



Talent Search Application Packet College Camp '09

Deadline: Postmarked by Friday April 3th

To the Talent Search Applicant:

This program is designed by the Kuskokwim University Campus to identify and support students ages 11- H.S. Seniors who are interested in furthering their education.

Note:

1. Applications must be filled out completely. To make sure the application process is fair ******incomplete applications will not be considered.******
2. Please do not fax applications.

Instructions:

1. **Students and parents work to complete this application packet.**
 - a. *Students are not required to sign the kayaking form, but cannot kayak without it.*
2. **Teachers fill out the page titled *Student Assessment*. It can be mailed in with the application or separately.**
3. **Don't forget to include an Essay.**
 - a. **Attach a 1-2 page essay about yours. It should include these topics:**
 - i. Your interests and hobbies
 - ii. Why you want to come to Talent Search
 - iii. What do you know about college
 - iv. Why education is important

Once you have completed the application send it to the email address below or mail it to:

Talent Search
Kuskokwim Campus
P.O. Box 368
Bethel, Alaska 99559

If you have questions or concerns *please* call or email me at the number/address below. Thanks and good luck!

talent_search@bethel.uaf.edu

Talent Search Program:

1-800-478-5822 x559 or (907) 543-4559

Or Call the Kuskokwim University Campus

1-800-478-5822 or (907) 543-4500

More information at http://fc.bethel.uaf.edu/~talent_search



Educational Talent Search Application College Camp 2009

STUDENT INFORMATION

Date: _____.

Last Name _____ **First Name** _____ **Middle Int.** _____

Address _____ **Village/City** _____ **State AK** _____ **Zip Code** _____

Phone # (907) _____ **Age** _____ **Birth Date** / / _____ **Sex (circle)** Male/Female _____

Email Address _____

School Name _____ **School District** LKSD/LYSD/St. Marys/Yupiit/Kuspuk/Chevak _____

STUDENT INTEREST SECTION

Circle the types of jobs you think you would enjoy the most. Choose 3.

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> • Nursing/Health Care • Law Enforcement • Computers • Writer | <ul style="list-style-type: none"> • Education/Teacher • Pilot • Mechanic • Lawyer/ Judge • Accountant | <ul style="list-style-type: none"> • Construction • Librarian • Business • Army | <ul style="list-style-type: none"> • Tribal Council • Scientist • Other (write)
_____ |
|---|---|---|--|

What would you like to study at the College Camp? Circle as many as you like. Or fill in the following blank if you don't see anything that you are interested in!

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Computer Programs <input type="radio"/> Creative Writing <input type="radio"/> Journalism _____ | <ul style="list-style-type: none"> <input type="radio"/> Math <input type="radio"/> Science <input type="radio"/> Test-taking Skills <input type="radio"/> Typing Robotics |
|--|---|

FAMILY INFORMATION

Father/Guardian _____

Employer and Phone # _____

Mother/Guardian _____

Employer and Phone # _____

Language Spoken at Home _____

Does either parent/guardian have a 4 yr. degree? Yes ___ No ___

Foster Care? Yes ___ No ___

Case Worker Name and Phone #: _____

Ethnicity

CHECK ALL THAT APPLY

- | | |
|---------------------------|------------------------------|
| ___ Alaskan Native | ___ Native American (Not AK) |
| ___ Asian/Pacific Islands | ___ Hispanic |
| ___ African American | ___ Caucasian |
| ___ Other (Specify) _____ | |

INCOME DOCUMENT FORM

This information is **required** by the Federal Government and will be kept confidential. **IF** left blank, your child **will not** be considered for acceptance to the camps.

Total Number of Dependents (Including Parents and Student): _____

Please check the **annual net** income range appropriate for your family. (Line 39 of Form E1040)

_____ less than \$20,295 _____ \$25,296-\$27,315 _____ \$27,316-\$34,335 _____ \$34,336-\$41,355
 _____ \$41,356-\$48,375 _____ \$48,375-\$55,395 _____ \$55,396-\$62,415 _____ \$62,416-\$69,435
 _____ \$69,436-\$76,455 _____ \$76,456-\$83,475 _____ >\$90,495

NON-TAXABLE INCOME: If you (parent/guardian) received non-taxable income for the previous year, please check the source(s) below:

_____ Unemployment Benefits _____ AFDC _____ VA Benefits _____ Retirement Benefits _____ Food Stamps _____ Disability Benefits
 _____ Social Security Benefits _____ Other Sources (Specify)

STUDENT AND GUARDIAN PERMISSION FOR INFORMATION

To make sure this program can give the best support possible to our students, and to meet the reporting requirements of the U.S. Department of Education we need the ability to gather relevant information from the following agencies:

1. Schools and school districts about test scores, grade, phase, level and/or overall performance.
2. All standardized tests administered by the State of Alaska or your specific school district. Examples include: Achievement Test, Writing Assessment Test, Benchmark Test, High School Qualifying Exam, DRP, etc...
3. Use your Social Security Number to request copies of your financial aid application, transcripts, college enrollment status, National Student Clearinghouse, post-secondary institutions and awards from the federal and state funding agencies.
4. Communicate with representatives of all these agencies and any post-secondary institutions on your behalf.

I authorize the Talent Search Program to contact and request information, as well as share information to the above people, institutions and agencies.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

STATEMENT OF CONFIDENTIALITY

The information you provide on this form is confidential according to the Family Rights and Privacy Act. The U.S. Department of Education has the authority to gather the information requested in this application. The only persons authorized to examine the contents of this form are the students, their parents, employees at the school attended/attending and authorized Talent Search staff.

Please Check : **Yes (ii-i)** _____ **No (qang'a)** _____ Is it okay if your son/daughter is interviewed, photographed, videotaped or any similar electronic and mechanical means by other students or College Camp staff for documentation, educational purposes, or on radio, TV, printed news media or promotional materials?

Medical/Allergy Notification and Consent Form

I, _____ am the

- Parent
 - Legal Guardian
 - Other (if selected please state your relationship _____)
- (Check one box)

of the Talent Search Student named: _____, SS# _____.

Please answer *Yes* or *No* for all questions:

___ Yes ___ No

I authorize the college camp director to administer medication as authorized by me to my child. This can include over the counter medicine such as cough medicine or Tylenol. It may include prescription medicine brought to the camp by my child.

___ Yes ___ No

My child is currently **taking medication**.

___ Yes ___ No

my child has an **allergy**.

If you answered "yes" to either of these questions please write the Medication, with instructions or the allergy in this Box:

Medication/Allergy: _____
Instructions:

Leave alternative phone number to call incase of an emergency, if parents/ guardians cannot be found at home phone:

Alternative Phone Number 1: _____ Who's number: _____

Alternative Phone Number 2: _____ Who's Number: _____

Parent/Guardian Signature _____ **Date** _____

**AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH AND TO PROTECT THE UNIVERSITY
AND OTHERS FROM ANY SUCH CLAIMS THAT MAY BE BROUGHT**

I, being _____ years of age, have decided to participate in kayaking at the summer camp.

I made this choice in recognition and appreciation that there will be known and unknown risks, dangers or hazards that could injure or kill me which may be encountered in the above-mentioned kayaking. These risks, dangers or hazards include, among others, defective equipment which may break, be improperly adjusted, or be ill suited to my abilities or physical size or condition; and inadequate or erroneous information about risks, faulty warnings or improper directions from University personnel. I understand these risks can result in permanent damage to my spine, head, mind, bones, muscles, connective tissue, organs and other parts of my body. I recognize that these risks could kill me or leave me paralyzed, scarred, in terrible pain and emotional distress, destitute, subject to huge unpaid medical expenses, and/or no ability to earn a living. I recognize these consequences may be caused by the negligence, gross negligence or recklessness of the University of Alaska or my fellow students.

With all of the above risks, dangers, hazards and consequences in mind, I do hereby voluntarily assume all risks, dangers, and hazards that I may encounter during my participation in, and transportation to, from or as a part of, the kayaking. In addition, I declare that I intend that I, not the University, will be financially responsible for any death or injury that may occur to me during or as result of such participation or transportation, even if caused by the fault of the University.

Further, in consideration of being permitted to participate, I hereby agree to release the University of Alaska, the Board of Regents, officers, agents, and employees from all liability and claims of any kind. This includes claims for loss, expense, damages, punitive damages or attorney fees, which may rise on account of personal injury to me or my death. It also includes emotional distress to me or loss of companionship or support of my family, occurring during, or as a result of my participation in, or transportation to, from, or as a part of, this activity or (Course.) This release applies even if my injury or death is caused by the negligence, gross negligence, or recklessness of released parties.

Further, I promise to indemnify and hold harmless the University of Alaska, and pay its costs of defense if claims are brought by me or anyone else against any of the released parties to recover money, damages related to injuries, or death to me. This promise applies even if my injury or death is caused by the negligence, gross negligence, or recklessness of the University or other related parties.

I understand that special personal medical and accident insurance may be available to me, upon my request, through University of Alaska managed plans or otherwise, and that any obligation to purchase insurance is entirely mine.

I have entered into this agreement on the basis of my own information and not in reliance upon representations of the University or other released parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reasons, the balance of the agreement remains valid and enforceable.

I intend that this agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. .

By my signature, I represent that I have knowingly and voluntarily signed this agreement with the intent that it be a legally binding document designed to protect the University of Alaska and other released parties from all claims which could be brought by myself or anyone else on account of injury or death to me, regardless of cause or fault.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

The parent(s) or guardian must sign below if the student is under 18 years of age.

In consideration of UA's allowing the student to participate in Kayaking, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the student, including injury or loss claimed to be caused by the negligence of UA. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the student or by anyone on the student's behalf, or by any member of the student's family, or by another course participant, arising out of the student's enrollment or participation in the activity. This indemnity includes claims based on UA's negligence, gross negligence or recklessness, but not injuries or death that were intended by UA.

SIGNATURE: _____ DATE: _____
(PARENT OR GUARDIAN or CASE WORKER)

SIGNATURE: _____ DATE _____
(PARENT OR GUADRIAN)

Talent Search Student Assessment Form

To be filled out by the student's teacher or counselor.



To the Teacher,

Thank you for taking the time to complete this form. Because we serve every village in the Y-K Delta there will be an approximate cap of accepted students from each village. These scores will be used to compare students from within your village to each other, not with students from other villages. When complete, mail with the application or separately to the address below.

Student Name _____ Age _____ Village _____

1. Please indicate the students current grade, level or phase in the following subjects:

Reading _____ Writing _____ Math _____ Science _____

2. Using the following scale please rank the aptitude of the student in each category (5 being exceptional, 1 being very poor). If you are not familiar with the student's abilities in any of these aspects please mark with an X.

Reading _____ Writing _____ Math _____

Science _____ Computers _____

3. Describe this student's effort and or interest in school. Priority is given to low income, potential first generation college students.

talent_search@bethel.uaf.edu

**Talent Search
Kuskokwim Campus
PO Box 368
Bethel, AK 99559**

More information at http://fc.bethel.uaf.edu/~talent_search