



TRIO

PRE-COLLEGE YOUTH PROGRAMS

(208) 282-2717 | trio@isu.edu | isu.edu/trio

EDUCATIONAL TALENT SEARCH

ETS helps 8th-12th grade students visit colleges, explore careers, and navigate the processes necessary for college applications and financial aid.

UPWARD BOUND PROGRAMS

UB and UBMS prepare 9th-12th graders for college with intensive academic support, STEM activities, and living on the ISU campus for a 6-week Summer Academy.

All services are free to participants. Transportation from schools/communities and meals are typically provided.

YOUR FUTURE, OUR FOCUS

We'll help prepare you for college at no cost to you.



APPLY NOW

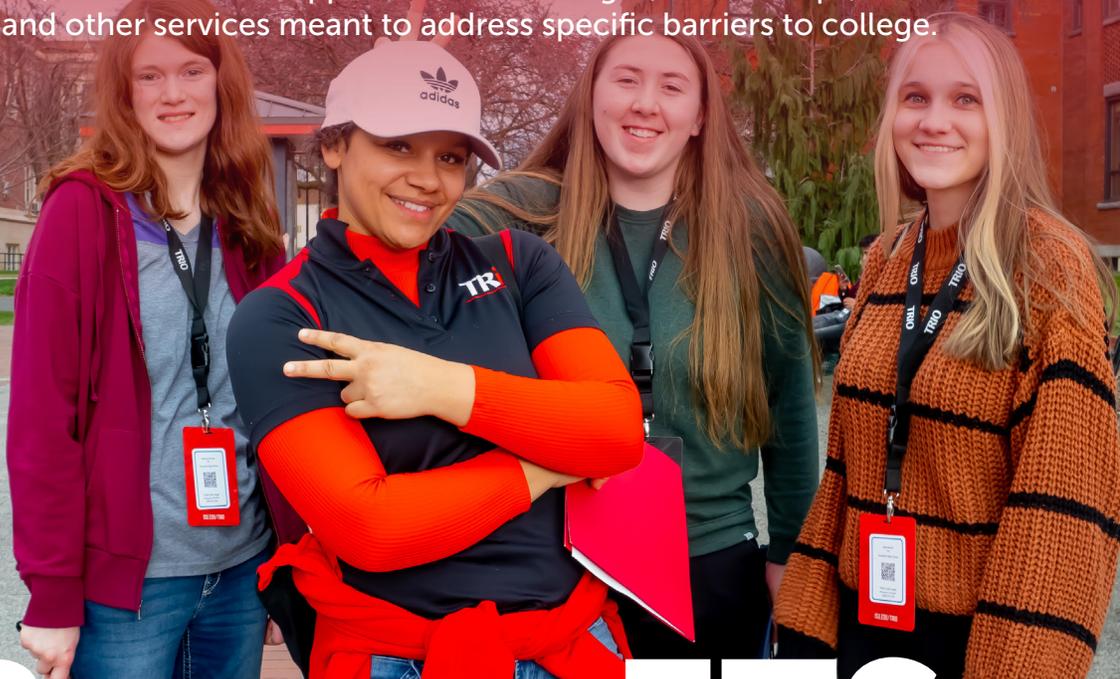
Scan the QR code for our online application.

WHAT IS TRIO?

TRIO is a nationwide set of programs, established in 1964 and 100% funded by the US Department of Education, to assist eligible students in earning a college degree. Students must meet income requirements and/or have parents without a 4-year college degree.

WHICH OPTION IS BEST FOR YOU?

TRIO Educational Talent Search (ETS) and Upward Bound Programs (UB and UB Math/Science) are precollege programs serving middle school and high school students. They both offer services such as tutoring; college entrance test preparation; assistance with applications for colleges, scholarships, and financial aid; and other services meant to address specific barriers to college.



UB

ETS

While UB and ETS have a lot in common, the Upward Bound Programs offer intensive academic and STEM experiences to 9th-12th grade students. UB Scholars participate in tutoring and activities on select Saturdays during the school year. During the 6-week summer program, students experience living and taking classes on the ISU campus.

On the other hand, Educational Talent Search focuses on meeting with students individually and offering college tours and college preparation activities throughout the year. ETS is for 8th-12th grade students looking to explore colleges and universities and taking the next steps to prepare for their college journey.



UPWARD BOUND PROGRAMS

(208) 282-2717
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isu.edu/trio

TALENT SEARCH

(208) 282-2717
triotalentsearch@isu.edu



isu.edu/trio



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TRIO Pre-College Student Application

Part 1

TRIO is a federal program 100% funded by the United States Department of Education to help encourage first-generation, limited income students further their education. **All program services are FREE of charge to the student.**

Program(s) interested in: Educational Talent Search Upward Bound or Upward Bound Math Science (Only available at select schools.)

Student Information *(Use only blue or black ink, no pencil)*

Legal First Name _____ M.I. _____ Legal Last Name _____

Date Of Birth (mm/dd/yyyy) ____/____/____

Gender assigned at birth Male Female If applicable, current gender identity: _____

Current School _____ Current Grade 8th 9th 10th 11th 12th

Are you currently enrolled in the Gear Up program? Yes No

Contact Information

Permanent Mailing Address _____

Apt _____ City _____ State _____ Zip _____

Student Primary Email _____ Parent Primary Email _____

Student Cell Phone _____ Parent Cell Phone _____

Ethnicity/Race

Is the applicant Hispanic/Latino? (Select One)

- No (please select your ethnicity/race below)
- Yes (if you answered 'Yes', you do not have to select ethnicity/race)

Is a language other than English spoken at home?

- Yes (Which Language: _____) No

Please select all ethnicities/races the applicant student identifies as (if any)

- American Indian/Alaskan Native Black/African American Asian Native Hawaiian/Pacific Islander White/Caucasian

Needs Assessment

Read the following questions and identify your response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I need to develop or improve my time management skills and habits	<input type="radio"/>				
I need to learn how to take better notes	<input type="radio"/>				
I need to learn test-taking strategies and techniques	<input type="radio"/>				
I need to develop strong study skills and habits	<input type="radio"/>				
I need to learn how to read a textbook more effectively	<input type="radio"/>				
I need to learn which high school courses are necessary for college	<input type="radio"/>				
I need information on college prep courses and dual enrollment	<input type="radio"/>				
I need to learn how to get involved in clubs and organizations	<input type="radio"/>				
I need to know how to prepare for a career that interests me	<input type="radio"/>				
I need to experience more cultural activities	<input type="radio"/>				
I need to learn more about ACT/SAT testing	<input type="radio"/>				
I need help visiting college campuses	<input type="radio"/>				
I need to learn about college programs and degrees	<input type="radio"/>				
I need help applying/understanding college applications	<input type="radio"/>				
I need to learn about searching for scholarships	<input type="radio"/>				
I need to learn more about filling out financial aid applications	<input type="radio"/>				
UB/UBMS only: I am committed to attending the entire 6 week summer program	<input type="radio"/>				

What colleges or universities are you interested in attending? _____

What are you interested in studying or majoring in? _____

TRIO Pre-College Student Application

Part 2

This section of the application must be completed by a parent or legal guardian. Program aims to work with eligible students to graduate from high school and enroll in post-secondary education.

Student Name _____ Name of School Attending _____

To Be Completed by Parent/Legal Guardian

TRIO is required to verify that our participants meet federal criteria based on educational background and household income level. TRIO ensures all information provided is held in the strictest of confidence.

Use only blue or black ink, no pencil.

Is the student a U.S. Citizen? Yes Permanent Resident (If born outside the U.S., please specify which country: _____)
(Please attach a copy of the student's alien registration card or I-94 Form)

Is the student eligible for Free or Reduced Lunch? Yes No Does the household receive SNAP benefits? Yes No

Who does the student primarily live with?

Birth/Adoptive Parents Mother Only Father Only Foster Parents Birth Parent/Step Parent Guardian Other _____

Birth/Adoptive Parent #1 Name: _____

Relation (select one) Birth Parent Adoptive Parent Not Available/Unknown

Indicate the highest level of education completed by birth/adoptive (not step parents):

High school/GED or less Some college (has not graduated) College (complete the information below)

Certificate/Associates (1-2 year degree): Institution Name: _____ Certificate/Associates in: _____

Bachelors (4-year degree): Institution Name: _____ Bachelors in: _____

Birth/Adoptive Parent #2 Name: _____

Relation (select one) Birth Parent Adoptive Parent Not Available/Unknown

Indicate the highest level of education completed by birth/adoptive (not step parents):

High school/GED or less Some college (has not graduated) College (complete the information below)

Certificate/Associates (1-2 year degree): Institution Name: _____ Certificate/Associates in: _____

Bachelors (4-year degree): Institution Name: _____ Bachelors in: _____

Household Income Information (Required by U.S. Department of Education)

Please provide the following information about the Household that the student primarily lives in.

Number of people in your Household: _____

Please only complete one of the following two options:

1. Taxable Income

Refer to IRS 1040 & 1040-SR line 15. Do not estimate - exact amount is required.

\$ _____

OR

2. Did Not File Tax Return

Please indicate parental monthly take-home pay, including child support, Social Security, etc.

\$ _____

Certification and Signatures Use only blue or black ink, no pencil.

I/We certify that all of the contents of this application is true and complete to the best of our knowledge.

I/We authorize the release of my high school records (transcripts/student grades/progress reports, standardized tests scores, PowerSchool/Infinite Campus records, special needs documentation, postsecondary enrollment status) to ISU TRIO staff.

I/We authorize the release of postsecondary placement information, using the student's Social Security Number.

I/we authorize through National Student Clearinghouse and/or the College/University Registrar to request & receive student data.

I/We authorize ISU TRIO representative to communicate with postsecondary institutions & enrollment/registrar offices to collect enrollment status, financial aid information and course schedule.

I/We authorize the release and exchange of the student financial aid information from colleges and/or federal government to ISU TRIO.

I/We understand that the completion of this application does not guarantee acceptance in the ISU TRIO program.

I/We authorize the use of my photograph in TRIO publications and media releases, record my likeness and/or voice on digital mediums that can be distributed on any medium (publications, Internet, etc.)

I/We understand that if I need accommodation for a disability to participate in ISU TRIO, or any of its scheduled activities, I must contact ISU TRIO at 208-282-2717 at least 30 working days prior to the activity.

I/We understand it is the responsibility of the parent to provide transportation to and from ISU TRIO activities.

I/We give permission for my student to attend and (when available) receive transportation to and from ISU TRIO activities.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

TRIO Idaho State University - TRIO Programs Parental/Guardian Permission & Assumption of Risk Form

Important - Please read. This form is to be completed by parent/guardian.

This parental/guardian permission & release form provides consent to Idaho State University (ISU) TRIO program participant (student) listed below to attend TRIO sponsored events/activities. The TRIO participant will need to complete an RSVP for each event as space is limited. The TRIO participant may be required to complete additional forms that are requested by third parties. TRIO participants must have fully completed and submitted the permission and release form to the TRIO office **before** participating in any TRIO sponsored event/activity.

Student Information

Students Legal First Name: _____ Students Legal Last Name: _____

High School: _____ Grade: _____

Gender assigned at birth Male Female If applicable, current gender identity: _____

Student Phone Number: _____ Student Email: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Relationship to Participant: _____

Parent Cell/Home Phone#: _____ Parent Email#: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

(Please list someone different from above listed parent/guardian):

Medical Information

Any information left blank, ISU TRIO will presume the participant has no listed medical needs. If medical information changes at any point after signing the document, ISU TRIO requires a written notice of the changes emailed to trio@isu.edu before participating in any TRIO sponsored event/activity

1. Please list any allergies or special dietary needs for the participant (student).

a. Allergies (list specific allergies): _____

b. Dietary needs: _____

2. Please list any medical condition of the participant : _____

3. Please list any medication(s) the participant is currently taking, along with dosage, timing and purpose:

4. Please place a check beside the items listed below that you give ISU TRIO Staff permission to administer to the stated participant (student) during TRIO events/activities, including generic brands. If you DO NOT check any boxes the University/TRIO CANNOT distribute any over-the-counter medication.

- | | | | |
|------------------------------------|----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> DayQuil | <input type="checkbox"/> Tums | <input type="checkbox"/> Pepto Bismal | <input type="checkbox"/> Benadryl |

Annual Parental/Guardian Permission and Release Form Consent

Signature on page two of this release hereby acknowledges that the information provided above for the participant (student) is true and accurate to the best of my abilities. Any updates or changes to the provided information will require me to provide those in written form to the TRIO office. The participant understands and is responsible/capable in administering their own prescription medication.

Office Use:

Date Turned in: _____ Advisor: _____

Blumen? Y/N Date Permission Slip Entered In: _____ Initial: _____

Idaho State University -TRIO Programs

Parental/Guardian Permission & Assumption of Risk Form

Student Information

Student's First Name: _____ Student's Last Name: _____

School Attending : _____ Grade: _____

Student Responsibilities

- Understand that University TRIO rules supersede rules from home.
- Respectfully follow directions of chaperons, tour guides, and respect fellow participants.
- Be on time for each activity: this includes each time we board the bus/train/plane.
- Never wear gang affiliated, revealing, and questionable or inappropriate clothing.
- Never use gang hand signs, use inappropriate, intimidating, harassing and/or profane language.
- Never bring weapons or display violent behavior.
- Understand students will not be able to leave with friends, family, or relatives while on the field trip.
- Avoid public and private displays of affection.
- Never enter the room/residence halls of an opposite gender.
- Understand there will be consequences, determined by chaperons/director, when rules are not followed.
- Understand parents will be called in situations involving tobacco, alcohol, drugs, weapons, and inappropriate behavior.
- Understand parents may have to pick up participants early in the event of illness, emergency, rules violation, or any incident involving the police.

Parent(s)/Guardian(s)

Idaho State University TRIO Program monitoring of participants activities and behavior on field trips:

1. Starts when participant boards the bus/van/plan at the beginning of the trip and;
2. Ends when participant departs the bus/van/plan at the end of the trip.

Assumption of Risk

Acknowledgement of Risk: Parents and participants who plan to attend any Idaho State University TRIO sponsored field during the course of participation in the program must sign this parental/guardian permission and assumption of risk form. I (meaning an adult participant for him/herself and/or parent/guardian of a minor participant on behalf of minor) acknowledge I will read all field trip agendas and do voluntarily accept all risks inherent, known, or unanticipated associated with participating in TRIO activities. These risks include, but are not limited to: physical or emotional injury associated with the activity, risks associated with transportation; reactions related to food consumption such as choking or allergic reactions, etc.; risks related to sporting events; risks related to activities involving water, including boating; damage to property or third parties, or even death. I certify that the participant (myself and/or minor child) has knowledge of the voluntary assumed risks, has no physical or mental limitations that would preclude safe participation, and will abide by the rules of the TRIO sponsored activity. I acknowledge that insurance coverage for bodily and property damage is my personal responsibility as is the cost of any necessary emergency medical treatment. I hereby give permission for emergency medical care, including transportation to and exchange of medical information with a medical facility. Furthermore, I grant ISU the right to use, for promotional purposes, any photographs or video footage taken of me or my minor child while participating in the TRIO activity. Use of own vehicle: I understand that if I drive my own vehicle to the event or pick up locations, or if I am a passenger in a vehicle not owned or operated by ISU, ISU is not responsible for any damage or injury caused by or arising from such transportation. I accept full responsibility for the liability, safety and security of myself and/or minor and any passengers, as well as the acts of myself for my minor child. Furthermore, I acknowledge that I am solely responsible for any action of my own and/or my minor child that arise outside the scope of those actions licensed by ISU for purposes of the TRIO sponsored activity, regardless if occurring before, during, or after the period of activity. I acknowledge and understand TRIO Access & Opportunity Programs rules of conduct on trips (attached to field trip permission slip) and failure to obey chaperon's rules and expectations will result in expulsion from the activity. Misbehavior of any type could lead to expulsion from the program. If I am executing this document as a parent/guardian of a minor child, I represent and warrant that I have the legal right to execute this form on behalf of the minor and that the form, once executed by me, is fully enforceable in accordance with its terms.

Signature means you have READ and UNDERSTAND Idaho State University policies, TRIO Programs Rules/Expectations, the Medical Release form, and all information provided on page 1 of the permission slip are complete and accurate.

Student Signature

Date

Parent/Guardian Signature

Date