COLLEGE PLANNING STARTS NOW.

Join TRIO Talent Search.

Apply Today!

What is TRIO Talent Search?

Educational Talent Search is a federal program designed to help middle school and high school students enroll in college or vocational technical school and apply for financial aid. ETS is available to TRIO sponsored schools in Southeast Idaho and the Magic Valley. For a list of participating schools, please visit our website at isu.edu/trio.

Eligibility Criteria

To qualify for talent search and individual needs to meet at least one of the following criteria:

- Parent(s)/Guardian(s) did not complete a bachelor’s degree
- Meet federal requirements for limited-income
- Have a need for the program services

Application information will be used to determine eligibility. Program requires 2/3 of students to be first generation & limited-income. ETS is only available to students who attend a TRIO ETS serving school - contact your counselor for more information.

Support Services Offered

Services are free to participants.

- Academic, financial, career, or personal counseling including advice on entry or re-entry to secondary or postsecondary programs
- Career exploration and aptitude assessment
- Connections with tutorial services
- Information on postsecondary education
- Exposure to college campuses
- Information on student financial assistance
- Assistance in completing college admissions and financial aid applications
- Assistance in preparing for college entrance exams
- Mentoring programs

Apply Online Now.

Scan the QR code below with your camera.
You will be redirected to an online application for TRIO ETS.

TRIO Access and Opportunity Programs
Idaho State University
921 S. 8Th Ave., Stop 8345
Pocatello, ID 83209

TRIO | (208) 282-3242 | trio@isu.edu | isu.edu/trio

TRIO Access & Opportunity Programs are fully funded by the Federal Department of Education.
COLLEGE. GET A HEAD START.

JOIN TRIO UPWARD BOUND/UPWARD BOUND MATH SCIENCE

What are the Upward Bound Programs:
Upward Bound is a federally funded program for high school students from low-income backgrounds and/or potentially the first generation in their family to complete a 4-year college degree. The primary objective of the program is to assist students in preparing for a post-secondary education. UBMS pays special attention for those students interested in science, technology, engineering, or math.

PROGRAM SERVICES OFFERED
Services are free to students.

- **ADVISING:** Academic Advising, Class Scheduling, Postsecondary Education Selection, Choosing College Majors and Careers
- **ACADEMIC SUPPORT:** Weekly Academic Year Services, After-School Tutoring, and Workshops.
- **POSTSECONDARY SCHOOL SELECTION:** Field Trips, Exploring College Choice, and College Application Assistance.
- **FINANCIAL ASSISTANCE:** FAFSA Assistance and Workshops, Financial Literacy Workshops and Scholarship Assistance
- **MANDATORY SUMMER PROGRAM:** 6-week Residential Program, High School Elective Credits, Dual College Credits

Summer Experience.
In addition to school year services, the primary portion of the program consists of a six-week residential summer program. During this portion, the students live in University housing and participate in a wide variety of activities, including both academic and recreational/social activities. The academic schedule includes classes taught by high school and college instructors in the standard core areas of math, science, reading, writing, and foreign language exposure. All courses are geared towards college preparation, which are offered for credit toward high school graduation. Classes are very small and each student receives a great deal of individual attention. The program provides a positive learning atmosphere and personal interaction between teachers and students. Upward Bound students have full access to University facilities. The entire range of student participation is shared and supervised by tutor/mentors, college students who work for the program and live in the dorms with the students.

UB/UBMS ELIGIBILITY CRITERIA
To qualify, an individual needs to meet at least one of the following criteria:

- Parent(s)/Guardian(s) did not complete a bachelor’s degree
- Meet federal requirements for limited-income
- Have a need for the program services
- All applicants must have a 2.5 cumulative grade point average at the time of acceptance

Application information will be used to determine eligibility.

APPLY FOR UPWARD BOUND/UBMS
Program has limited availability.

- Complete the application in its entirety.
- Provide student social security number (federal requirement)
- Personal statement
- Nomination form completed by a teacher, counselor, or other person in a similar position.
- Copy of your most recent high school transcript.
- Submit Upward Bound Application to TRIO Coordinator or mail to:
TRIO Access and Opportunity Programs
Idaho State University
921 S. 8Th Ave., Stop 8345
Pocatello, ID 83209
FAQ’s About First-Generation

1. Am I still FG (First-Generation) even though my siblings went to college?
   For TRIO eligibility, you are still considered first-generation EVEN if your siblings graduated with a Bachelor’s Degree. TRIO only looks at your biological parents’ education level.

2. What if my parent(s) attended college, but did not graduate or they are still attending college?
   If they did not graduate, then you are still first-generation. You will be considered first-generation until either parent graduates with a Bachelor’s Degree.

3. What if my parent(s) attended college and graduated with a certificate or an Associates Degree?
   You would still be considered first-generation. It is only when parent/s receive a 4-year degree that the TRIO student is no longer considered first-generation.

4. What if my biological parent(s) received a four year degree, but do not use it?
   Unfortunately, under TRIO guidelines, you would not be considered first-generation.

Does the student qualify as limited income?

Limited income is defined as a person or family that earns less than or equal to poverty levels defined by the U.S. Department of Education. Limited-income guidelines are updated every year. Below are the limited-income guidelines for the 2021 year.

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Income Bracket</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19,320</td>
</tr>
<tr>
<td>2</td>
<td>$26,130</td>
</tr>
<tr>
<td>3</td>
<td>$32,940</td>
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<tr>
<td>4</td>
<td>$39,750</td>
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<tr>
<td>5</td>
<td>$46,560</td>
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<tr>
<td>6</td>
<td>$53,370</td>
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<tr>
<td>7</td>
<td>$60,180</td>
</tr>
<tr>
<td>8</td>
<td>$66,990</td>
</tr>
</tbody>
</table>

* Refer to 2020 1040 IRS Taxable income (IRS form 1040 & 1040-SR line 15)
* If parents did not file taxes, multiply monthly income by 12 (equal to one year - 12 months).

Educational Talent Search - Eligibility Criteria

TRIO Educational Talent Search federal program requirements:

- 67% of TRIO ETS students in program must be BOTH First-Generation & Limited Income.

Students who do not meet the criteria as a First-Generation and Limited income can be placed on a waiting list and accepted on program availability and student need.
TRIO is a federal program funded by the United States Department of Education to help encourage first-generation, limited income students further their education. TRIO pre-college programs (Educational Talent Search, Upward Bound, Upward-Bound Math Science) provide services to help students explore college and career opportunities, and enter the college of their choice upon completion of high school. All program services are FREE of charge to the student. As a TRIO student you will be provided with information about college, careers, study skills, financial aid, and participate in college field trips. TRIO students must be citizens or permanent residents of the United States. Please read, complete, sign and date all attached documents. Use only blue or black ink, no pencil. You may return your completed materials to the TRIO or mail the original form to: Idaho State University, 921 S. 8th Ave, Stop 8345, Pocatello ID 83209. If you have questions please feel free to email us at trio@isu.edu or call at (208) 282.3242.

Legal First Name ___________________________________________ M.I. _______ Legal Last Name ________________________________

Social Security Number ______________________________________ (Required By the U.S Department of Education)

Date Of Birth (mm/dd/yyyy) _______/_____/_______

Gender Identity (select one)          Male              Female                Other (Please Specify)_____________________________________

Current School ___________________________________________  Current Grade (select one)          □ 8th     □ 9th     □ 10th    □ 11th    □ 12th

Permanent Mailing Address ________________________________________________________________________________

Apt __________ City __________________________ State __________ Zip __________

Student Primary Email ___________________________________________ Student Secondary Email ___________________________

Student Cell Phone ___________________________________________ Student Home Phone __________________________________

Parent Primary Email ___________________________________________ Parent Cell/home Phone ____________________________

Citizenship Information (select one)

□ U.S Citizen

□ Permanent Resident

If born outside the U.S., please specify which country __________________________________________________________

( Please attach a copy of your alien registration card or I-94 Form)

Ethnicity/Race

Is the applicant Hispanic/Latino? (select one)

□ No    (please select your ethnicity/race)

□ Yes    (if you answered 'Yes', you do not have to select ethnicity/race)

Please select all ethnicity/race the applicant considers him self (if any)

□ American Indian/Alaskan Native    □ Black/African American    □ Asian    □ Native Hawaiian/Pacific Islander    □ White/Caucasian
Student Name__________________________________________

Name of School Attending ________________________________

Parent/Legal Guardian Information
The following section must be completed by parent(s)/legal guardian(s)

TRIO is required to verify that our participants meet federal criteria based on educational background and household income level. TRIO ensures all information provided is held in the strictest of confidence.

Who does the student primarily live with?

☐ Birth/Adoptive Parents    ☐ Mother Only    ☐ Father Only    ☐ Foster Parents    ☐ Birth Parent/Step Parent

☐ Other (describe) _________________________________

Birth/Adoptive Parent #1 Education

Relation (select one) ☐ Birth Parent    ☐ Adoptive Parent    ☐ Not Available (Reason:___________________________________________)

Indicate the highest level of education completed by birth/adoptive (not step parents):

☐ Less than High School    ☐ High School/GED    ☐ College (complete the information below)

☐ 2 year college: Institution Name:________________________ Certificate/Associates in:________________ Mo. & Yr. Completed___________

☐ 4 year college: Institution Name:________________________ Bachelors in:________________ Mo. & Yr. Completed___________

Birth/Adoptive Parent #2 Education

Parent #2 Name: __________________________________________

Relation (select one) ☐ Birth Parent    ☐ Adoptive Parent    ☐ Not Available (Reason:___________________________________________)

Indicate the highest level of education completed by birth/adoptive (not step parents):

☐ Less than High School    ☐ High School/GED    ☐ College (complete the information below)

☐ 2 year college: Institution Name:________________________ Certificate/Associates in:________________ Mo. & Yr. Completed___________

☐ 4 year college: Institution Name:________________________ Bachelors in:________________ Mo. & Yr. Completed___________

Is the student eligible for Free Lunch? ☐ Yes ☐ No or Reduced Lunch? ☐ Yes ☐ No

Household Income Information (required by U.S Dept. of Education)

Number of people in your household:_______________________

TAXABLE INCOME: $_________________ (Refer to IRS 1040 & 1040-SR line 15. Do not estimate. Exact amount is required)

DID NOT FILE TAX RETURN? (please indicate your parental monthly take home pay including child support, security, etc.)

$_________________ per month

Certification and Signatures (Please sign in blue or black ink. No pencil)

I/We certify that all of the contents of this application is true and complete to the best of our knowledge.

I/We authorize the release of my high school records (transcripts/student grades/progress reports, standardized tests scores, PowerSchool/Infinite Campus records, special needs documentation, postsecondary enrollment status) to ISU TRIO staff.

I/We authorize the release of postsecondary placement information, using the Social Security Number

I/We authorize through National Student Clearinghouse and/or the College/University Registrar to request & receive student data.

I/We authorize ISU TRIO representative to communicate with postsecondary institutions & enrollment/registrar offices to collect enrollment status, financial aid information and course schedule.

I/We authorize the release and exchange of the student financial aid information from colleges and/or federal government to ISU TRIO.

I/We understand that the completion of this application does not guarantee acceptance in the ISU TRIO program.

I/We authorize the use of my photograph in UB publications and media releases to the TRIO program, record my likeness and/or voice on digital mediums that can be distributed on any medium (publications, Internet, etc.)

I/We understand that if I need accommodation for a disability to participate in ISU TRIO, or any of its scheduled activities, I must contact ISU TRIO at 208-282-3242 at least 30 working days prior to the activity.

I/We understand it is the responsibility of the parent to provide transportation to and from ISU TRIO activities.

I/We give permission for my student to attend and receive transportation from ISU TRIO tutoring and other after-school activities.

Program goals are to work with eligible participants to graduate from high school and enroll in post-secondary programs of study.

Student Signature_______________________________________________________________________________________ Date__________________

Parent/Guardian Signature____________________________________________________________________________ Date__________________

Please sign and complete all TRIO Documents.
This survey is to be completed by student regarding their TRIO needs. Answers will be kept confidential.

(Read the following questions and identify your response)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am committed to attending the entire 6 week summer program --------</td>
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<td>(UB/UBMS Only)</td>
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<tr>
<td>2. I need to learn how to take better notes</td>
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<td>3. I need to learn test-taking strategies and techniques</td>
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<td>4. I need to develop strong study skills and habits</td>
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<td>5. I need to learn how to read a textbook more effectively</td>
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<td>6. I need to develop or improve my time management skills and habits</td>
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<td>7. I need to know how to prepare for a career that interests me</td>
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<td>8. I need to learn how to get involved in clubs and organizations</td>
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<td>9. I need help visiting college campuses</td>
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<td>10. I need to experience more cultural activities</td>
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<td>11. I need to learn which high school courses are necessary for college</td>
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<td>12. I need information on college prep courses and dual enrollment</td>
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<tr>
<td>13. I need to learn about college programs and degrees</td>
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<td>14. I need to learn more about ACT/SAT testing</td>
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<tr>
<td>15. I need help applying/understanding college applications</td>
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<tr>
<td>16. I need to learn more about filling out financial aid applications</td>
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<td>17. I need to learn about searching for scholarships</td>
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<td>18. What college(s) or university are you interested in attending?</td>
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<td>19. What are you interested in studying or majoring in?</td>
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</tbody>
</table>

Is a language other than English spoken at home? (select one) □ Yes (which language)___________________ □ No

Are you currently enrolled in any of the following programs? (select one) □ Gear-Up □ No

How did you hear about TRIO?______________________________________________________________

Please note in order to be considered for UB/UBMS programs, students will need to submit a supplemental application which includes a short personal statement and a letter of recommendation from a school staff member.

Office use only.

□ LEP (Limited English Proficiency) □ At risk for academic failure

□ First Generation □ Low-Income □ Both □ Other(neither) ETS/UB/UBMS Advisor Initial __________________________

Date _____________ Director Approval __________________________ Date Entered into Database ________________
Important - Please read. This form is to be completed by parent/guardian.

This parental/guardian permission & release form provides consent to Idaho State University (ISU) TRIO program participant (student) listed below to attend TRIO sponsored events/activities. The TRIO participant will need to complete an RSVP for each event as space is limited. The TRIO participant may be required to complete additional forms that are requested by third parties. TRIO participants must have fully completed and submitted the permission and release form to the TRIO office before participating in any TRIO sponsored event/activity.

Student Information

Students Legal First Name: ___________________________________ Students Legal Last Name: ___________________________________

High School: ___________________________ Grade: ___________ Gender Identity: ☐ Male ☐ Female ☐ Other (specify): ________________________

Student Phone Number: ___________________________ Student Email: _______________________________________________________

Address: __________________________________________________________ City: ___________________________ Zip Code: ______________________

Parent/Guardian Name: __________________________________________ Relationship to Participant: ______________________________

Parent Cell/Home Phone#: ___________________________ Parent Email#: ______________________________________________________

Emergency Contact (please list one different from above listed parent/guardian): ______________________________________________

Emergency Contact Phone #: ___________________________

Medical Information

Any information left blank, ISU TRIO will presume the participant has no listed medical needs. If medical information changes at any point after signing the document, ISU TRIO requires a written notice of the changes emailed to trio@isu.edu before participating in any TRIO sponsored event/activity

1. Please list any allergies or special dietary needs for the participant (student).
   a. Allergies (list specific allergies): ____________________________________________________________________________
   b. Dietary needs: ____________________________________________________________________________________________

2. Please list any medical condition of the participant :
   _________________________________________________________________________________________________________

3. Please list any medication(s) the participant is currently taking, along with dosage, timingm and purpose:
   _________________________________________________________________________________________________________
   _________________________________________________________________________________________________________

4. Please place a check beside the items listed below that you give ISU TRIO Staff permission to administer to the stated participant (student) during TRIO events/activities, including generic brands. If you DO NOT check any boxes the University/TRIO CANNOT distribute any over-the-counter medication.

   ☐ Neosporin   ☐ Tylenol   ☐ Ibuprofen   ☐ Dramamine
   ☐ DayQuil    ☐ Tums     ☐ Pepto Bismal   ☐ Benadryl

Annual Parental/Guardian Permission and Release Form Consent

Signature on page two of this release hereby acknowledges that the information provided above for the participant (student) is true and accurate to the best of my abilities. Any updates or changes to the provided information will require me to provide those in written form to the TRIO office. The participant understands and is responsible/capable in administering their own prescription medication.

Office Use:
Date Turned in: ___________________________ Advisor: ___________
Blumen? Y/N Date Permission Slip Entered In: ________ Initial: ___________
Idaho State University -TRIO Programs
Parental/Guardian Permission & Assumption of Risk Form

Student Information

Student's First Name: ___________________________  Student's Last Name: ___________________________

School Attending: ___________________________  Grade: _______

Student Responsibilities

- Understand that University TRIO rules supersede rules from home.
- Respectfully follow directions of chaperons, tour guides, and respect fellow participants.
- Be on time for each activity: this includes each time we board the bus/train/plane.
- Never wear gang affiliated, revealing, and questionable or inappropriate clothing.
- Never use gang hand signs, use inappropriate, intimidating, harassing and/or profane language.
- Never bring weapons or display violent behavior.
- Understand students will not be able to leave with friends, family, or relatives while on the field trip.
- Avoid public and private displays of affection.
- Never enter the room/residence halls of an opposite gender.
- Understand there will be consequences, determined by chaperons/director, when rules are not followed.
- Understand parents will be called in situations involving tobacco, alcohol, drugs, weapons, and inappropriate behavior.
- Understand parents may have to pick up participants early in the event of illness, emergency, rules violation, or any incident involving the police.

Parent(s)/Guardian(s)

Idaho State University TRIO Program monitoring of participants activities and behavior on field trips:
1. Starts when participant boards the bus/van/plan at the beginning of the trip and;
2. Ends when participant departs the bus/van/plan at the end of the trip.

Assumption of Risk

Acknowledgement of Risk: Parents and participants who plan to attend any Idaho State University TRIO sponsored field during the course of participation in the program must sign this parental/guardian permission and assumption of risk form. I (meaning an adult participant for him/herself and/or parent/guardian of a minor participant on behalf of minor) acknowledge I will read all field trip agendas and do voluntarily accept all risks inherent, known, or unanticipated associated with participating in TRIO activities. These risks include, but are not limited to: physical or emotional injury associated with the activity, risks associated with transportation; reactions related to food consumption such as choking or allergic reactions, etc.; risks related to sporting events; risks related to activities involving water, including boating; damage to property or third parties, or even death. I certify that the participant (myself and/or minor child) has knowledge of the voluntary assumed risks, has no physical or mental limitations that would preclude safe participation, and will abide by the rules of the TRIO sponsored activity. I acknowledge that insurance coverage for bodily and property damage is my personal responsibility as is the cost of any necessary emergency medical treatment. I hereby give permission for emergency medical care, including transportation to and exchange of medical information with a medical facility. Furthermore, I grant ISU the right to use, for promotional purposes, any photographs or video footage taken of me or my minor child while participating in the TRIO activity. Use of own vehicle: I understand that if I drive my own vehicle to the event or pick up locations, or if I am a passenger in a vehicle not owned or operated by ISU, ISU is not responsible for any damage or injury caused by or arising from such transportation. I accept full responsibility for the liability, safety and security of myself and/or minor and any passengers, as well as the acts of myself for my minor child. Furthermore, I acknowledge that I am solely responsible for any action of my own and/or my minor child that arise outside the scope of those actions licensed by ISU for purposes of the TRIO sponsored activity, regardless if occurring before, during, or after the period of activity. I acknowledge and understand TRIO Access & Opportunity Programs rules of conduct on trips (attached to field trip permission slip) and failure to obey chaperon’s rules and expectations will result in expulsion from the activity. Misbehavior of any type could lead to expulsion from the program. If I am executing this document as a parent/guardian of a minor child, I represent and warrant that I have the legal right to execute this form on behalf of the minor and that the form, once executed by me, is fully enforceable in accordance with its terms.

Signature means you have READ and UNDERSTAND Idaho State University policies, TRIO Programs Rules/Expectations, the Medical Release form, and all information provided on page 1 of the permission slip are complete and accurate.

Student Signature ___________________________  Date ___________________________

Parent/Guardian Signature ___________________________  Date ___________________________

isu.edu/trio | trio@isu.edu | 208-252-3242
921 S 8th Avenue, Stop 8345, Pocatello, ID