



# 2021-22 Student Scholarship Application

## DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a Florida Public School or Florida Public School of Choice (Florida Virtual, Local Florida Public School District Virtual, or Florida Public Charter School.)

Parent/Guardian must submit the most recent, completed taxes.

All Sections of the application must be completed.

Take Stock in Children program participants receive:

- **A Scholarship**  
A Florida Prepaid PROJECT STARS College Scholarship, which can be used at any **Florida PUBLIC** university, college, or vocational/technical school in **Florida**.
- **A Mentor**  
A volunteer mentor who will meet with each student, 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 high school transition and into to College.

Date application is due back to Polk Education Foundation: **04/29/2022 by 3:30 pm**

Please call Cheryl Arrington at (telephone) **863-534-0519 x204** or Kara Franklin at (telephone) **863-534-0519 x205** if you have any questions about this application.

## EQUAL OPPORTUNITY POLICY

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants, or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law. All Take Stock in Children employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind pursuing any discrimination claim, or cooperating in related investigations.

**Take Stock in Children Application**

**SECTION A: Student Identification Information**

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

High School you will attend \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security #(Mandatory) \_\_\_\_\_

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

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

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 \_\_\_\_\_

Parent Phone : \_\_\_\_\_ Parent Email : \_\_\_\_\_

How do you (the student) identify?  Male  Female  Gender Diverse

Student Race:  American Indian/Native American  Asian  Black/African-American  
 Caucasian  Pacific Islander/Hawaiian  Multiracial  
 Other \_\_\_\_\_

Student Ethnicity: Is the student of Hispanic, Latino, or Spanish origin?  Yes  No

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

Does student have Social Security #?  Yes  No

Is student a U.S. Citizen?  Yes  No

Is the student a resident alien?  Yes  No

Does the student have a Florida Prepaid College Foundation Scholarship Plan?  Yes  No

**SECTION B: Household Information**

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

Parent (1) Phone #: \_\_\_\_\_ Parent (1) Email: \_\_\_\_\_

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

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

Parent (1) Phone #: \_\_\_\_\_ Parent (1) Email: \_\_\_\_\_

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>Relationship</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? (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 Workforce Development Office?  Yes  No

Do you receive income from any other source for this student/applicant? (Social Security, child support, unemployment, 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? \_\_\_\_\_

**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.**









Factors are used to determine your eligibility, please check all that apply:

- Student attends low-performing school (D or F rated school)
- Single parent
- Incarcerated parent
- Deceased parent
- Absent parent (no contact or support)
- Poor relations between biological parents
- DCF involvement
- Extended family in home
- Extended family raising student
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF benefits within last year
- First generation college student
- 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 implemented by the local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency selection committee. I also certify that all information in this application is truthful and accurate and that 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

**For Official Use only:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application reviewed by TSIC staff  | <input type="checkbox"/> Does Not Meet TSIC Programmatic Eligibility |
| <input type="checkbox"/> Meets TSIC Programmatic Eligibility | <input type="checkbox"/> Does Not Meet TSIC Income Eligibility       |
| <input type="checkbox"/> Meets TSIC Income Eligibility       |  |

\_\_\_\_\_  
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 MUST be attached to this form •