

POTSDAM/AKWESASNE TALENT SEARCH (PATS)

230 Sisson Hall
SUNY Potsdam
Potsdam, NY 13676

Telephone: (315) 267-2762

NAME: _____ BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____ TELEPHONE: _____

_____ SCHOOL: _____

GUIDANCE COUNSELOR: _____ GRADE: _____

- WOULD YOU LIKE TO BE A PART OF THE PATS PROGRAM? _____Y_____N
- ARE YOU CURRENTLY ENROLLED IN UPWARD BOUND? _____Y_____N

Please complete the following in complete sentences, use the back of this page if necessary.

- 1) Describe an important event in your life (i.e., people, places, things).

- 2) What kind of job would you like to have someday (occupation)?

- 3) Name three activities you participate in outside of school.

SIGNATURE: _____

DATE: _____

Potsdam Akwesasne Talent Search (PATS) Program

SUNY Potsdam
230 Sisson Hall
Potsdam, NY 13676
(315) 267-2762 (315) 267-3338 FAX

Family Information Form

In order for our program to provide academic support services to your son/daughter (at no cost to you), we need to obtain certain family and financial information from you. Since our program uses state and federal funds, we must follow specific guidelines in reporting whom we serve. The following information that you provide will be kept **strictly confidential** and will be used only by our staff. Please return this form as soon as possible. Thank you.

Student _____ Birthdate _____
Address _____ Sex _____
_____ SS # _____
Phone Number (____) _____

N.Y.S. Resident _____ Yes _____ No U.S. Citizen _____ Yes _____ No

Ethno-Racial Background: _____ Asian _____ Hispanic _____ White
_____ Native American _____ African American _____ Other

A. Student lives with:
_____ Both Parents _____ Mother only _____ Parent and Step-parent
_____ Foster parent (s) _____ Father only _____ Other: _____

B. Father's/Guardian's Name: _____
Graduate of **4-year** college? _____ Yes _____ No

C. Mother's/Guardian's Name: _____
Graduate of **4-year** college? _____ Yes _____ No

D. Number of persons in the household _____

E. Did you file an income tax return last year? _____ Yes _____ No
(If yes, answer question in section F below.)

F. I attest that the total annual household gross income for the year 2008 is \$_____.
I attest that the information above is accurate to the best of my knowledge. Initial _____

I certify that the family and financial information is true, correct and complete to my knowledge. I hereby authorize the PATS Program to have access to my son's/daughter's school records for as long as he/she participates in the program and to provide in-school academic support services to my son/daughter.

I also hereby give my permission for my son/daughter's photograph to be used in program publications (Newsletter, PATS Brochure) at the discretion of the PATS Program Staff.

SIGNATURE

DATE

RELATIONSHIP TO STUDENT

The enclosed materials were compiled through a grant from the US Department of Education. However, the contents have not been reviewed by the Department and no endorsement should be inferred.