



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.

Application is due to the Education Foundation by 4:30 pm, January 31, 2019. Our office is located at 2310 New Beginnings Rd., Kissimmee, FL 34744. Application may be mailed or hand delivered Monday-Friday, 8:00 am-4:30 pm.

Please call Kathy Ejnoui, Director of Programs, at 407-348-2370 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</u> <u>(check one)</u>	<u>Currently</u> <u>Attending</u> <u>School</u>	<u>Last</u> <u>Grade</u> <u>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.

- 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:

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

For Official Use only:		
<input type="checkbox"/> Application reviewed by TSIC staff	<input type="checkbox"/> Eligible for TSIC	<input type="checkbox"/> Not eligible for TSIC
<input type="checkbox"/> Income eligibility confirmed by TSIC staff		
_____ 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 attached to this form •