

Take Stock In Children (TSIC) – Seminole Student Application Guide

The purpose of this guide is to walk you through 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/>

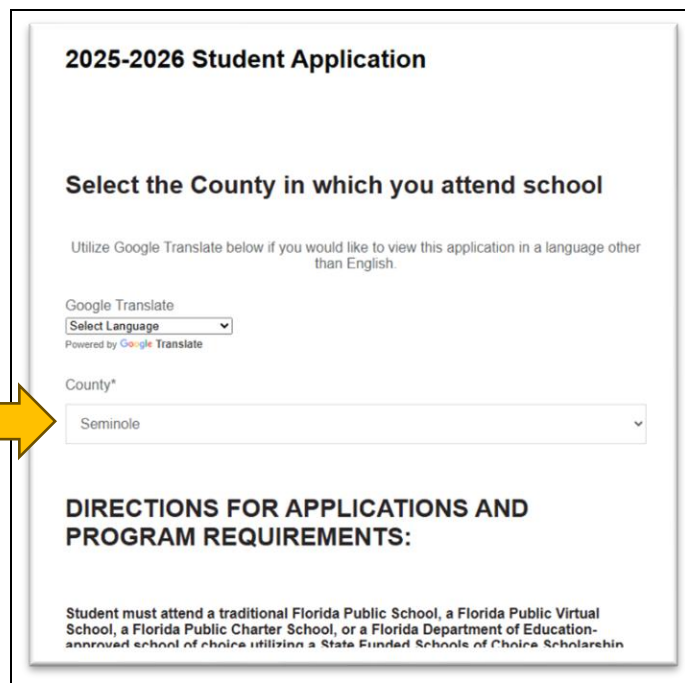
Review the *Eligibility* section to see if you're eligible for the Take Stock program

- 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 2025-2026 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/TSICApplication2025>.

At the login page, select **SEMINOLE** under County. Use Google Translate if you would like to view the application in a language other than English. Click NEXT button to proceed with application.



2025-2026 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*
Seminole

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

Complete all 4 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*

☐ 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

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

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 For Later** 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

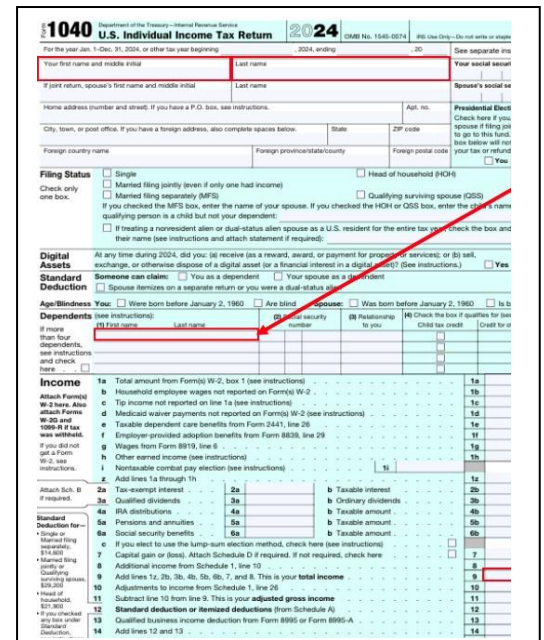
ALL sections of application must be completed AND ALL requested documents submitted for student applicant to be considered for acceptance into the Take Stock in Children program.

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 student email address 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 2024 – 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.



The image shows a 2024 U.S. Individual Income Tax Return (Form 1040) with several red annotations. A red box highlights the 'Your first name and middle initial' and 'Last name' fields. Another red box highlights the 'Filing Status' section, specifically the 'Married filing jointly (even if only one had income)' option. A red line is drawn through the 'Digital Assets' section. A red box highlights the 'Dependents' section, specifically the 'Child' field. A red box highlights the 'Income' section, specifically the 'Total amount from Form(s) W-2, box 1' field. A red box highlights the 'Standard Deduction' section, specifically the 'Standard deduction or itemized deductions (from Schedule A)' field. A red box highlights the 'Total' field at the bottom right of the 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 Mobile Phone* (Use Parent Mobile Phone if no Student Mobile Phone)
- Student Home Phone* (If no Home Phone repeat Mobile Phone)
- Student Email*
 - Enter student's personal or district email address. **Student Email Address MUST be different than the Parent's Email 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?
- What other language is spoken at home?

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? *

Click **NEXT** button to continue to Page 2

Take Stock in Children Application - Page 2

SECTION B: Parent/Guardian Information

Parent/Guardian 1 First Name*

Parent/Guardian 1 Last Name*

Parent/Guardian 1 Mobile Phone*

ex: 555-555-5555

Parent/Guardian 1 Home Phone (If no Home Phone repeat the Mobile Phone)*

ex: 555-555-5555

Parent/Guardian 1 Email*

ex: parent@email.com

Complete SECTION B: Parent/Guardian Information

- Parent/Guardian (1) First and Last Name*
- Parent/Guardian (1) Mobile Phone Number*
- Parent/Guardian (1) Home Phone Number* (If no Home Phone repeat the Mobile Phone)
- Parent/Guardian (1) Email*
- Parent/Guardian (1) Date of Birth*
- Parent/Guardian (1) Address*
- Parent/Guardian (1) Last Grade Completed in School*
 - Some school, not a high school graduate
 - GED
 - High school graduate
 - Associate's degree
 - Technical/Vocational certificate
 - Bachelor's degree
 - Master's degree
 - Doctorate
 - Other
 - Some college, no degree earned
- Parent/Guardian (1) Employer
- Parent/Guardian (1) Occupation
- 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 and parent/guardians listed above
 - 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

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
- 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? *
 - How long have you lived at your current address? *
- Do you rent? *
 - If yes, what is the amount of your monthly rent payment? *
 - How long have you lived at your current address? *

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

- Student's Career Field(s) of Interest*
 - Check all that apply
- Hobbies / Interests* Which of the activities do you enjoy participating in or watching?
 - Check all that apply
- List activities, interests, strengths, hobbies or awards you have received.*
 - These can be through school, church, community, work experience, etc.
 - **Recommended word count 100-150 words**
- Student Statement: Please tell us about your goals, aspirations, and hopes for your future.*
 - We recommend you use complete sentences
 - **Recommended word count 100-150 words**

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.*
 - **Recommended word count 100-150 words**
- 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.*
 - **Recommended word count 100-150 words**

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
- Does the student have an IEP or 504 Plan (Gifted, Learning Disability, or other)?*

A complete copy of the **2024 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 2024 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 1: Upload Proof of Income Eligibility *

Add File...

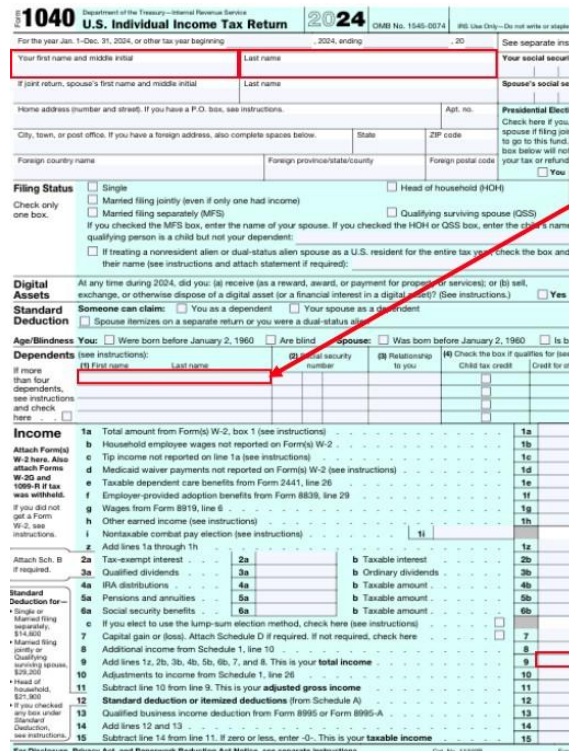
Student Headshot Photo

Add File...

Please attach additional documents here:

Attachment 1

Add File...



1040 Department of the Treasury—Internal Revenue Service
2024 U.S. Individual Income Tax Return
OMB No. 1545-0047 IRS Use Only—Do not write or staple
For the year (Jan. 1–Dec. 31, 2024), or other tax year beginning 2024, ending 2025
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. Presidential Election
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Foreign country name Foreign province/state/country Foreign postal code
Filing Status: ☐ Single ☐ Married filing jointly (even if only one had income) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing separately (MFS) ☐ If you checked the HOH or QSS box, enter the name of the qualifying person is a child but not your dependent.
If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):
Digital Assets: At any time during 2024, did you (a) receive (as a reward, award, or payment for professional services), or (b) sell, exchange, or otherwise dispose of a digital asset (or 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 itemizes on a separate return or you were a dual-status alien.
Age/Blindness: You: ☐ Were born before January 2, 1960 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1960 ☐ Is blind
Dependents: (see instructions) (i) First name Last name (ii) Social security number (iii) Relationship to you (iv) Check the box if qualifies for (a) Child tax credit (b) Credit for other dependents
Income: 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b Total amount from Form(s) W-2, box 12 (see instructions) 1c Tip income not reported on line 1a (see instructions) 1d Taxable dependent care benefits from Form 2441, line 26 1e Employer-provided adoption benefits from Form 8839, line 29 1f Wages from Form 9919, line 6 1g Other earned income (see instructions) 1h Non-taxable combat pay election (see instructions) 1i Add lines 1a through 1h
Attach Sch. B if required: 2a Tax-exempt interest 2b Taxable interest 2c Qualified dividends 2d Ordinary dividends 2e Taxable amount 2f Taxable amount 2g Social security benefits 2h Taxable amount
Standard Deduction for: ☐ Single or married filing separately: \$14,500 ☐ Married filing jointly or qualifying surviving spouse: \$29,000 ☐ Head of household: \$21,900 ☐ If you checked "Qualifying surviving spouse" under Standard Deduction, see instructions.
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 7
8 Additional income from Schedule 1, line 10 8
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9
10 Adjustments to income from Schedule 1, line 26 10
11 Subtract line 10 from line 9. This is your adjusted gross income 11
12 Standard deduction or itemized deductions (from Schedule A) 12
13 Qualified business income deduction from Form 8895 or Form 8995-A 13
14 Add lines 12 and 13 14
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15

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

Acknowledgement and Submission

Proceed to the authorization and prepare to submit or save for later your application.

- Select Consent*
- Enter Student Name/Signature*
- Enter Parent/Guardian Name/Signature*

By signing below, the Student and Parent/Guardian certify that the information contained in this application and supporting documents (collectively, the "application documents") is accurate, truthful, and complete, and understand that any false or incomplete information may result in the Student losing their eligibility to participate in the Take Stock in Children program. The undersigned Student and Parent/Guardian agree that the application documents, which are being provided to Take Stock in Children and the local Take Stock in Children Local partner (collectively, the "Take Stock in Children Organization"), may be shared with the local partner selection committee. The undersigned Student and Parent/Guardian further agree that, if the Student is enrolled in the Take Stock in Children program, any information or documents submitted during the application process may be retained by the Take Stock in Children Organization indefinitely and used or disclosed for program purposes as specified in the Participation Agreement; however, if the Student is not enrolled in the Take Stock in Children program, any information or documents submitted during the application process may be retained by Take Stock in Children Organization for a period of up to ten years for grant reporting or compliance purposes, or for state, federal and/or internal auditing purposes. The undersigned Student and Parent/Guardian understand that no information or documents provided during the application process will be sold or rented to any third party.

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.

If you select **Save For Later** option, the following message will pop up. You **MUST** hit Submit button to save the information entered.

- The link for the application will be sent to the Student Email Address entered on application
- If you do not see the email in the student inbox, please check student spam/junk folder
- If no email is received, please email TSIC_Seminole@scps.k12.fl.us to request assistance and include the student's name

If you have any questions about this applications or don't receive an email, please contact

TSIC_Seminole@scps.k12.fl.us / 407-320-1600

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

☒ Save for Later
☐ Submit Completed Application

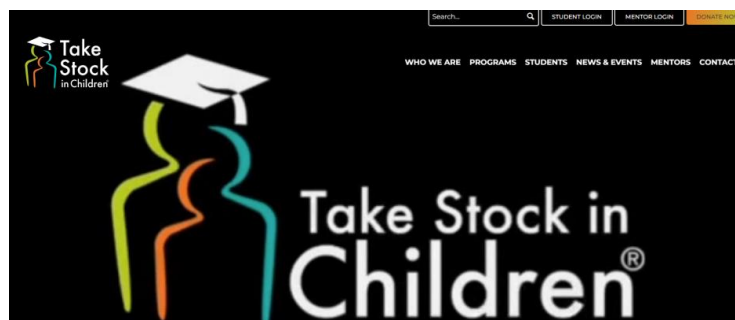
You are not done yet! Please click submit to officially save your application for later.

You have chosen to save your application for later. If you click the submit button below, 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. Please be sure to check your spam/junk folder, if you do not see the email in your inbox. Thank you for your interest in becoming a Take Stock in Children Scholar.

*- required



Once you successfully complete **Save For Later**, you will be redirected to www.takestockinchildren.org



If you select **Submit Completed Application** option, the following message will pop up.

If you have any questions about this applications or don't receive an email, please contact

TSIC_Seminole@scps.k12.fl.us / 407-320-1600

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

☐ Save for Later
☒ Submit Completed Application

You are not done yet! Please click submit to officially upload your application for review.

Thank you for your interest in the Take Stock in Children program. You have taken a big step toward securing your academic and financial future! You will receive a confirmation email with a confirmation number (this email may appear in your Spam/Junk folder). Please save this email and confirmation number for your records. You can find more information on our statewide program and contact information for your local Take Stock Program by visiting our website at Takestockinchildren.org.

*- required

Back

Submit

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.

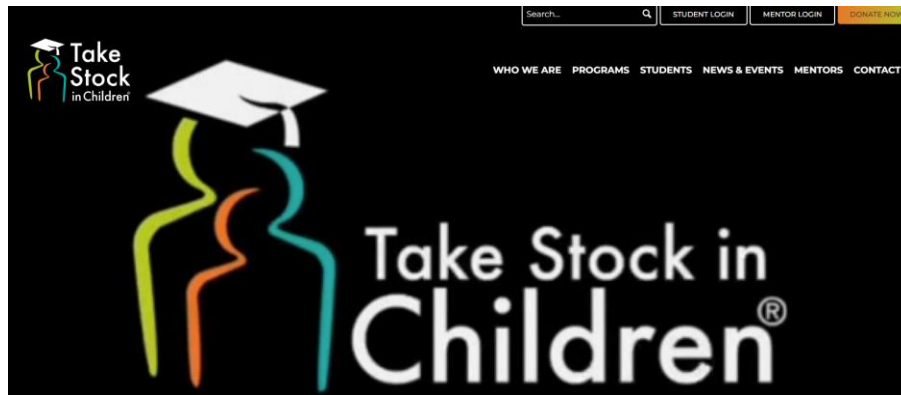
Student ID #*

required

Once all required information is completed, Select **Submit Completed Application** button.

After clicking **Submit Completed Application**, 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.

- 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 2026. If invited, interviews will take place in February of 2026. We anticipate notifying all applicants of their status by March 30, 2026.
- Please email TSIC_Seminole@scps.k12.fl.us or call 407.320.1600 if you have questions about the application.