



Office of Minority Affairs

Mail to: UW ETS, 1107 NE 45th St., Rm. 428 Seattle, WA 98105 Phone: 206.616.1948 Toll Free: 1.877.897.0136 Fax: 206.616.3089

PARENT APPLICATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

Child's Name: First Last MI Social Security #

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

City State Zip Phone: Grade:

A). Does your child qualify for free or reduced school lunch? B). Is your child a U.S. Citizen? If no, Permanent Resident?

ELIGIBILITY INFORMATION:

1. Parent's/Guardian's Name: First Last MI 2. Single Parent Household?

3. Does either parent have a Bachelor's Degree? 4. Parent Occupation:

5. Income: Please check one box. Total annual household income (taxable and non-taxable) for 2003.

- Income brackets: less than \$16,245, \$16,245-\$21,855, \$21,855-\$27,465, \$27,465-\$33,075, \$33,075-\$38,685, \$38,685-\$44,295, \$44,295-\$49,905, \$49,905-\$55,515, more than \$55,515

6. Number of people in household? 7. Number of children being supported?

RELEASE OF INFORMATION:

Student's Name: Social Security Number:

I hereby give my permission for my son/daughter to participate in all Educational Talent Search Activities. I hereby authorize University of Washington Educational Talent Search to release and obtain documents relative to and consistent with my child's education.

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: