



Hawai'i Educational Talent Search
Serving Kā'ū, Kea'au and Pāhoa

HETS Phone: (808) 313-3451 Email: jomoy@hawaii.edu



HETS STUDENT APPLICATION

Funded by a grant from the U.S.
Department of Education

STUDENT INFORMATION

Students Name: _____
LAST FIRST MI

Mailing Address: _____ **Apt. #** _____
STREET ADDRESS/P.O. BOX

CITY STATE HI ZIP CODE

Home Phone: _____ **Other Phone:** _____

Email: _____

Date of Birth: ____/____/____ **Gender:** Male Female

School: Kā'ū Kea'au Pāhoa **Current Grade:** 9 10 11 12

Repeating Grade? Yes No **Is English a second language for the student?** Yes No

Ethnicity: (Check all that apply) American Indian or Alaskan Native Asian
 Black or African American Hispanic or Latino White Native Hawaiian or Other Pacific Islander

Citizenship: United States Citizen Eligible Non-Citizen Neither of these two

Eligible Non-Citizens includes: U.S. National; Permanent Resident of the U.S. or Guam or the Northern Mariana Islands or the Trust Territory of Palau; Resident of the Freely Associated States – Federal States of Micronesia, or the Republic of the Marshall Islands; or a permanent U.S. resident application pending approval from the Immigration and Naturalization Service.

I would like help in the following areas: (Check all that apply)

- Career Exploration
- Long-term Goal Setting
- Time Management Skills
- College Exploration/Admission
- Course Selection/Guidance
- Reading/Writing Skills
- Financial Aid/Scholarship(s) for College
- College Campus Visits

Do you plan to go to college after you graduate from high school? Yes No Unsure

STUDENT REQUIREMENT AND COMMITMENT

Your participation and commitment as a student is necessary for you to achieve your post-secondary goal. Please check *Yes*, *No**, or *Unsure** for each stated commitment below:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I will attend a minimum of 3 HETS sponsored events during the school year |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I will meet with my HETS Program Specialist at least four times or more each school year |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | If I have an email, I will check and reply back to all HETS emails on a daily basis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I will make every effort to keep my commitment and give 110%, a 100% of the time! |

**If you checked "No" or "Unsure" for any of the commitments above, PLEASE see your HETS Program Specialist immediately.*

FAMILY INFORMATION

Does the student participate in the school's free or reduced lunch program? Yes No
 If yes, please check which one: FREE REDUCED

Is the student in foster care or otherwise a ward of the State/court? Yes No

Do you receive non-taxable income? Yes No If yes, please describe _____

Father/Male Guardian	Mother/Female Guardian
Last Name _____	Last Name _____
First _____ MI _____	First _____ MI _____
Relation to student: <input type="checkbox"/> Birth Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	Relation to student: <input type="checkbox"/> Birth Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Work phone (1) _____	Work phone (1) _____
Cell phone (2) _____	Cell phone (2) _____
Do you have a 4-year bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of college or university: _____	Do you have a 4-year bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of college or university: _____

Number in household (including student) _____

Number in household: Parent(s) or Adoptive parent(s), children and other people if they lived with you and you provided more than half of their support during the past tax year.

INFORMATION ENDORSEMENT

In order for Hawai'i Educational Talent Search (HETS) to provide effective counseling and other services to the enrolled participants, I/we authorize HETS program, staff and representatives to:

- Have access to a copy of the participants: school transcripts, test scores (PSAT, SAT, ACT, and others), course registration and Free and Reduced Meal information
- Discuss the participants financial situation with financial aid officers, staff and organizations
- Discuss the participants academic, personal and financial situation with school personnel
- Communicate with representatives from agencies and post-secondary institutions on the participants behalf
- Supply representatives from post-secondary institutions with the participants name and address for the purpose of providing information to the participant about college and other educational opportunities

I/We further understand that HETS may document program events, via photographs, videos and/or other media including internet, digital, and grant permission for the participant's image and likeness to be used for promotional material without compensation.

STUDENT WAIVER

I/We acknowledge the risk of personal injury arising from attendance at any and all Hawai'i Educational Talent Search (HETS) sponsored activities. I/We indemnify and save harmless University of Hawai'i System (HETS), its officers, employees and representatives from any and all liability should any accident or injuries occur to my child while participating in any HETS program activities.

If my/our child should require medical attention and every reasonable effort has been made to contact me, I/we authorize HETS personnel to seek medical treatment for my/our child. In case of medical emergency, I/we consent to and authorize the treatment and medical attention of my/our child by medical professionals, or those under their supervision, should injury or illness arise. Should medical attention become necessary, I/we accept responsibility for all medical expenses and other related charges or claims arising from such medical treatment or care, and release the University of Hawai'i (HETS), its officers, agents, community partners, and employees from any liability, claims, or demands connected with such treatment or care. I/We also understand that HETS will not be responsible for my child after he or she leaves the scheduled programs.

I/We agree to the aforementioned terms of the preceding "Information Endorsement" and "Student Waiver". I/We also certify that all information provided on this form is true, correct and complete to my/our knowledge.

Student Name _____ Date _____

Student Signature _____

If participant is under 18, ONE or BOTH parent(s)/guardian(s) must sign

Mother/Guardian Name _____ Date _____

Mother/Guardian Signature _____

Father/Guardian Name _____ Date _____

Father/Guardian Signature _____