



2020-2021 Student Application

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a Florida Public School or Florida Public School of Choice (Florida Virtual, Local Florida Public School District Virtual, or Florida Public Charter School.)

Parent(s)/Guardian must submit the most recent, completed taxes.

All sections of the application must be completed.

Take Stock in Children program participants receive:

- **A Scholarship**

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

- **A Mentor**

A volunteer mentor who will meet with each student, 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: _____

Please call _____ at (telephone) _____ if you have any questions about this application.

EQUAL OPPORTUNITY POLICY

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take Stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants, or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law. All Take Stock in Children employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to, and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.

Take Stock in Children 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 # _____

School _____

Student Name _____ Social Security # **(Mandatory)** _____
(First, Last, MI)

Grade: _____ Date of Birth _____

Student Phone: _____ Student E-mail: _____

Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

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

Mailing Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

How do you (the student) identify?

Gender: Female Male Gender Diverse

Student Race: American Indian/Native American Asian Black/African-American
 Multiracial Pacific Islander/Hawaiian White
Other _____

Student Ethnicity: Is the student of Hispanic, Latino, or Spanish origin? Yes No

The Florida Prepaid College Foundation Scholarship Requirements:

Does the student have a Social Security #? Yes No

Is the student an U.S. citizen? Yes No

Is the student a resident alien? Yes No

Does the student have a Florida Prepaid College Foundation Scholarship Plan? Yes No

SECTION B: Household Information

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

Parent (1) Phone #: _____ Parent (1) E-mail: _____

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ Social Security # (Optional) _____
(First, Last, 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:

Name	Age	Relationship	Highest Level Of Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

Name	Age	Brother/Sister	Currently Attending School (Check One)	Last Grade Completed
_____	_____	_____	<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, unemployment, 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 filed tax return Form 1040 must be attached with the student applicant listed as a dependent 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.)

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).

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.).

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) _____

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

Date

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 •

For TSIC Program Official Use only:

Application Reviewed

Meets TSIC Programmatic Eligibility

Meets TSIC Income Eligibility

Does Not Meet TSIC Programmatic Eligibility

Does Not Meet TSIC Income Eligibility

Local Program Staff Signature

Title

Date