



Take Stock in Children 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 back to school: February 22, 2019

Please call Take Stock in Children-Seminole at 407-320-1600 or email TSIC_Seminole@scps.k12.fl.us if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information

Student ID # _____ Date: _____

School _____

Student Name _____ Social Security # _____

Grade _____ Date of Birth _____ Male Female

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Check if Mailing Address is same as home address listed above. If not, enter Mailing

Address below:

Mailing Address _____ Apt. # _____

City _____ State _____ 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

Parent/Guardian (1) _____ Social Security # _____
(Last, First, MI)

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ 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 (checkone)</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 (1): _____

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 (2): _____

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.

- 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:

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.

Student Signature

Parent/Guardian Signature

For Official Use only:		
<input type="checkbox"/> Application reviewed by TSIC staff	<input type="checkbox"/> Eligible for TSIC	<input type="checkbox"/> Not eligible for TSIC
<input type="checkbox"/> Income eligibility confirmed by TSIC staff		
_____ Staff Signature	_____ Staff Title	_____ Date

• Submission of this application does not guarantee scholarship award•

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

Take Stock in Children Applicant Reference 2018-19

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

Please complete this form and return to the applicant in support of his/her application for the Take Stock in Children scholarship. Thank you.

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 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 applicant's respect for self and others is:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well

Comments:

Reference Signature

Date

Name Printed

Title

School

Email/Phone

Take Stock in Children Scholarship Application Checklist 2018-19

Please ensure your application has the following information:

- Complete all sections of the application.
- Attach most recent tax return Form 1040 (or other proof of income eligibility if taxes were not filed). W2 form is not acceptable.
- Attach a copy of pay stubs for the most recent month worked.
- Attach reference form completed by a teacher, guidance counselor, or principal.
- Submit completed application to the guidance office or mail application by February 22, 2019 to the following address:

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

Applications that are not complete will not be considered. Please call Take Stock in Children-Seminole at 407-320-1600 or email TSIC_Seminole@scps.k12.fl.us if you have any questions about this application.

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2018 to June 30, 2019

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add	7,992	666	333	308	154

Reminder: Total income before taxes, social security, health benefits, union dues or other deductions must be reported. Income Guidelines provided by USDA.gov.