



COAHOMA COMMUNITY COLLEGE EDUCATIONAL TALENT SEARCH

				MI:	
Mailing Address:					
Phone:	Birthda \ PP G G	1111	Socid Security #: _	-	
Sex: Male	FemaleAre You a U.S. Citizen?	Yes	No		
Ethnicity:	2 W K H U:				
	kaccount? Yes No Name of School Y			o Receive Text? Yes No	
Current Grade:	GPA:Are you a du	ual enrollmen	t student Yes No If ye	es, what course	
Are you enrolled in a rig	gorous curriculum (advanced courses)	? Yes N	o If yes, what class? _		
Name of college, unive	rsity, or tech				
All information will be With which parent doe	held in strict confidence. es the child live? Both Me	other/Guardia	an Father/Guardia	n	ation
Does your mother hav	e a Bachelor's Degree? Yes	1 Roes y	our father have a Bache	elor's Degree? Yes	No
	Information: (Please provide the				e with
Address					
City/State/Zip					
Home/Cell/Work Phone)				
Emergency Contact Pe	erso <u>n</u>	_Relationship	to Student	<u>Ph</u> one	
I would like to parti	cipate in ETS and receive the fr	ee services	s and benefits provi	ded.	
Student ¶ Signature					

CONFIDENTIAL FAMILY INCOME AND INFORMATION
You must complete all portions of this application to be considered for eligibility