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| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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**Educational Talent Search**

**Participant Agreement**

Educational Talent Search is committed to assisting students and their families in achieving their academic, college, and career goals. We are a program that advocates for success in education and we desire to help our students succeed in both high school and college. In order for Educational Talent Search advisors to be effective, we must service committed students. We seek students that set academic standards of excellence for themselves in hopes of attaining high school graduation and post-secondary enrollment.

Educational Talent Search seeks students that are not only committed to their academic achievement, but also, to the ETS Program. The following are requirements that must be agreed upon by the student in order to be an ETS participant. Please initial by each statement:

\_\_\_\_\_\_\_\_ I will meet with my academic advisor at California State University, Bakersfield at least

 once every quarter.

\_\_\_\_\_\_\_\_ I will notify my ETS advisor of any address or phone changes within two weeks of the

 change up until six years after high school graduation.

\_\_\_\_\_\_\_\_ I will participate in at least one major ETS workshop/event given throughout the school

 year.

\_\_\_\_\_\_\_\_ Upon graduating from high school, I will provide my ETS advisor with verification of my

 post- secondary education enrollment in the form of a college class schedule and/or

 admissions acceptance letter.

\_\_\_\_\_\_\_\_ I will become a friend of the Educational Talent Search Program Facebook social media

 platform page. ***(Search for CSUB Trio ETS).***

\_\_\_\_\_\_\_\_ I will notify my ETS advisor if I no longer desire to receive ETS services.

\_\_\_\_\_\_\_\_ I will attend tutorial services if I fall below a 2.0 G.P.A.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the above statements and if I fail to commit to these requirements I may be terminated from the program; no longer having access to ETS assistance.

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**(Student Name: Print) (Student Signature) (Date)**

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 **(ETS Staff Name) (ETS Staff Signature) (Date)**

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 **(Optional: Parent Name) (Parent Signature) (Date)**