



Renaissance Talent Search Program Presents

Realizing the College Dream

is an educational workshop geared towards helping high school students achieve the first step of **aspiring** to go to college.

The purpose of this event is for students to see themselves as a college student by looking at their **intended lifestyle, budget, careers, housing criteria,** and **determine the cost of that life.** In addition, students examine possible college majors, colleges, and careers. The event consists of a variety of interactive activities that help students begin to formulate their ideal life, including thinking about what it will take to get there - from college, to major, to career.

WE WANT YOU!



Register today!



The Talent Search program is funded by the US. Department of Education. Grant number P-044-A-160797

(Phone) 919-416-1736

www.renaissance-ed.net

(Fax) 866-770-4766

Date: Saturday, March 14, 2020

Location: The Solution Center
1101 Slater Road, Brighton Hall, Suite 200
Durham, NC 27703

Time: 09:30 am or 12:30 pm

must be a Talent Search participant to attend

FOOD WILL BE PROVIDED

Please register to attend:

<https://tinyurl.com/RTCDMar2020TS>

or contact Ms. Anna at (919) 416-1736 ext. 26

- All registrants receive a resource workbook, access to all workshop activities, food, and student give aways.

FREE EVENT FOR STUDENTS

Renaissance Talent Search Application

2019 -2020

Student Information

First Name: _____ Last Name: _____ MI: _____

Home #: _____ Cell #: _____ DOB: ____/____/____

Address: _____ City: _____ State: ____ Zip Code: _____

E-mail Address: _____ Gender: Male Female

School: _____ Grade: 6 7 8 9 10 11 12

Are you a U.S. Citizen? Y or N If no, specify _____ Do you want to go to college? Y or N

Ethnic Background (check all that apply): Degree you plan to obtain (check all that apply):

African American or Black White High School Diploma Associates
 Hispanic or Latin Asian/Pacific Islander Bachelors Masters
 American Indian/Alaskan Native Other Doctoral Undecided
 Native Hawaiian/ Pacific Islander

What is the primary language spoken at home? English Spanish Other (list): _____

Who do you currently live with? Father & Mother Father Only Mother Only

Guardian Name of Guardian(s): _____

Have you ever applied, or participated in, an Educational Opportunity Program (i.e. Upward Bound, GEAR UP, etc.)? Y or N If yes, please specify: _____

By signing below, I certify that all information provided above is true and complete to the best of my knowledge. I also affirm that I have a desire to enroll in college after graduating from high school and seek help with understanding how to apply and pay for college.

Student Signature

Date

Parent/Guardian Information

Mother/Guardian Name: _____ Father/Guardian Name: _____

Mother/Guardian Cell #: _____ Father/Guardian Cell #: _____

Mother/Guardian Highest College Degree Earned: Father/Guardian Highest College Degree Earned:

None Associates Bachelors (or higher) None Associates Bachelors (or higher)

Please answer all questions below

Is the student above in foster care? Yes or No

Does your child receive free lunch? Yes or No

Is the student above or his/her family homeless? Yes or No

Do you receive financial assistance from the government? (Please check all that apply)

Yes, Unemployment Yes, Food Stamps Yes, TANF No

Circle how many people live in your house (include yourself)? 1 2 3 4 5 6 7 8+

By signing this document, I, the parent/guardian certify that the information provided on this form is true and complete to the best of my knowledge, I authorize the minor child to participate in this program, and I agree to adhere to all policies and procedures in the student and parent handbook. Further, I, the parent/guardian authorize the agency to access or receive copies of my child's academic and school records to complete the application process for academic assessment, program evaluation, and mandatory reporting. For federal reporting purposes, this release is good for ten years post signature.

Parent/guardian,
please check your total
taxable income.

 \$0 - \$19,140

 \$19,141 - \$25,860

 \$25,861 - \$32,580

 \$32,581 - \$39,300

 \$39,301 - \$46,020

 \$46,021 - \$52,740

 \$52,741 - \$59,460

 \$59,461 - \$66,180

 \$66,181 and up

Parent/Guardian Signature

Date

Last revised 03/04/2020 AR/FJ

Admission into the Renaissance TS Program is open to those who meet eligibility criteria, regardless of gender, race, national origin, color, age, religion, or disability (USDOE – GEPA Section 427). The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is the law providing for the review and disclosure of student educational records. TRIO will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student, except as authorized by FERPA.

STUDENT CONTACT WORKSHEET 2019-2020

**** **ATTENTION** **** Please complete and return this form to a program staff member.

Student Name: _____ SSN: _____

Email Address: _____

Phone: _____ Date of Birth: _____

Mailing Address: _____

Street Address

City

State

Zip Code

Preferred Method of Contact: Phone Email

Prior Year School Data

Grade Level (2018-2019): 9th 10th 11th 12th Other: _____

What school did you attend during the 2018-2019 year?: _____

Current Year School Data

Grade Level (2019-2020): 9th 10th 11th 12th Other: _____

What school are you currently attending during the 2019-2020 year?: _____

Are you limited English proficient?

Yes No

Are you a veteran?

Yes No

During the last year, have you participated in any of the following programs?

Upward Bound No Yes If yes, what program? _____

GEAR Up No Yes If yes, what program? _____

21st Century CLC No Yes If yes, what program? _____

STUDENT STATEMENT OF UNDERSTANDING

By signing below I acknowledge that the information is true and accurate.

Signature: _____ Date: _____

FOR INTERNAL PROCESSING ONLY

Date Received: _____ Received By: _____

**RENAISSANCE TALENT SEARCH PROGRAM
MEDICAL INFORMATION AND FIELD TRIP PERMISSION SLIP**

STUDENT INFORMATION:

Child's Full Name (Talent Search Participant): _____

Date of Birth: _____ Social Security Number: _____

Child's Phone Number: _____ Email address: _____

EMERGENCY CONTACT:

Please provide an **emergency contact** / persons authorized to pick up your child from the **Talent Search Program**:

Name (First and Last): _____ Phone #1: _____ Phone #2: _____

Relationship to Child: _____ Gender: M F

STUDENT'S INSURANCE / MEDICAL INFORMATION:

Primary Insurance: _____

Policy Number: _____ Group Number: _____

Does your child have diagnosed allergies?: No Yes - please list: _____

Does your child have asthma?: No Yes - if yes, please list inhaler information: _____

Please identify any other health / medical information we should be made aware of here: _____

PLEASE READ THE FOLLOWING AND SIGN / DATE AT THE BOTTOM OF THIS FORM INDICATING THAT YOU HAVE READ AND UNDERSTAND ALL POLICIES:

1. **Physical Activity:** I permit my child to participate in physical activity as a part of The Renaissance Education Group, Inc (agency).
2. **Field Trips / Learning Events:** I permit my child to attend field trips and other learning events with the agency.
3. **Academic Records Release:** I, the parent/guardian, authorize The Renaissance Education Group, Inc. to access or receive copies of academic and school records for academic assessment, program evaluation, and mandatory reporting.
4. **Image / Photo Release:** I authorize photographing or digital images to be taken of my child to promote the agency.
5. **Transportation:** I authorize the agency to transport my child for program activities. I release all claims and actions against the The Renaissance Education Group, Inc. (agency, staff, and board members) in the event of injury, death, or property damage or loss.
6. **Cell Phones:** I understand that my child is not to use his or her cell phone during organized activities, unless permitted by staff, and will be confiscated for failure to do so. In the event of confiscation, cell phones will be returned to a parent/guardian at the end of the event/activity.
7. **FERPA / HIPPA:** I understand the program may have access to my child's academic and medical records, but will ensure that the privacy and confidentiality standards under federal law are maintained.
8. **Indemnity:** I understand that program activities may involve inherent risks, and I hereby assume all risks and hazards incident to my child's participation in the program. I further waive, release, absolve, indemnify, and agree to hold harmless The Renaissance Education Group, Inc., it's programs, board, employees, volunteers, and vendors from any legal claims, liabilities, damages, and costs for any physical injury, death, or damage to my personal property or my child.
9. **Personal Items:** I understand that The Renaissance Education Group, Inc. is not responsible for any personal items lost or stolen.
10. **Inclement Weather:** I understand that programs are not available during inclement weather or office closings.
11. **Medical:** I consent to medical treatment at a clinic, medical office, urgent care facility, hospital and/or emergency treatment center as deemed necessary by the staff of The Renaissance Education Group, Inc., and the release of records to said parties. I consent to treatment, surgery, anesthesia, admission, and/or discharge as deemed necessary by the attending physician or medical professional.

I, the parent/guardian, have read and understand all policies and releases stated above, fully comply, and will contact the Project Director (Talent Search) or **The Renaissance Education Group, Inc.** if clarity is needed.

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Signature: _____ Date: _____

The parent / guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this program to rely upon this representation for all purposes related to the program. Further, this form shall be submitted prior to any field trip, for each student, at the request of the agency.

PLEASE RETURN TO THE PROGRAM DIRECTLY

(for record keeping purposes and federal reporting purposes, this form is good for ten years post signature)