



# Take Stock in Children Student Scholarship Application

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**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.

**Application Deadline: February 14, 2020**

**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**

**ALL sections of application must be completed AND ALL requested documents submitted for student applicant to be considered for acceptance into the Take Stock in Children program.**

### **SECTION A: Student Identification Information**

Student ID # \_\_\_\_\_ Date: \_\_\_\_\_

School \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # (Mandatory) \_\_\_\_\_

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

Student Phone: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 # (Optional) \_\_\_\_\_  
(Last, First, MI)

Parent (1) Phone #: \_\_\_\_\_ Parent (1) E-mail: \_\_\_\_\_

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

Parent/Guardian (2) \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_  
(Last, First, MI)

Parent (2) Phone #: \_\_\_\_\_ Parent (2) E-mail: \_\_\_\_\_

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 (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 CareerSource 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? \_\_\_\_\_

**A complete copy of the most recent tax return Form 1040 must be attached with the student applicant listed on the tax return in order to be eligible for consideration. (If you did not file taxes, please contact your local TSIC program).**

**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 ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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Factors are used to determine your eligibility, please check all that apply:

- ☐ Student attends low-performing school (D or F rated school)
- ☐ Single parent
- ☐ Incarcerated parent
- ☐ Deceased parent
- ☐ Absent parent (no contact or support)
- ☐ Poor relations between biological parents
- ☐ Department of Children and Families involvement
- ☐ Extended family in home
- ☐ Extended family raising student

- ☐ Student applicant is teen parent
- ☐ Parent was teen parent
- ☐ Family has received TANF (Temporary Assistance for Needy Families) 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 implemented by the Local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency selection committee. I also certify that all information in this application is truthful and accurate and that 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                | <input type="checkbox"/> Does Not Meet TSIC Programmatic Eligibility |
| <input type="checkbox"/> Meets TSIC Programmatic Eligibility | <input type="checkbox"/> Does Not Meet TSIC Income Eligibility       |
| <input type="checkbox"/> Meets TSIC Income Eligibility       |  |

\_\_\_\_\_  
Local Program Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**• Submission of this application does not guarantee scholarship award •**

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



## Take Stock in Children Applicant Reference 2020

(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:

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Reference Signature

Date

Name Printed

Title

School

Email/Phone

# **Take Stock in Children Scholarship Application Checklist 2020**

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 14, 2020 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.

**Effective from July 1, 2019 to June 30, 2020**

<b>HOUSEHOLD SIZE</b>	<b>ANNUALLY</b>	<b>MONTHLY</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEKLY</b>
<b>1</b>	<b>23,107</b>	<b>1,926</b>	<b>963</b>	<b>889</b>	<b>445</b>
<b>2</b>	<b>31,284</b>	<b>2,607</b>	<b>1,304</b>	<b>1,204</b>	<b>602</b>
<b>3</b>	<b>39,461</b>	<b>3,289</b>	<b>1,645</b>	<b>1,518</b>	<b>759</b>
<b>4</b>	<b>47,638</b>	<b>3,970</b>	<b>1,985</b>	<b>1,833</b>	<b>917</b>
<b>5</b>	<b>55,815</b>	<b>4,652</b>	<b>2,326</b>	<b>2,147</b>	<b>1,074</b>
<b>6</b>	<b>63,992</b>	<b>5,333</b>	<b>2,667</b>	<b>2,462</b>	<b>1,231</b>
<b>7</b>	<b>72,169</b>	<b>6,015</b>	<b>3,008</b>	<b>2,776</b>	<b>1,388</b>
<b>8</b>	<b>80,346</b>	<b>6,696</b>	<b>3,348</b>	<b>3,091</b>	<b>1,546</b>
<b>For each additional family member, add</b>	<b>8,177</b>	<b>682</b>	<b>341</b>	<b>315</b>	<b>158</b>

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