

Take Stock In Children (TSIC) – Seminole Application Guide

The purpose of this guide is to walk you through the process of applying for the Take Stock In Children – Seminole program.

First, go to *Apply to Be A Take Stock in Children-Seminole Scholar* at <https://www.foundationscps.org/apply-tsic/>

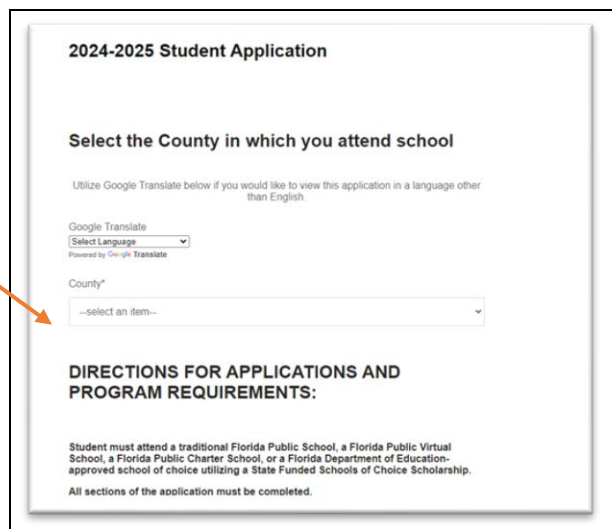
Review the *Eligibility* section to see if you're eligible for the Take Stock program

- Must currently be in the 8th grade enrolled at a SCPS Middle School (Greenwood Lakes, Indian Trails, Jackson Heights, Lawton Chiles, Markham Woods, Millennium, Milwee, Rock Lake, Sanford, South Seminole Academy, Teague, Tuskawilla, or Seminole County Virtual School)
- Qualify for Free or Reduced Lunch based on USDA Guidelines
- Must meet the 2024-2025 Income Eligibility as verified by the Parent(s)/Guardian most recent, completed taxes*
- Have an unweighted GPA of 2.5 or above
- Student must have a U.S. Social Security number
- Student must be a U.S. Citizen or Resident Alien
- Plan to enroll in a SCPS High School during 9th grade (Crooms Academy, Hagerty, Lake Brantley, Lake Howell, Lake Mary, Lyman, Oviedo, Seminole, Winter Springs, or Seminole County Virtual School)

If you are NOT eligible, do not complete the application. Only eligible applicants will be considered. We encourage you to check www.foundationscps.org during senior year for additional scholarship opportunities.

If eligible, go to Take Stock–Seminole application site - <https://tinyurl.com/TSICApplication2024>.


You land at the login page and select **Seminole** under County. You can use Google Translate if you would like to view the application in a language other than English. Click NEXT button to proceed with application.




2024-2025 Student Application

Select the County in which you attend school

Utilize Google Translate below if you would like to view this application in a language other than English.

Google Translate
[Select Language] 
Powered by Google Translate

County*
--select an item-- 

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a traditional Florida Public School, a Florida Public Virtual School, a Florida Public Charter School, or a Florida Department of Education-approved school of choice utilizing a State Funded Schools of Choice Scholarship.
All sections of the application must be completed.

Complete all 5 required Student Pre-Qualification questions by selecting Yes or No. Once all questions are completed, click the NEXT button to proceed.

Student Pre-Qualification

Do you believe you qualify as low-income as designated by government qualifications and documentation through tax returns, HUD, TANF, SNAP, Free- Reduced Lunch based on income qualification, etc.? (Student participants in the Take Stock in Children program must officially qualify as low-income and provide qualifying documentation with their application.)*

☐ Yes ☐ No

Do you maintain a 2.5 Grade Point Average, making at least a "C" in all classes?*

☐ Yes ☐ No

Are you currently attending a traditional Florida Public School, a Florida Public Virtual School, a Florida Public Charter School, or a Florida Department of Education-approved school of choice utilizing a State Funded Schools of Choice Scholarship?*

☐ Yes ☐ No

To be eligible for a Florida Prepaid College Foundation Scholarship, are you a U.S. Citizen or a Resident Alien?*

☐ Yes ☐ No

To be eligible for a Florida Prepaid College Foundation Scholarship, do you have a social security number?*

☐ Yes ☐ No

*- required

[Back](#) [Next](#)

If you do not pre-qualify, you will receive the following message:

Thank you for your interest in the Take Stock in Children Program.

However, based on your responses, you do not currently qualify to apply for the program. If you want further information or have questions, please contact your local Take Stock in Children program.

*- required

[Back](#) [Next](#)


If you pre-qualify, proceed to **Take Stock in Children Application – Page 1**

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.

Note: The application process may take up to an hour to complete. If you are unable to complete the application in its entirety at any point in the process, please use the **SAVE** button located at the bottom of page two to SAVE your progress. An email will be sent to the **student email address** containing a link that you can utilize to continue work on your saved application. You can also email TSIC_Seminole@scps.k12.fl.us to request the link.

Take Stock in Children Application - Page 1

Take Stock of Seminole

Your Local Take Stock Affiliate is:

Take Stock of Seminole

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.

Note: The application process may take up to an hour to complete. If you are unable to complete the application in its entirety at any point in the process, please use the **SAVE FOR LATER** button located at the bottom of the next page to save your progress. An email will be sent to the address of your choice containing a link that you can utilize to continue work on your saved application.

When you are ready to begin, please proceed with the application.

Before you begin the application, gather the following information:

- U.S. Income Tax Statement 2023 – Form 1040. See example.
- Student Social Security Number
- SCPS Student ID number
- Parent Employment and Financial Information
- Be Prepared for a Student and Parent statement
- Student Statement: Please tell us about your goals, aspirations, and hopes for the future.
- Parent Statement: Apart from financial considerations, how could this program benefit your child? Goals, aspirations, and hopes for your child's future. And please list special family situations that might be relevant to school success. These include serious illness in the family, loss of employment, DCF involvement, homelessness, etc.

1040 U.S. Individual Income Tax Return **2023** (OMB No. 1545-0047) (Do not write on this form)

For the year 2023, 1-1040, 1-1040-SS, or 1-1040-PR (see separate instructions)

Your first name and middle initial: _____ Last name: _____ Your social sec. #: _____

If joint return, spouse's first name and middle initial: _____ Last name: _____ Spouse's social sec. #: _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no.: _____

City, town, or post office. If you have a foreign address, also complete spaces below. _____ State: _____ ZIP code: _____

Foreign country name: _____ Foreign postal code: _____ Foreign postal code: _____

Filing Status Check only one box.

☐ Single ☐ Married filing jointly (even if only one had income) ☐ Head of household (HOM) ☐ Qualifying surviving spouse (see instructions)

☐ Married filing separately (MFS) ☐ You are a dependent ☐ Your spouse is a dependent ☐ Spouse has a separate return or you were a dual-status alien

Digital Assets At any time during 2023, did you (a) receive (as a reward, award, or payment for services), or (b) sell, exchange, or otherwise dispose of a digital asset (as a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction ☐ Standard ☐ Itemized (see instructions)

Dependents (see instructions) ☐ None ☐ One or more

Income (see instructions)

Adjusted Gross Income (see instructions)

Standard Deduction or Itemized Deductions (see instructions)

Qualified Business Income Deduction (see instructions)

Net Capital Gain or Loss (see instructions)

Other Income (see instructions)

Refundable Credits (see instructions)

Nonrefundable Credits (see instructions)

Tax (see instructions)

Payments (see instructions)

Overpayment (see instructions)

Underpayment (see instructions)

Signature (see instructions)

Preparer's Signature (see instructions)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. (Do not write on this form)

Please note that All items marked with an * are required.

Answer how you learned about becoming a Student with Take Stock*

Complete **Student** Identification Information including:

- School*
- Student First Name*
- Student Middle Name
- Student Last Name*
- Student Home Phone* (Can be Parent Mobile Phone if no Home Phone)
- Student Mobile Phone
- Student Email*
 - Enter student's personal or district email address. **Student Email Address MUST be different than the Parent's Email Address.**

Click Next button to continue to Page 2

Once you start Take Stock in Children Application - Page 2, you can **SAVE** your work at any time by scrolling to the bottom of the application page and click Save.

Reminder – When you use SAVE, an email will be sent to the **student email address** containing a link that you can utilize to continue work on your saved application. You can also email TSIC_Seminole@scps.k12.fl.us to request the link.

Do you want to save your application for later or submit now?

*

☐ Save

☒ Submit

*- required

Back

Next

Take Stock in Children Application - Page 2

SECTION A: Student Identification Information

Date of Birth*

ex: MM/DD/YYYY

Social Security #*

ex: 123456789

Student ID #*

Entry Grade Level*

--select an item--

Address*

Complete **SECTION A: Student Identification Information** * indicates required

- Date of Birth*
- Social Security Number*
- Student ID Number*
- Entry Grade Level*
 - **NOTE**-In Seminole County, only 8th grade students are eligible to apply
- Address*
- City*
- State*
- Zip Code*
- Gender*
- Race*
- Ethnicity*
 - Is the student of Hispanic origin?

Complete **Florida Prepaid College Foundation Scholarship Requirements:**

- Does the student have a Social Security number? *
- What is the student's current citizenship status? * (US Citizen or Resident Alien)
- Does the student have a Florida Prepaid College Scholarship Plan? *

SECTION B: Parent/Guardian Information

Parent/Guardian 1 First Name*

Parent/Guardian 1 Last Name*

Parent/Guardian 1 Home Phone*

ex: 555-555-5555

Parent/Guardian 1 Mobile Phone*

ex: 555-555-5555

Parent/Guardian 1 Email*

ex: parent@email.com

Parent/Guardian 1 Date of Birth*

Complete **SECTION B: Parent/Guardian Information**

- Parent/Guardian (1) First and Last Name *
- Parent/Guardian (1) Home Phone Number *
- Parent/Guardian (1) Mobile Phone Number *
- Parent/Guardian (1) Email *
- Parent/Guardian (1) Date of Birth *
- Parent/Guardian (1) Address
- Parent/Guardian (1) Last Grade Completed in School *
 - Example – Grade 10
- Parent/Guardian (1) Occupation
- Parent/Guardian (1) Employer Address (Street, City, State, Zip)
- Parent/Guardian (1) Number of Years with Current Employer
- Parent/Guardian (1) Gross Monthly Salary (Before taxes and deductions) *
- Parent/Guardian 1 Social Security #

You will then be asked if you want to add a second parent/guardian to the application.

- If Yes, you will then complete the same information for Parent/Guardian (2)
- If No, you go directly to next question
- Does applicant have a sibling or member of the household currently or previously involved in the Take Stock in Children Program? *

Complete **SECTION C: Household Information** * indicates required

- Total Adults in Household*
- Total Children In Household*
- Applicant Lives With*
 - NOTE – Select all that apply
- 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
 - NOTE - Specify 4-year college degree, 2-year college degree, high school degree, or highest grade level completed
- Please list all Independent siblings living outside the home
 - Name
 - Age
 - Relationship
 - Currently Attending School
 - Last Grade Completed

Complete **SECTION D: Parent/Guardian Financial Information** * indicates required

- What is your **Annual** Household income? (before taxes and deductions)*
- Are you eligible to receive any social services such as TANF, SNAP, Medicaid, etc.*
 - If yes, check the services you currently receive
 - Food Stamps/SNAP
 - Medicaid
 - Welfare/TANF
- Are you currently receiving assistance from your local CareerSource Development Office?*
- Do you receive income from any other source for this student/applicant such as Social Security, Child Support, or Unemployment, etc?*
- If yes, please list the type of support and amount per month
- Do you or the student/applicant have a savings account?*
- If yes, approximate balance in the Savings Account
- Do you own your home?*
- If yes, what is the amount of your monthly home mortgage payment?*
- Do you rent?*
- What is the amount of your monthly rent payment
- How long at current address?

Complete SECTION E: Student Information (to be completed by the student) * indicates required

- Student's Career Field(s) Interest*
 - Check all that apply
- Hobbies / Interests*
 - Check all that apply
- List activities, interests, strengths, hobbies or awards you have received.*
 - These can be through school, church, community, work experience, etc.
- Student Statement: Please tell us about your goals, aspirations, and hopes for your future.*
 - We recommend you use complete sentences.

Complete SECTION F: Parent/Guardian Information (to be completed by parent/guardian) * indicates required

- Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations, and hopes for your child's future.*
- Please list all special family situations that might be relevant to school success such as serious illness in the family, loss of employment, Department of Children and Families involvement, homelessness, etc.*

Complete SECTION G: Student/Parent/Household Factors

The factors listed are used to determine eligibility. Please check all that apply. To be completed by Parent/Guardian

- Absent Parent (no contact or support)*
- Attends low-performing school (D or F rated school)*
- Deceased parent household*
- Department of Children and Families involvement*
- Student with Disability*
- English not spoken in home*
- Extended family in home*
- Extended family raising student*
- Family received TANF (Temporary Assistance for Needy Families) benefit within last year*
- First-Generation college student (neither parent has earned a baccalaureate degree or higher)*
- Home in foreclosure*
- Homeless or living with extended family or friends*
- Incarcerated parent household*
- Migrant worker household*
- Parental Loss of employment*
- Parent was teen parent*
- Poor relations between biological parents*
- Serious illness in household*
- Single-parent household*

- Parent or Household Member with Disability*
- Student applicant is teen parent*
- Student is first in the family to complete high school*
- Student is or has been in foster care*
- Other – Please explain
- Has the student been tested or classified as gifted from their school? (Student has an IEP)*

A complete copy of the **2023 tax return Form 1040** (see sample below) 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, contact your local TSIC program to learn about alternative eligibility documentation options.

Attach 2023 tax return Form 1040 in **File Upload*** by clicking on **Add File**.

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 to learn about alternative eligibility documentation options).

File Upload*

Add File...

Student Headshot Photo

Add File...

Please attach additional documents here:

Attachment 1

Add File...

Attachment 2

Add File...

Attachment 3

Add File...

1040 U.S. Individual Income Tax Return 2023

OMB No. 1545-0047

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning 2023, ending 2023

See separate instructions.

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. ZIP code

City, town, or post office. If you have a foreign address, also complete spaces below. State Foreign country name Foreign province/territory Foreign postal code

Filing Status

Check only one box.

☐ Single ☐ Married filing jointly (even if only one had income) ☐ Head of household (HCH)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS)

If you checked the MFS box, enter the name of your spouse. If you checked the HCH or QS box, enter the child's name if the qualifying person is a child but not your dependent.

Digital Assets At any time during 2023, did you (a) receive (as a reward, award, or payment for product or service) or (b) sell, exchange, or otherwise dispose of a digital asset for a financial interest in a digital asset? (See instructions.) ☐ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse remarries on a separate return or you were a dual-status spouse ☐ Yes ☐ No

Age/Blindness You: ☐ Was born before January 2, 1959 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (See instructions.)

If none, skip your dependents, see instructions, and check box.

(a) First name Last name Social security number (b) Reasoning to you (c) Check the box if qualifies for your instructions (d) Check for other dependents

Income

1a Total amount from Form(s) W-2, line 1 (see instructions) 1b

2a Tax-exempt interest 2b Taxable interest 2c

3a IRA distributions 3b Taxable amount 3c

4a Social security benefits 4b Taxable amount 4c

5a Capital gain or (loss). Attach Schedule D if required. If not required, check here 5b

6 Additional income from Schedule 1, line 10 6

7 Add lines 1a, 2b, 3c, 4c, 5b, 6, 7, and 8. This is your total income 7

8 Adjustments to income from Schedule 1, line 28 8

9 Subtract line 8 from line 7. This is your adjusted gross income 9

10 Standard deduction or itemized deduction (from Schedule A) 10

11 Add lines 9 and 10 11

12 Subtract line 11 from line 9. If zero or less, enter -0-. This is your taxable income 12

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see separate instructions. Date: No. 112023B Form 1040 2023

No additional attachments are required, but you are able to add a Student Headshot Photo or other Additional Attachments if you choose.

Proceed to the authorization and prepare to submit your application.

Select Consent*

Enter Student Name/Signature*

Enter Parent/Guardian Name/Signature *

Acknowledgement and Submission

Consent *

☐ I agree

Student Name/Signature*

Parent/Guardian Name/ Signature*

Submission of this application does not guarantee scholarship award.

Please print a copy of your responses prior to submitting this application.

You will receive an email confirmation with your application ID upon successfully submitting your application. If you do not receive an email, please follow up with your local Take Stock in Children program.

Please note that by electronically providing a typed signature, you have read and agreed to the terms outlined in this Student Application form.

Do you want to save your application for later or submit now?

*

☐ Save
☒ Submit

*- required

Back

Next

Once you've completed all tabs of your application it will enable the **Submit Application** button in the lower right corner. Click it to submit your application.

NOTE – All * Required Items must be completed to be allowed to Submit the application. If you missed a required item, the system highlights the missing entry boxes in red and notes required. See example.

Student ID #*

required

Once all required information is completed, Select Submit button.

You are then sent to the Application Completion screen, where you will need to hit the FINAL Submit button.

Take Stock in Children Application



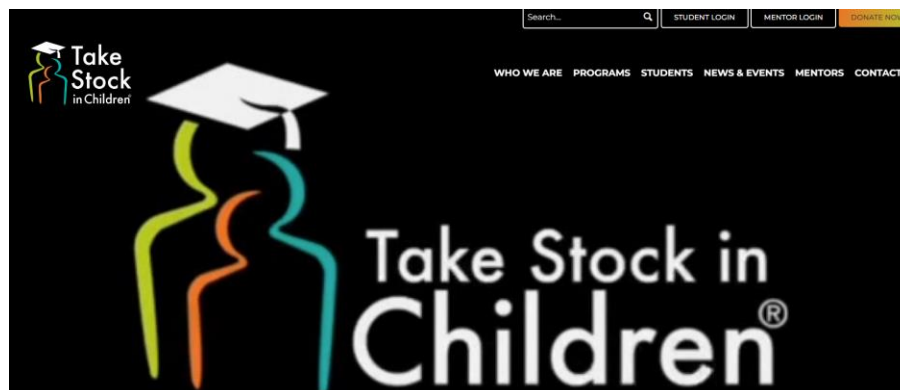
**Take
Stock
in Children®**

Thank you for completing the Take Stock in Children Student Application. You have taken a big step toward securing your academic and financial future! You will receive a confirmation email with a confirmation number. Please save this email and confirmation number for your records. You can find more information on our statewide program and contact information for the Take Stock Program by visiting our website at [Takestockinchildren.org](https://www.takestockinchildren.org)

To submit the application, please click the Submit button below.

*. required

After clicking Submit, you will be redirected to the Take Stock website <https://www.takestockinchildren.org/>.



You are all set! Take Stock in Children-Seminole will provide you further direction if needed.

Please note submission of this application does not guarantee admission to the program and/or scholarship award.

Application review will take place following the application deadline and into January 2024. If invited, interviews will take place in February of 2025. We anticipate notifying all applicants of their status by March 30, 2025.

Please call 407.320.1600 or email TSIC_Seminole@scps.k12.fl.us if you have questions about the application.