



# **STUDENT ADVOCACY AND MENTORING PARTNERSHIP (STAMP) STUDENT APPLICATION 2022-2023**

STAMP was created to give eligible students the opportunity to achieve success by providing them with resources and mentoring opportunities to help prepare the student for college, technical school, or other post-secondary education. Through mentoring and the help of the Foundation staff, we will assist the student with exploring career opportunities, academic success, and we will provide various resources for college and career preparation.

Resources offered will include, but not be limited to, one on one mentoring, career exploration workshops, financial aid assistance, possible internships, and other valuable resources.

## **DIRECTIONS FOR APPLICATION AND PROGRAM REQUIREMENTS:**

- Student must attend a Lee County Florida Public School
- Parent(s)/Guardian must submit a copy of the first page of 2021 1040 Tax Form
- All sections of the application must be completed.

**Date application is due: January 13, 2023**

**Please contact Stella Egan at 239-337-0433 or at [stella@leeschoolfoundation.org](mailto:stella@leeschoolfoundation.org) or Patricia Lorenzo at [patricia@leeschoolfoundation.org](mailto:patricia@leeschoolfoundation.org) if you have any questions about this application.**

## 2022-2023 Student Advocacy and Mentoring Partnership Application

**ALL sections of application must be completed AND ALL requested documents submitted for student applicants to be considered for acceptance into the STAMP program.**

### **SECTION A: Student Identification Information**

Student ID #: \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(First, Last, MI)

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check if Student Mailing Address is same as home address listed above. If not, enter Mailing Address below:

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **How do you (the student) identify?**

Gender: Female Male Gender Diverse

Student Race: American Indian/Native American Asian Black/African-American

Multiracial Pacific Islander/Hawaiian White Other

Student Ethnicity: Is the student of Hispanic origin? Yes No

Is the student a U.S. Citizen? Yes No

Is the student a resident alien? Yes No

**SECTION B: Household Information**

Parent/Guardian (1): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(First, Last, MI)

Parent (1) Phone #: \_\_\_\_\_ Parent (1) E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(First, Last, MI)

Parent (2) Phone #: \_\_\_\_\_ Parent (2) E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

Applicant lives with:    Mother    Stepmother    Grandmother    Guardian    Father  
                         Stepfather    Grandfather    Ward of Court    Siblings    Other \_\_\_\_\_

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the applicant have a sibling or member of the household currently or previously involved in the STAMP program?    Yes    No

If yes, include name of current/previous STAMP participant and include relation to applicant:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Independent siblings living outside the home:**

Name	Age	Relationship	Currently		Last Grade Completed
			Attending School	Yes No	
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

**SECTION C: Employment Information**

Name of Parent/Guardian (1): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Employer Phone Number: \_\_\_\_\_

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_  
(Before taxes and deductions)

Name of Parent/Guardian (2): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
(street, city, zip)

Employer Phone Number: \_\_\_\_\_

Number of years with Current Employer: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_  
(Before taxes and deductions)

**SECTION D: Financial Information**

What is your household income? \$ \_\_\_\_\_ (before taxes and deductions)

Are you eligible to receive any social service? (TANF, SNAP, Medicaid, etc.)      Yes      No

Please check the services you currently receive:

Welfare/TANF      Food Stamps/SNAP      Medicaid

Are you currently receiving assistance from your local CareerSource Development Office?

Yes      No

Do you receive income from any other source for this student/applicant? (Social Security, Disability, Child Support, Unemployment, etc.?)      Yes      No

If yes, please list type of support and amount per month:

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Do you own your own home?      Yes      No

If yes, what is the amount of your monthly payment? \_\_\_\_\_

If yes, how much did your house cost? \$ \_\_\_\_\_

Do you rent?      Yes      No

If yes, what is the amount of your monthly payment? \$ \_\_\_\_\_

How long at the current address? \_\_\_\_\_

**A copy of the first page of your 2021 1040 Tax Return Form must be attached with the student applicant listed as a dependent on the tax return in order to be eligible for consideration. (If you have a special circumstance or did not file taxes, please contact us at 239-337-0433).**



What does having a mentor mean to you?

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**SECTION F: Parent/Guardian Statement - To be completed by parent(s)/guardian(s)**

Describe your child. What are your child's strengths? Weaknesses?

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How could this program benefit your child? Please include your goals, aspirations, and hopes for your child's future.

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Please list all special family situations that might be relevant to school success (serious illness in the family, loss of employment, Department of Children and Families involvement, homelessness, etc.).

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The factors listed below are used to determine your eligibility, please check all that apply:

- Single parent                      Incarcerated parent                      Deceased parent
- Absent parent (no contact or support)                      Poor relations between biological parents
- Department of Children and Families involvement                      Extended family in home
- Extended family raising student                      Student applicant is teen parent
- Parent was teen parent                      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                      First-Generation college student
- Family has received TANF benefits within last 6-12 months
- Other (please specify) \_\_\_\_\_



If any of the above are checked, please explain:

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**Section G: School District Staff Appraisals**

Please use the attached documents to have at minimum, two school district employees fill out and return to us.

**STUDENT AND PARENT AGREEMENT:**

I understand that the information contained in this application is accurate and will be shared with the STAMP student selection committee. I understand that this contract replaces any previous contracts that I have with 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 the program. 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. I understand that my involvement as parent(s) or guardian is crucial to my child's success in this program. I assume full responsibility for my child's conduct and I will not hold The Foundation for Lee County Public Schools, Inc. or other related parties liable for accidents that may occur as a result of my participation or my child's participation in the program.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INTERVIEW AGREEMENT:**

I understand that prior to my child being considered for this program, they will be interviewed by The Foundation for Lee County Public Schools staff and that the outcome of that interview may affect whether or not my child will be accepted into STAMP. If my child refuses to be interviewed, I understand that he/she will not be selected for STAMP.

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 with my assigned mentor **regularly**, and maintain at **least a 2.5 GPA** in school. I also **agree** to have good behavior and attendance!

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Submission of this application does not guarantee acceptance into the program\***