

Presents the  
**Take Stock in Children**  
**2018-2019**  
**Scholarship Application**



**Take Stock in Children** scholarship recipients receive:

- **A Scholarship:** A full 2 years of tuition at a Florida community college or vocational school.
- **A Mentor:** A mentor who will meet with you weekly at school, with cooperation from the school and parent(s), to assist and encourage you to achieve your full potential.

# The Foundation for Seminole County Public Schools

## Take Stock in Children

### 2018-2019 Scholarship Application Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

All students must have a 2.5 G.P.A. or above, C or better in every class, low-income family (see Federal Guidelines attached), good attendance and a good disciplinary record. Students will also be required to meet with a mentor weekly.

#### TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving scholarship funds set aside to help students who plan to go on to post-secondary education as developed by The Foundation for Seminole County Public Schools and The Take Stock In Children Program.

Complete your sections of this application at your earliest convenience; then forward the application to the school guidance department. *You are encouraged to select a school counselor or teacher for the reference portion of the application.* Family and relatives are excluded. Please return it to your guidance counselor.

If any questions are not applicable to your current situation, please note on the application. If more space is required for information on any items, you may attach additional pages. **PLEASE USE THE APPLICATION ATTACHED.** Do not leave any space uncompleted.

You are responsible for seeing that all supporting documents are submitted and the criteria for each scholarship you submit are met. The Foundation for Seminole County Public Schools, Take Stock in Children and its affiliate programs reserve the right to process only applications found to be eligible by the guidelines and fully completed as of the deadline.

**DEADLINE: Friday, March 2, 2018.**

#### CERTIFICATION

In submitting this application, I certify the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I authorize student transcript information to be released to verify accuracy and award scholarships. Acceptance of a Foundation for Seminole County Public Schools Scholarship grants permission for the promotion and publication of your award and constitutes your guarantee that funds will be spent on legitimate college expenses.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_



The  
**FOUNDATION**  
For Seminole County Public Schools

## Take Stock in Children Scholarship Application

The Take Stock in Children Scholarship program provides college scholarships and mentoring to Florida's income eligible children. The Foundation for Seminole County Public Schools is the lead agency for Take Stock in Seminole County. Once selected, the students sign a performance contract with their parents and their school pledging to stay in school, drug free, and out of trouble. In return, the students receive a 2-year scholarship purchased through the Florida Prepaid College Program.

### Criteria for Take Stock In Children Program

1. Currently in the 8<sup>th</sup> grade at Seminole County public middle school
2. Obtain and maintain a 2.50 G.P.A. or better
3. Obtain and maintain a C or better in every class
4. Good attendance
5. Exhibit good behavior in school
6. Pass standardized testing, including FSA
7. Maintain a drug and crime free record
8. Meet income eligibility requirements
9. Completed scholarship application
10. Statement of support from parents or legal guardian
11. Interview with the Take Stock in Children student advocate
12. Make a commitment to meet with his/her mentor for one hour per week
13. Graduate from a Florida public high school
14. Student must complete 100 percent of the above requirements

### In return the student receives:

- **2 Year Scholarship**  
A 2 year Florida Prepaid College Scholarship (60 credit hours of tuition at a Florida community college or vocational school).
- **A Mentor**  
A mentor is someone who will meet with you weekly at school, with cooperation from the school and parent(s), to assist and encourage you to achieve your full potential.

**Date application is due back to school: *Friday, March 2, 2018.***

Please call Take Stock in Children at 407-320-0301 if you have any questions about this application.

## Check List

Here is a convenient list to make sure your application is complete.

- ( ) Fill in application completely.
- ( ) Attach your 2017 tax return, form 1040 (If no income, attach social security disability verification or other income verification). **A W2 is not acceptable.**
- ( ) Attach reference form. (*To be completed by a guidance counselor, teacher, or principal*).
- ( ) Give application to the guidance office or mail application by March 2nd to the following address:

**The Foundation for Seminole County Public Schools  
Attn: Take Stock in Children  
400 E. Lake Mary Blvd  
Sanford, Fl 32773**

Applications that are not complete will not be considered. If you have any questions, please call Take Stock in Children at 407-320-0301.



# Student Scholarship Application

Take Stock in Children scholarship recipients receive:

- **A Scholarship**

A Florida Prepaid College Scholarship, which can be used at any **State** public university, college, or vocational/technical school in **Florida**.

- **A Mentor**

A volunteer mentor who will meet with each student at school, with cooperation from the school and parent(s), to assist and encourage students to achieve and reach their full potential.

- **A College Success Coach**

Local Take Stock in Children staff will help design a college success plan and guide each student through middle and high school transition and into to College.

**Date application is due: Friday, March 3 2018. Late and/or incomplete applications will not be considered.**

**Please call The Foundation for Seminole County Public Schools at (telephone) 407-320-0301 if you have any questions about this application.**

## SCHOLARSHIP APPLICATION

### SECTION A: Student Identification Information

School \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

(street, apt #, city, zip code)

Student Phone : \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Student Race: ☐ American Indian/Native American ☐ Asian ☐ Black/African-American  
☐ Caucasian ☐ Pacific Islander/Hawaiian ☐ Multiracial  
☐ Other \_\_\_\_\_ Student Ethnicity: ☐ Is Hispanic

Is student a U.S. Citizen? ☐ Yes ☐ No

Does student have a Florida Prepaid Plan? ☐ Yes ☐ No

**SECTION B: Household Information**

Mother \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last, First, MI)

Date of Birth \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

Father \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last, First, MI)

Date of Birth \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

Applicant lives with: ☐ Mother ☐ Stepmother ☐ Grandmother ☐ Guardian  
☐ Father ☐ Stepfather ☐ Grandfather ☐ Ward of Court  
☐ Other \_\_\_\_\_

Number of brothers \_\_\_\_\_ Number of sisters \_\_\_\_\_

Please list all persons living in the home other than student/applicant:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Highest Level Of Education Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister (check one)</u>	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### SECTION C: Employment Information

#### Parent/Guardian's Current Employer

Name of Parent/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
(before taxes and deductions)

#### Parent/Guardian's Current Employer

Name of Parent/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_  
(before taxes and deductions)

### SECTION D: Financial Information

What is your household income? \$ \_\_\_\_\_

Are you eligible to receive any social service? (Food stamps, Medicaid, etc.) ☐ Yes ☐ No

Please check the services you currently receive: ☐ Welfare ☐ Food Stamps ☐ Medicaid

Are you currently receiving assistance from your local Workforce Development Office? ☐ Yes ☐ No

Do you receive income from any other source for this student/applicant? (Social Security, child support, etc.?) ☐ Yes ☐ No

If Yes, please list type of support and amount per month: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or the student/applicant have a savings account? ☐ Yes ☐ No

Approximate balance: \$ \_\_\_\_\_

Do you own your own home? ☐ Yes ☐ No

If yes, what is amount of your monthly payment? \$ \_\_\_\_\_

If yes, how much did your house cost? \$ \_\_\_\_\_

Do you rent? ☐ Yes ☐ No If yes, what is amount of your monthly payment? \$ \_\_\_\_\_

How long at current address? \_\_\_\_\_

**Please attach copy of most recent tax return Form 1040 (or other proof of income eligibility if taxes were not filed) and a copy of pay stubs for the most recent month worked.**

**SECTION E: Student Information (to be completed by student).**

List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.)

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**Student Statement**

Please tell us about your goals, aspirations and hopes for your future (attach another sheet if needed).

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**SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))**

**Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child's future (attach another sheet if needed).**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Please list all special family situations that might be relevant to school success (serious illness in the family, loss of employment, HRS involvement, homelessness, etc.).

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**Check all that apply:**

- ☐ Student attends low-performing school
- ☐ Single parent
- ☐ Incarcerated parent
- ☐ Deceased parent
- ☐ Absent parent (no contact or support)
- ☐ Poor relations between biological parents
- ☐ DCF involvement
- ☐ Extended family in home
- ☐ Extended family raising student
- ☐ Student applicant is teen parent

- ☐ Parent was teen parent
- ☐ Family has received TANF benefits within last year
- ☐ First generation college student
- ☐ Student is first in the family to complete high school
- ☐ Migrant worker
- ☐ English not spoken in home
- ☐ Loss of employment
- ☐ Home in foreclosure
- ☐ Homeless or living with extended family or friends
- ☐ Serious illness in household
- ☐ Disabled student or family member Student is or has been in foster care
- ☐ Other (please specify:

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I understand that the information contained in this application is accurate and will be managed and shared with the Local Lead Agency selection committee and the implementers of the program. I also certify that my child meets the program income requirements. I understand that any false information in this application may result in my child losing his or her eligibility in the program.

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Student Signature

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Parent/Guardian Signature

**For Official Use only:**

- ☐ Application reviewed by TSIC staff    ☐ Eligible for TSIC    ☐ Not eligible for TSIC
- ☐ Income eligibility confirmed by TSIC staff

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Staff Signature

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Staff Title

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Date

- A copy of your child's grades, attendance, and behavior records will be attached to this form •

**TAKE STOCK IN CHILDREN APPLICANT REFERENCE**  
**2018-2019**

*(To be completed by a guidance counselor, a teacher, or a principal.)*

You have been asked to provide information in support of this application for Take Stock in Children Scholarship. Please complete and return to applicant.

The applicant's achievement reflects his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicants respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments:

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Reference Signature \_\_\_\_\_ Date \_\_\_\_\_ Name Printed \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_ Phone Number \_\_\_\_\_



## INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2017 to June 30, 2018

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	7,733	645	323	298	149

**Reminder: Total income before taxes, social security, health benefits, union dues, or other deductions must be reported.**

Income Guidelines provided by [USDA.gov](http://USDA.gov)



*Please do not forget to Attach your 2017 Federal  
Income Tax Statement (Form 1040) OR evidence of  
government assistance*

**THIS APPLICATION WILL NOT BE  
CONSIDERED FOR A SCHOLARSHIP  
WITHOUT PROOF OF INCOME!**