

Please do NOT add any staples to this application!



M- \_\_\_\_\_  
(For office use only)

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: 6th



Please do NOT add any staples to this application!

Checklist for Completed  
Take Stock in Children Application

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

**Incomplete and/or late applications will not be accepted. Due Friday, November 1<sup>st</sup>, 2019**

\_\_\_\_\_ 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** 5<sup>th</sup> grade report card (not a printout from Focus) that shows a 2.5 GPA or higher

\_\_\_\_\_ Copy of **original** Quarter One 6<sup>th</sup> 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 (checkone)</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:

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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.)

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**Student Statement**

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

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- 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.

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Student Signature

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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.

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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.

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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.

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Student Signature	Date

**For Official Use only:**

- Application reviewed by TSIC staff     Eligible for TSIC     Not eligible for TSIC  
 Income eligibility confirmed by TSIC staff

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Staff Signature	Staff Title	Date

- **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**