

Please do NOT add any staples to this application!



H- _____ (For office use only)

Student Name: _____

School: _____

Grade Level: 9th

**Checklist for Completed
Take Stock in Children Application**



Please do NOT add any staples to application

**Please check off that each piece of information is enclosed before
submitting the application.**

Due: Friday, November 1st, 2019.

Incomplete and/or late applications will not be accepted.

_____ Completed Application with **all** areas filled out and
all forms signed – **BLUE OR BLACK INK ONLY**

_____ Documentation showing student meets economically disadvantaged criteria:

- 2018 Filed Tax Return listing student as dependent
- Food Stamp verification showing student's name

_____ Copy of previous month's paystubs

_____ Two Completed Teacher Recommendation Forms

_____ Copy of original final 8th grade report card (not a printout from Focus) that
shows a 2.5 GPA or higher

_____ Copy of original Quarter One 9th grade report card (not a printout from
Focus) that shows a 2.5 GPA or higher



Student Scholarship Application

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.

Please call The Foundation for Lee County Public Schools at (239) 337-0433 if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information

Student ID # _____ Date: _____

School _____

Student Name _____ Social Security # _____

Grade _____ Date of Birth _____ Male Female

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 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

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

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ 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 (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 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: \$ _____

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? _____

Please attach copy of most recent tax return Form 1040 (or other proof of income eligibility if taxes were not filed) and a copy of pay stubs for the most recent month worked.

Documentation showing student meets economically disadvantaged criteria:

- 2018 Filed Tax Return listing student as dependent
- Food Stamp verification showing student's name

SECTION E: Student Information

To be hand-written by the student only in blue or black ink.

List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.)

Student Statement

Please tell us about your goals, aspirations and hopes for your future (attach another sheet if needed).

- 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 shared with the Local Lead Agency 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

Student and Parent Agreement

I understand that the information contained in this application is accurate and will be shared with the Take Stock in Children student selection committee. I understand that this contract replaces any previous contracts that I have with Take Stock in Children and/or The Foundation for Lee County Public Schools, Inc. I understand that the information that I have provided in this application will be verified by program staff and that any false information in this application may result in my child being ineligible and being removed from this program. I understand that if any of the information in this application is left blank or it is missing any documents deemed to be considered a complete application, my child will not be considered for this scholarship and the application will be removed from selection. I have read the program requirements and approve of my child's participation in having a mentor(s) and attending activities, workshops, field trips, etc. and will transport my child to all mandatory Take Stock in Children events, if my child is selected for this scholarship. I understand that my involvement as a parent(s) or guardian is crucial to my child's success in this program. I assume full responsibility for my child's conduct and will not hold The Foundation for Lee County Public Schools, Inc. or Take Stock in Children or other related parties liable for accidents that may occur as a result of my participation or my child's participation in this program.

Student Signature Date Parent/Guardian Signature Date

Interview Agreement

I understand that prior to my child being considered for this scholarship, they will be interviewed by The Foundation for Lee County Public Schools staff and that the outcome of that interview may affect whether my child receives the scholarship. If my child refuses to be interviewed, I understand that he/she will not be selected for the Take Stock in Children scholarship.

Student Signature Date Parent/Guardian Signature Date

Student Pledge

I have never been convicted of a crime, nor do I take drugs. I agree to stay crime and drug free. I agree to meet my assigned mentor regularly and maintain at least a 2.5 GPA and no grade below a C. I also agree to have good behavior and attend school regularly, with no more than 3 absences per quarter.

Student Signature Date

<p>For Official Use only:</p> <p><input type="checkbox"/> Application reviewed by TSIC staff <input type="checkbox"/> Eligible for TSIC <input type="checkbox"/> Not eligible for TSIC</p> <p><input type="checkbox"/> Income eligibility confirmed by TSIC staff</p> <p>_____ Staff Signature Staff Title Date</p>
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- **Submission of this application does not guarantee scholarship award**
- **A copy of your child's grades, attendance, and behavior records will be included with this form**