

Student Scholarship Application

**Take Stock in Children** scholarship recipients receive:

• **A Scholarship**

A full-tuition Florida Prepaid College Scholarship, which can be used at any public university, college, or vocational/technical school in Florida

• **A Mentor**

A volunteer mentor who will meet with you weekly at school, with cooperation from the school and parent (s), to assist and encourage you to achieve your full potential.

**Date application is due back to school on or before: Friday, November 17, 2017**

**Please call Jim Wheeler, Program Director** **at (telephone) (904) 547-7121 if you have any questions about this application.**

**SCHOLARSHIP APPLICATION SECTION A: Student Identification Information**

School

Student Name Social Security #

Grade Date of Birth

Male Female

Address (street, apt #, city, zip)

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**

Mother Social Security # (Last, First, MI)

Date of Birth Last Grade Completed in School

Father 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:

Highest Level

Of Education

Name Age Relationship Completed

Independent siblings living outside the home:

Brother/Sister Currently Last

Name Age (check one) Attending Grade

School Completed

Yes No

Yes No

Yes No

Yes No

Yes No

**SECTION C: Employment Information**

Parent/Guardian’s Current Employer

Name of Parent/Guardian: 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: 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.**

**SECTION E: Student Information (to be completed by student).**

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).

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

Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child’s future (attach another sheet if needed).

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

Check all that apply: Single Parent Deceased Parent Incarcerated Parent

Absent Parent (no contact or support) Poor relations between biological parents DCF involvement

First generation college graduate

Extended family in home

Parents did not graduate from high school

More than two siblings

Student applicant is teen parent

Parent was teen parent

Family has received TANF beneﬁts within last year Student will be ﬁrst in family to attend college English not spoken in student’s home

Migrant worker

Parental loss of employment within last year

Family is homeless or living with extended family or friends

Home in foreclosure

Serious illness in household Disabled student or family member Student is or has been in foster care

I understand that the information contained in this application is accurate and will be shared

with the Take Stock in Children 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:**

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

Staff Signature Staff Title Date

• A copy of your child’s grades, attendance, and behavior records will be attached to this form •