



UNIVERSITY OF WASHINGTON
EDUCATIONAL TALENT SEARCH

FOR OFFICE USE ONLY
Staff Initials: _____
ID# _____

Office of Minority Affairs

Mail to: UW ETS, 1107 NE 45th St., Rm. 428 Seattle, WA 98105 Phone: (206) 616-1948 Fax: (206) 616-3089

The University of Washington Educational Opportunity Center is a program that provides FREE post-secondary planning assistance to program eligible participants

PLEASE PRINT

Name: _____
 Last First MI SSN# Date of Birth

Address: _____
 Street Address/P.O. Box Phone Email

City State Zip Sex: Male Female Citizenship: U.S. Citizen Permanent Resident

Race/Ethnicity: Asian (specify _____) Black/African American Hispanic (specify _____)
 Native American or Alaskan Native (Specify _____) White Pacific Islander
 Multi Ethnic (specify _____) Other _____

A. Did either parent graduate from a four year college? Yes No

D. What is your career interest? _____

B. How did you hear about the EOC?

E. When would you like to start school?
 Not sure Fall Winter Spring Summer

C. Current Grade Level (check only one-most recent)
 High School Incomplete College Incomplete
 High School/GED Graduate 2-Year College Graduate

F. What school(s) would you like to attend? _____

G. Do you have difficulty speaking English? Yes No

Employment: Unemployed Part-time Full-time

Marital Status: Single Married Divorced Widowed

Income: Please check one box. Total annual household income (taxable and non-taxable) for 2002. US Veteran: Yes No
 Please include public assistance (AFDC or other), Social Security, Child Support or Other.

less than \$13,470 \$13,471-\$18,180 \$18,181-\$22,890 \$22,891-\$27,600 \$27,601-\$32,310
 \$32,311-\$37,020 \$37,021-\$41,730 \$41,731-\$46,440 more than \$46,441

Number of family members supported by that income:(include yourself): _____

Disabilities: Yes No
 If yes, what type? _____
 Optional

Release of Information and Confidentiality

I hereby authorize the University of Washington Educational Talent Search to release and obtain documents relative to and consistent with my 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.

Signature: _____

Date: _____