

TALENT SEARCH-INCOME VERIFICATION

Documentation about your family income is required to complete your child's file. OR YOU CAN COMPLETE THE FORM BELOW.

This information is strictly confidential and will be used for the purpose of evaluating eligibility for the Talent Search Program only.

Student's Name: _____

School: _____

1. Your **Taxable Income** (located on your **Federal Tax Form**): _____

2. If you or your parent(s)/guardian(s) did not file an income tax form, please provide the following information regarding the source and amount of your nontaxable income:

SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME
AFDC or W2	\$ _____	Social Security	\$ _____
Retirement/Pension	\$ _____	Net Salary	\$ _____
Other	\$ _____	Food Stamps	\$ _____

4a. Does your child receive Free Lunch (please circle one) YES or NO

4b. If NO, is your child eligible for Free Lunch at school (please circle one) YES or NO
Circle the size of your family.

1 2 3 4 5 6 7 8 more than 8 members

I certify that I have read this document and that it is accurate and complete to the best of my knowledge.

Parent/Guardian Signature

Date

For Office Use Only					
Family size	Income Reported (See above)	Free Lunch		Meet Low Income Guides Lines	
		Yes	No	Yes	No
Federal TRIO Programs 2009 Annual Low Income Levels (Effective January 23, 2009 Until Further Notice)					
Size of Family Unit		48 Contiguous States, D.C., and Outlying Jurisdictions			
1		\$16,245			
2		\$21,855			
3		\$27,465			
4		\$33,075			
5		\$38,685			
6		\$44,295			
7		\$49,905			
8		\$55,515			

For family units with more than eight members, add the following amount for each additional family member: \$5,400 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,750 for Alaska; and \$6,210 for Hawaii.

**University of Wisconsin – Milwaukee Talent Search Program
Behavioral Contract for Students**

Our workshops and activities are designed to help you increase your academic and social abilities -- helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Both parents and students are asked to read and sign this paper below. Thanks!

Student Responsibilities

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. To not bring radios, headphones, beepers, or cellular phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
10. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. UWM, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

Parent/Guardian Responsibilities:

1. To encourage your student to participate and do his/her best -- your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program -- please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Talent Search Program.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

University of Wisconsin-Milwaukee
Talent Search Program

PARENT CONSENT AND AUTHORIZATION FORM

I, _____ hereby consent to the participation of
(Parent/Guardian Name)

_____ in UWM Pre-college.
(Student Name)

I give permission for my child to go on supervised field trips authorized by the program. Transportation may be provided by bus or private car.

I hereby voluntarily assume all risks and responsibilities surrounding my child's participation in the pre-college programs. I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System, its officers, agents, employees, and volunteers from any liability or damage to personal property or personal injury, which may result from my child's participation, unless such damage or injury is the result of negligence on the part of the University.

I hereby consent/authorize for my child to receive emergency medical care in the event that I cannot be reached. This authorizes University personnel to obtain treatment from any reasonably accessible health care institution should the need arise. I understand that I am responsible for the cost of all services and medications, excluding those that maybe the responsibility of the University as indicated in the above paragraph.

I grant the UWM Pre-college programs permission to obtain a copy of middle school grade reports and high school transcripts and all available test scores concerning academic progress. I understand that this information will be used solely by the pre-college programs and the contents will be kept in the strictest confidence.

My signature below certifies that I have read, understood, and agreed to the above. I also understand that this document will be valid throughout my child's involvement in the Talent Search Program.

Parent/Guardian Signature

Date

University of Wisconsin-Milwaukee
Talent Search Program

STUDENT AND PARENT/GUARDIAN CONTRACT

In order for us to serve you with a strong academic program, we must have a sincere commitment from you and your parent(s)/guardian(s).

Participants are expected to make a firm commitment to participate in all program activities.

PLEASE READ THE FOLLOWING VERY CAREFULLY.

I understand that during my participation in the UWM Educational Talent Search Program:

1. My purpose will be to prepare for entrance into a postsecondary program at a college, university or institution.
2. I will accept all appointments and attend all meetings throughout the Educational Talent Search Program (i.e., workshops, tutoring, and field trips, etc).
3. I will abide by all rules and regulations of the Educational Talent Search Program and the University of Wisconsin-Milwaukee.
4. Poor attendance or lack of participation will be basis for dismissal from the program.
5. I/we, the parent(s)/guardians(s), will provide, to the best of my/our ability, the necessary support and assistance to prepare this young person for high school completion and postsecondary education.

Student Signature

Date

Parent/Guardian Signature

Date

School

Grade

PARENT PARTICIPATION FORM

Dear Parent:

I am _____, your child's Talent Search advisor. I look forward to working with you to discuss ways in which we can help your child excel in school and get the maximum benefit from our program. Since you know your child better than I do, I value your views on his/her academic progress. I will also be working in close contact with the school about your child's progress. I am sure that together we can ensure your child the most positive academic experience.

Please complete the following information:

Name: Parent/Guardian
(First/Last/Middle Initial)

Address: Street/Apt.#
City State Zip Code

(____)_____
Home Phone #

(____)_____
Work Phone #

Child's Name: (First/Last/Middle Initial)

School

Grade

Please answer the following brief questionnaire. This will help me to focus on your concerns in addition to the services I have planned for your child.

1. How do you feel your child is performing in school so far this year compared to other years?

2. What concerns do you have with regard to your child's:

a. School participation and performance?:

b. Homework and after school activities?:

3. What subject area(s) does your child seem to have a problem in and what kind of help do you suggest will help him/her improve?

4. What enrichment activities, remedial areas or summer programs would you recommend for your child?

5. Do you notice any habits, behavioral traits, or hobbies that you think we should:

a. Encourage:

b. Discourage:

Any other information you may want to communicate:

What would be a convenient time for us to meet (if necessary)?

Day: Monday Tuesday Wednesday Thursday Friday

Time: Mornings Afternoons

If you have any questions, please feel free to contact me at **229-3813**.

Give this form to your counselor or teacher to fill out. Have them return it in the envelope enclosed or mail it to the Talent Search Office:

University of Wisconsin-Milwaukee Talent Search Program
MITCHELL HALL, ROOM 233 P.O. Box 413 Milwaukee, WI 53201
(414) 229-3813

RECOMMENDATION FORM

SECTION I: APPLICANT COMPLETE SECTION I (PLEASE PRINT)

Name of applicant: _____ Social Security #: _____ - _____ - _____

Name of Applicant's School: _____ School Phone #: () _____ - _____

SECTION II: COUNSELOR OR TEACHER COMPLETE SECTION II (PLEASE PRINT)

Name of person completing this section: _____

Position or job title: _____

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

Please check the appropriate response to each category:

Performance	Unable to comment	Outstanding	Above Average	Average	Below Average
Academic ability					
Motivation					
Reliability/Responsibility					
Attitude					
Behavior					
Attendance					

Which of the following best describes the student's current academic program? _____ General _____ Advanced

The applicant's: _____ GPA _____ Rank (If available)
 If the Grade Point Average (GPA) is not available, what is the history of the student's grades? _____

Section III: Candidates must have an academic need to be eligible for participation in the Talent Search Program (i.e. low test scores, poor study skills, low grades, etc). Please comment on the candidate's strengths and weaknesses and how this applicant may have a need for program services. Your written comments will help us in our evaluation of this candidate for the program. Continue on the back of this sheet if necessary. Please enclose a current report for the above named student.

Signature _____ Date _____
 Day Time Phone Number: () _____ - _____