

INCLUSIVE WEBSITE EXPERIENCE

Lake-Sumter State College is committed to ensuring that all students and visitors, including persons with disabilities, are able to access and use all of our services, programs and activities. We recognize that many individuals are increasingly using our website to access information and obtain services.

We understand that website users who have disabilities may use the website with the assistance of technology, including screen readers, captioning, transcripts, and other auxiliary aids and services. We are committed to providing all website users with information about our services and alternative ways we can offer these services.

Lake-Sumter State College is committed to making our websites accessible to all audiences. We are continually seeking soQutr W@b\$\@\@\falla \@\dot\@\falla \@\dot\

or users with disabilities, some material on our site may pose challenges. If there are ake to our website to make it easier to use, or if you encounter material or services cess, please let us know. Your feedback helps us to identify areas where we can

that our website will comply with Web Content Accessibility Guidelines (WCAG) put Wide Web Consortium (W3C), but recognize that alternatives to using the website in the event that a user with a disability encounters a problem using our website.

access information or documents posted on this website, please send us an email at edu _____ with as much of the following information as possible:

- Your name
- Your phone number
- Your email address
- The date and time you encountered the problem
- The web page or address where the problem occurred
- What occurred or what you were unable to do
- Any error messages you received.

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PARTICIPANTAPPLICATION:

Information on this form is confidential. Complete all items on the application using black or blue ink. DONOTUSEPENCIL

PART I: BIOGRAPHICAL/SCHOOLNFORM	ATION(APPL	LICANT/STUDEN	IT)		
Date of Birth:					
Current School:		Current Cum G.PA.:		Current Grade (6-1	2 th):
First Name:		MI:	Last Name	:	
Street/Mailing Address:		City:		State:	Zip:
Home Phone:	Student Cell P	hone:	May	we contact y	ou via cell phone
			text?	Yes	No
Student E-mail:			Gend	der: (circle one)
			FEMA	ALE MALI	E OTHER
Ethnicity: (checkonly one)					
Hispanic,Latino or Spanish:Yes No					
Non-Hispanic, La)					

PART II: PARENTINFORMATION

To parent or legal guardian: The personal information, including financial status and educational levels, given to the LSSC Talent Search Program is used for reporting purposes with the United States Department of Education. No one may access, view or utilize the information unless they work with or for LSSC Talent Search Program or unless they are given specific or legal authorization to said information. This information is required to determine if your child meets federal eligibility guidelines established by regulation of the United States Department of Education. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).

With whom does the applicant/student live? Checkall that apply below.					
Both Parents: Father: Mother: Grandpare	ents: Legal Guardian:Other (pleasespecify):				
Father/ Guardian Name:	Mother/ Guardian Name:				
Highest Education Level Completed: Did not complete high school High School Diploma/GED Trade Certificate AssociateDegree(2 year) BachelorsDegree(4 year) or higher	Highest Education Level Completed: Did not complete high school High School Diploma/GED Trade Certificate))AssociateDegree(2 year) i BachelorsDegree(4 year)				

PART IIII: PARENT AND STUDENT RELEASE CONSENT

TRACKING

I hereby give permission for the LSSCTalent Search program to retrieve, store and report education verification information and student outcomes research about me that is gained from the National Clearinghouse and other services.

RESEARCH

I hereby give permission for LSSCT alent Search program to collect and report pertinent information related to ongoing research questions in the TRiO Center. No identifiable data will be made public, but aggregate data may be published or presented dimog: academic measures (GPA & TeStcores), involvement at Lake-Sumter State College and in TRiO, and other educational or personal data that is relevant to the research.

If medical services are needed by my son/daughter while participating in the SSCT alent Search program activities or on field trips, I give my permission for my son/daughter to receive any medical services deemed necessary.

RECORDSRELEASE

I authorize the LSSC alent Searchat LSSC to accessand/or request copies of academictranscripts, grade reports, report cards, standardized test scores, contact information, and any other academic information from the high schools and colleges I attend through my college graduation. I understand that the U.S. Department of Education funds LSSC alent Search program and will use these records to provide academic advisement and other services. I also understand that these records will be handled in confidential manner and that they will be made available onl-237(b)5-239(wi)33.72.16317E5(t)8.-225(a)-5(v)10(a)-5(i)13(I 0)