirt Size: (Adult Sizes) □ Small □ Medium □ Large □ XL □ XXL

STUDENT INFORMATION

Application Date: ______________________

Student’s Name: ____________________________________________________________

First    Last    MI

Current Address: _________________________________________________________________________________________________

Street Address                                                                       City                     State                   Zip

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#:___________

Home Telephone: (____) _______________

Cell Phone (STUDENT): (____) _______________

Email Address (STUDENT): _______________@__________.com

Do you have a Facebook?       Yes       No     If yes, what is your Facebook name? ______________________
FAMILY INFORMATION

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

___________________________________________________________________________________________________________

Are you:  ☐ Homeless  ☐ In Foster Care

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: ____________

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: (Other than parents/guardians)
Contact’s Name: __________________________
Home Telephone: __________________________
Relationship to Student: __________________________
Work Telephone: __________________________

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 no, please attach a copy of your 2019 income tax return or complete the Income Verification Form (page 10) and attach it to this application.

Total number of family members living in the home? _______________________
ACADEMIC INFORMATION

Current School: _______________________ School attending in the fall: __________________________

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 _______

PARTICIPANT INFORMATION

Has your student ever participated in any of the following programs?

Talent Search          □Yes □No If yes, where and when?_____________________
Pando Initiative       □Yes □No If yes, where and when?_____________________
GEAR UP                □Yes □No If yes, where and when?_____________________
AVID                   □Yes □No If yes, where and when?_____________________
Leadership/JROTC      □Yes □No If yes, where and when?_____________________
ESOL                   □Yes □No If yes, where and when?_____________________
Tutoring               □Yes □No If yes, where and when?_____________________
Homework Assistance Program (HAP) □Yes □No If yes, where and when?_____________________

What are your major concerns involving your student’s educational plans? (Please check all that apply.)

☐ How to pay for college
☐ How to apply for college
☐ Helping them to be academically prepared
☐ Helping them to be socially prepared
☐ Other _____________________________

Please mark any study skill assistance/academic services you’d like your student to receive:

☐ Concentration
☐ Time Management
☐ Motivation
☐ Note Taking
☐ Test Prep
☐ Test Anxiety
☐ Textbook Comprehension
☐ Outlining
☐ Test Taking Strategies
☐ Memorization
☐ Organization
☐ Other _____________________________
Student Interview/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  ☐ Armed Forces
☐ Two-year College  ☐ Vocational Training

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

What do you want to study in college?
_____________________________________________________________________________________

List careers goals, and how do you plan to reach them?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List 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 ESSAY

Directions: Students, please write a 100 word essay explaining “Why I want to be in TRIO Talent Search Summer Enrichment Program.” This essay is required for your application to be considered complete. Incomplete applications will not be considered. Please remember to print legibly.
STUDENT AGREEMENT

Student Name: ____________________________________  Date: _________________

1.) I will not bring any illegal substances of any kind to the Summer Enrichment Program. (Includes, but not limited to: drugs, alcohol, tobacco, etc.) Any medications should be handled by staff only.

2.) I will not bring any weapons with me to the Summer Enrichment Program. (Including, but not limited to: guns, knives, handcuffs, fireworks, and sharp or pointy instruments.)

3.) I will not engage in horseplay. (Pushing, grabbing, unwanted touching etc....)

4.) I will respect the property of the WSU campus, any other campus I visit through the SEP, miscellaneous excursions, as well as the property of the other students and staff at the SEP.

5.) I will respect other students.

6.) I will respect the Summer Enrichment Program staff. If I am asked to do something, I will do it without attitude or back-talk.

7.) I will not participate in bullying of any kind. (Including but not limited to: name-calling, crude jokes, rumors, physical bullying, sexual harassment, etc.)

8.) I will keep my hands to myself at all times. I will not participate in any “play fighting” (horseplay) or real fighting.

9.) I will refrain from any public displays of affection (PDA). Kissing and hand-holding are not permitted at any time.

10.) I will refrain from any swearing/cursing (Telling someone to “shut-up” or referring to someone as “retarded” is considered swearing.)

11.) I will wear appropriate attire. (Spaghetti straps, tank tops, crop tops, short-shorts, leggings/spandex (unless worn under a skirt or dress), sagging, inappropriate sayings on shirts, baseball caps, and du-rags are NOT permitted. Skirts/dresses and shorts should pass the “fingertip test”. If questionable, refer to your middle school handbook; if it’s not allowed there, it’s not allowed in the SEP.)

12.) 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.)

13.) I will be an active participant in ALL Summer Enrichment Program activities and campus visits.

14.) I will not use my cell phone when the SEP is in session unless otherwise denoted by SEP staff.

15.) I will keep up with any and all personal property I bring with me to the SEP and campus visits.

Statement of Acceptance

I understand that my signature denotes that I’ve read and understand all that is expected of me by the TRIO Talent Search 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 16, 2020 at 10:00am, Rhatigan Student Center Harvest Room (142) Wichita State main campus 1845 N. Fairmount, Wichita, Kansas.

2.) I will support my child by attending the Talent Showcase/Awards Program on July 24th, 2020

3.) I will provide all documents needed by the Summer Enrichment Program for my student’s application to be considered.

4.) I will advise Ms. Haynes, 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.) I will have my child to the Summer Enrichment Program on time. (Monday – Friday 7:45am)

6.) I will pick my child up from the Summer Enrichment Program on time. (Monday – Friday 2:15pm; with a varying exception of some Wednesdays field trips). Pick up time will have a leniency window of 10min (2:25pm). Please be on time to pick up your child.

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, physical bullying, sexual harassment, etc.).

9.) I will be sure my child adheres to the Summer Enrichment Program dress code. (Spaghetti straps, tank tops, crop tops, shorts, leggings/spandex (unless worn under a skirt or dress), sagging pants, inappropriate sayings on shirts, baseball caps, and du-rags are NOT permitted. Skirts/dresses and shorts should pass the “fingertip test”.

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’ve read and understand all that is expected of me by the TRIO Talent Search 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 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

PLEASE PRINT

Student(s) Name: __________________________________________

Student Social Security Number: _____________________________

School(s) and Grade(s): ______________________________________

TRIO Talent Search is a program sponsored by the United States Department of Education to assist young people who are interested in continuing their education. Our main objective is to provide information to students about educational opportunities including information about obtaining 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.

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.)

☐ $0 - $18,210
☐ $18,210 - $24,690
☐ $24,690 - $31,170
☐ $31,170 - $37,650
☐ $37,650 - $44,130
☐ $44,130 - $50,610
☐ $50,610 - $57,090
☐ $57,090 - $63,570
☐ $63,570 & up

If you did not file a tax return, please estimate your income:

$___________

Does the student receive lunch assistance?
☐ Free  ☐ Reduced  ☐ No

Number of people living in the household? _____

Please return this form to your student’s Program Educational Advisor at their school or mail to:

WSU TRIO Talent Search
1845 Fairmount Box 96
Wichita KS 67260-0096

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

_________________________________________      ______________
Parent/Guardian Signature                                                                   Date
GENERAL INFORMATION

If hospital treatment is necessary, we will immediately contact the individuals listed on Insurance and Emergency Information form.

No medical/hospitalization insurance is carried through this program. Parents/Guardians will be billed for any and all medical expenses incurred by their child/ward during the TRIO Talent Search Summer Enrichment Program, including but not limited to emergency room costs, physician’s fees, X-rays, medication, pharmaceuticals, dentistry, orthodontics, optometry and related expenses.

It is the accepted policy of the TRIO Talent Search program that parents/guardians will be contacted (or at least contact efforts made) prior to and in advance of any medical treatment where expenses are to be incurred unless it is an EMERGENCY medical situation. Specifically for use in an emergency medical situation read and sign the following Consent to Treat statement.

Student Name: _______________________________________________________________________.

First                                                        Last                                      MI

CONSENT TO TREAT

I hereby designate TRIO Talent Search administrators of the Wichita State University TRIO Talent Search Summer Enrichment Program as attorneys in fact for the purpose of authorizing and consenting to any emergency medical treatment or care required by my child/ward during the TRIO Talent Search Summer Enrichment Program. I understand that NO medical/hospitalization insurance is carried through the TRIO Talent Search program nor WSU and agree to be responsible for all medical expenses incurred by my child/ward while participating in the Summer Enrichment Program.

____________________________________________________________________________________
Signature Parent/Guardian                          Print Name

____________________________________________________________________________________
Date                                                Relationship to child/ward
**INSURANCE AND EMERGENCY INFORMATION**

Student’s Name: ____________________________   Date of Birth: ______________   Age: __________
Address: _____________________________________________    Home Phone: ___________________ 
Parent/Guardian (Primary Contact): ______________________________ Cell Phone: _______________
Parent/Guardian (Secondary Contact): ____________________________ Cell Phone: _______________

Emergency Contact (1): __________________________
Relationship to Student: __________________________
Home Phone: ___________________________
Cell Phone: _____________________________

Emergency Contact (2): __________________________
Relationship to Student: __________________________
Home Phone: ___________________________
Cell Phone: _____________________________

Is student covered by health insurance? □Yes □No
Policy Type: __________________________                      Insurance Company: ______________________
Policy Number: _______________________                      Expiration Date: _________________________

**A copy of the student’s health insurance must be provided with completed application**

Family Physician: _______________________________   Phone Number: __________________________
Dentist’s Name: ________________________________   Phone Number: __________________________
Date of last medical exam by licensed physician: _________________
Date of most recent tetanus inoculation: _________________
Allergies: (Circle all that apply)

- Penicillin
- Hay Fever
- Insect Bites
- NONE

Food Allergies: _________________________________________________________________

Other: _______________________________________________________________________

Allergy Medication (names and directions for dosage):

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

Vision corrected by: (Circle all that apply)

- Glasses
- Contacts
- None

Subject to: (Circle all that apply)

- Fainting
- Nosebleeds
- Headaches
- Panic/Anxiety
- NONE
- Other: ________________

Any disabilities or other condition(s) that will require special accommodations? □ Yes □ No

If yes, explain and give instructions: ______________________________________________

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

If taking any regular medication, give name(s) of medication and directions for dosage:

- ____________________________________________________________________________
- ____________________________________________________________________________
- ____________________________________________________________________________

If necessary, administer: (Circle all that apply)

- Aspirin
- Tylenol
- Motrin

(Talent Search does not have permission to administer)
MODEL'S RELEASE

I hereby grant Wichita State University and/or parties designated by Wichita State University (including clients, purchasers, agencies, and periodicals, or other printed matter and their editors) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from University-related photographs and/or audio recordings and/or video images of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I affirm that I am 18 years old or older:

Signature __________________________ Date ____________

Printed name __________________________

Witnessed by __________________________ Date ____________

If under 18 years old:

I am the parent or legal guardian of __________________________

I hereby approve the foregoing consent to Wichita State University’s use subject to terms mentioned above. I affirm that I have legal right to issue consent.

Signature __________________________ Date ____________

Printed name __________________________

Witnessed by __________________________ Date ____________

LOCATION:

DESCRIPTION:

PLEASE SUBMIT THE ORIGINAL, SIGNED FORM TO:
Office of Strategic Communications, 1845 Fairmount St., Box 62, Wichita, KS 67260-0062
Please note any special instructions, emergency concerns, or special arrangements: (e.g. health, custody, etc.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Parent Signature: _________________________________ Date: ____________________________
Please provide a list of people who ARE NOT authorized to contact and/or pick up your student during the Summer Enrichment Program.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_______________________________  ____________________________________
Parent or Guardian name (Please Print)  Signature of Parent or Guardian

Date: _______________________________