





## EDUCATIONAL TALENT SEAR Office of Minority Affairs

**Mail to:** UW ETS, 1410 NE Campus Pkwy., Box 355845, Seattle, WA 98195 **Phone:** 206.616.1948 **Toll Free:** 1.877.897.0136 **Fax:** 206.685.5361

## PARENT APPLICATION FORM

| TO BE COMPLETED BY PARENT/GUARDIAN:  |   |       |         |                         |         |   |                          |  |
|--|---|-------|---------|-------------------------|---------|---|--------------------------|--|
| Child's Name   |   |       |         |                         | Costal  | Social Security #                             |                          |  |
| Cinu s Name:   | First                                       |       | Last MI |                         | Social  | Social Security #                             |                          |  |
| Mailing Address:   |   |       |         |                         | D' (L.) | D. 4  |                          |  |
|  | Street Address/P.O. Box                     |       |         |                         | Birth   | Birth Date: Month/Day/Year                    |                          |  |
|  | 24 <b>30</b> 01.1 <b>33</b> 1.255,2101.251. |       |         |                         |         | Monda Suy, 10a                                |                          |  |
| -  | City  | State |         | Zip                     | Phone   | <b>:</b>                                      | Grade:                   |  |
|  | City  | State |         | Zīþ                     |         |   |                          |  |
| A). Does your child qualify for free or reduced school lunch?  |   |       |         |                         |         |   |                          |  |
| ELIGIBILITY INFORMATION:   |   |       |         |                         |         |   |                          |  |
| 1 Daront's/Cuard   | lian's Name:                                |       |         |                         |         | <b>2. Single Parent Household?</b> □ Yes □ No |                          |  |
| 1. Parent s/Guaru  | ian's Name:                                 | First | Last    |                         | MI      | 2. Single Parel                               | it nousehold: Lifes Lino |  |
| 3. Does either parent have a Bachelor's Degree?  |   |       |         |                         |         |   |                          |  |
| RELEGIOE OF THE  | OMMINION                                    |       |         |                         |         |   |                          |  |
| 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. Such documents may include the following: transcripts, financial aid forms, letter of admissions, special education documentation, school lunch program eligibility, test results, and necessary documentation for follow-up on my admittance to an educational institution. In addition, I hereby give my permission for my child's name, photograph, work, and/or statements to be used by Educational Talent Search for the purposes of public relations.  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.  |   |       |         |                         |         |   |                          |  |
|  |   |       |         |                         |         |   |                          |  |

Parent's Signature:

Date:\_\_\_