

Presents the
Take Stock in Children

2016-2017
Scholarship Application



Take Stock in Children scholarship recipients receive:

- **A Scholarship:** A full 2 years of tuition at a 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 2016-2017 Scholarship Application Form

Name: _____

Phone: _____

Address: _____ City: _____ Zip: _____

School: _____

All students must have a 2.5 G.P.A. or above, 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: Monday, March 30th, 2016.

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 _____



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 8th grade at Seminole County public middle school
2. Obtain and maintain a 2.50 G.P.A. or better
3. Good attendance
4. Exhibit good behavior in school
5. Pass the FCAT
6. Maintain a drug and crime free record
7. Meet income eligibility requirements
8. Completed scholarship application
9. Statement of support from parents or legal guardian
10. Interview with the Take Stock in Children student advocate
11. Make a commitment to meet with his/her mentor for one hour per week
12. Graduate from a Florida public high school
13. 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: *Monday, March 30th, 2016.*

Please call Program Supervisor of the Take Stock in Children, Marlene Mraz at 407-320-0188 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 2015 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 30th 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 Program Supervisor of Take Stock in Children, Marlene Mraz, at 407-320-0188.



Student Scholarship Application

Take Stock in Children scholarship recipients receive:

- **A Scholarship**

A 2-Year Florida Prepaid College Scholarship, which can be used at any public university, college, or vocational/technical school in Florida

- **A Mentor**

A volunteer 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.

Date application is due back to school: _____

Please call _____ **at (telephone)** _____ **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)

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: \$ _____

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, HRS involvement, homelessness, etc.).

Check all that apply:

- Single Parent
- Deceased Parent
- Incarcerated Parent
- Absent Parent (no contact or support)
- Poor relations between biological parents
- DCF involvement
- First generation college graduate

Extended family in home

Parents did not graduate from high school

More than two siblings

Student applicant is teen parent

Parent was teen parent

Family has received TANF benefits within last year

Student will be first in family to attend college

English not spoken in student's home

Migrant worker

Parental loss of employment within last year

Family is homeless or living with extended family or friends

Home in foreclosure

Serious illness in household

Disabled student or family member

Student is or has been in foster care

I understand that the information contained in this application is accurate and will be shared with the Take Stock in Children 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:

Application reviewed by TSIC staff

Eligible for TSIC

Not eligible for TSIC

Income eligibility confirmed by TSIC staff

Staff Signature

Staff Title

Date

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

Reference Signature

Date

Name Printed

Position

School

Phone Number



Please Do not forget to Attach your 2015 Federal Income Tax Statement (Form 1040) OR evidence of government assistance

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



INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2015 to June 30, 2016

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	7,696	642	321	296	148

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

Income Guidelines provided by USDA.gov

Updated 6/2015

TAKE STOCK IN CHILDREN APPLICANT REFERENCE

2016-2017

(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 reflect 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:

Reference Signature

Date

Name Printed

Position

School

Phone Number

