



2023-2024 Student Application

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a traditional Florida Public School, a Florida Public Virtual School, a Florida Public Charter School, or a Florida Department of Education-approved school of choice utilizing a Family Empowerment Scholarship.

Parent(s)/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 state vocational/technical college 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 middle and high school transition and into College.

Date application is due: _____

Please contact _____ **at (telephone/email)** _____
if you have any questions about this application.

Take Stock in Children Application

ALL sections of the application must be completed AND ALL requested documents must be submitted for the student applicant to be considered for acceptance into the Take Stock in Children program.

SECTION A: Student Identification Information

Student ID # _____

School _____

Student Name _____ Social Security # **(Mandatory)** _____
(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 _____

Gender: Female Male

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

The Florida Prepaid College Foundation Scholarship Requirements:

Does the student have a Social Security #? Yes No

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

Is the student a resident alien? Yes No

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

SECTION B: Household Information

Parent/Guardian (1) _____ Social Security # (Optional) _____
(First, Last, MI)

Parent (1) Phone #: _____ Parent (1) E-mail: _____

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ Social Security # (Optional) _____
(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 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 applicant have a sibling or member of the household currently or previously involved in the Take Stock in Children Program? Yes No

If yes, include name of current/ previous Take Stock in Children participant and include relation to applicant:

Name: _____ Relation: _____
Name: _____ Relation: _____
Name: _____ Relation: _____

Independent siblings living outside the home:

Name	Age	Relationship	Currently Attending School (Check One)	Last Grade Completed
_____	_____	_____	<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 CareerSource 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:

Do you or the student/applicant have a savings account? Yes No

Approximate balance: \$ _____

Do you own your home? Yes No

If yes, what is the amount of your monthly mortgage payment? _____

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

Do you rent? Yes No

If yes, what is the amount of your monthly rent 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. (If you did not file taxes, please contact your local TSIC program).

SECTION E: Student Information (To be completed by student)

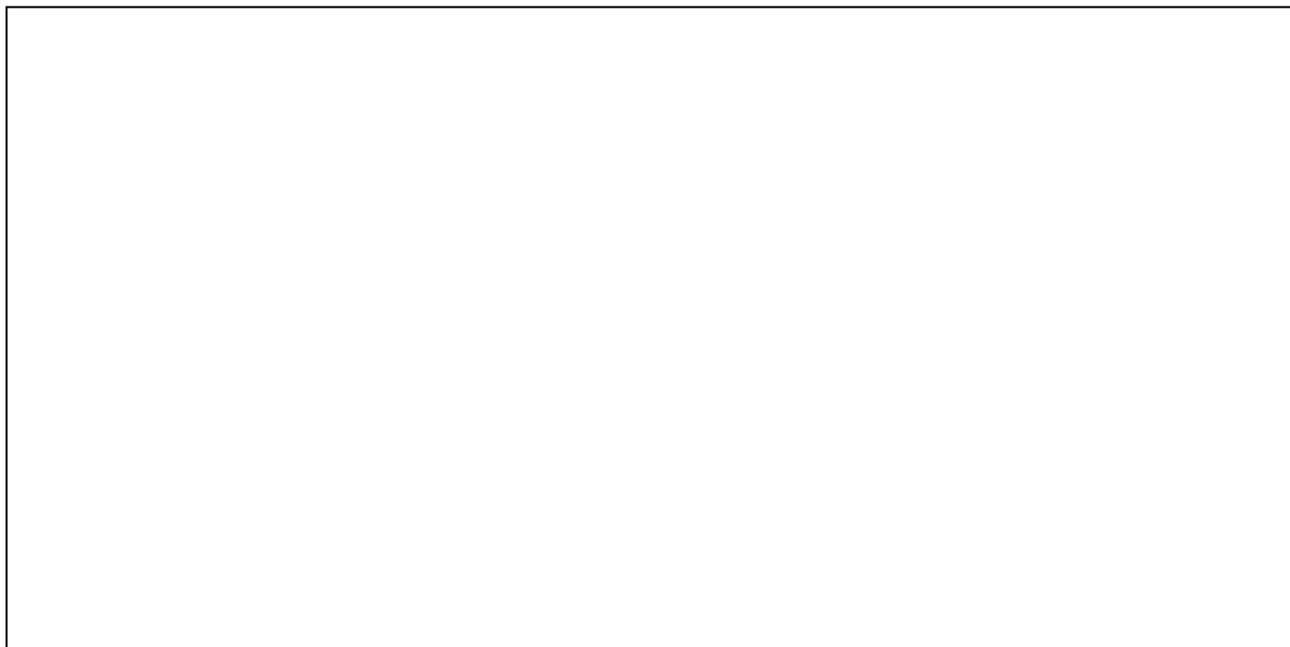
Student's Career Field(s) of Interest (check all that apply):

- Agriculture, Food, and Natural Resources
- Architecture and Construction
- Arts, Audio/Video Technology and Communications
- Business, Management, and Administration
- Education and Training
- Energy
- Science, Technology, Engineering, and Mathematics
- Finance
- Government and Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, and Security
- Manufacturing
- Marketing, Sales, and Service
- Military
- Transportation, Distribution, and Logistics

Hobbies/Interests: Which of the following activities do you enjoy participating in or watching?
(Check all that apply)

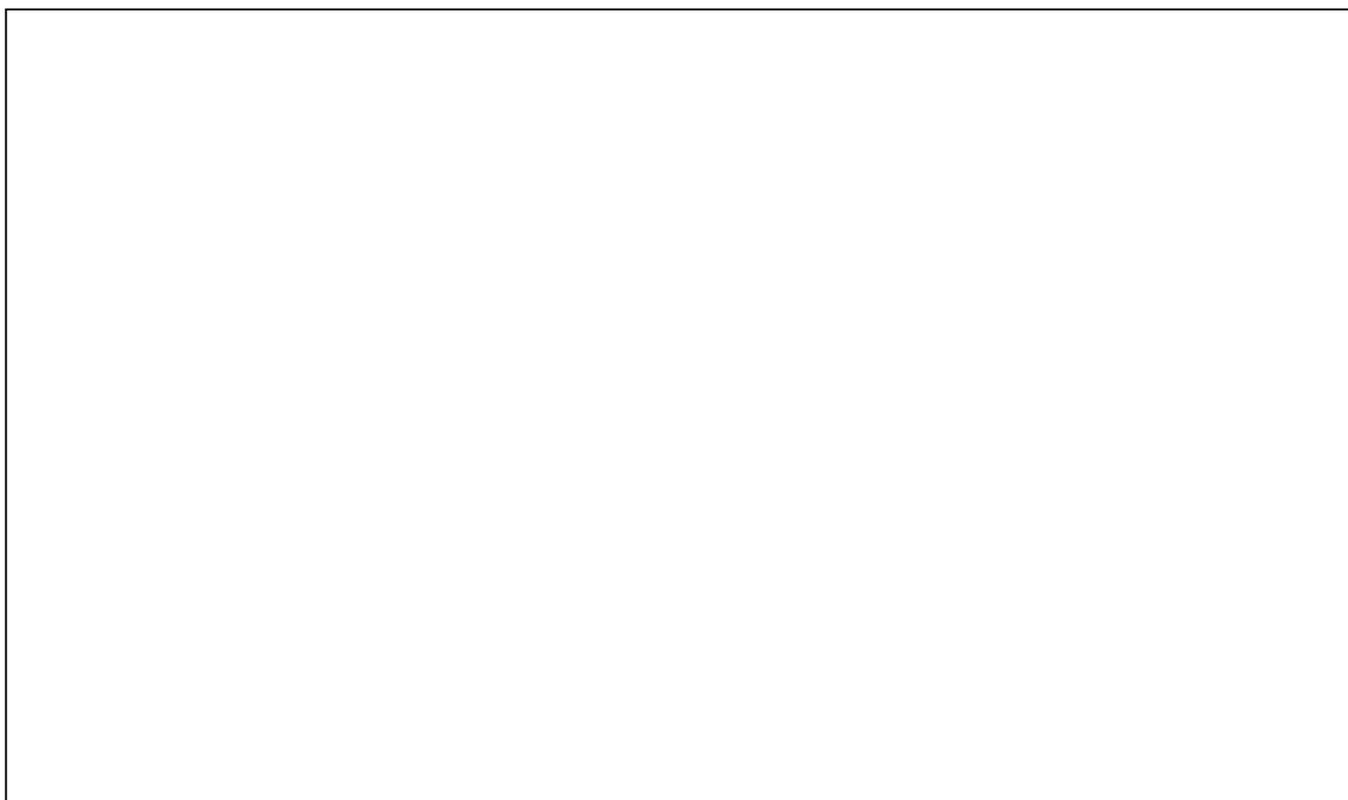
- Sports (specifically, _____)
- Handicrafts (specifically, _____)
- Outdoor Life Mechanics/Science Literature Pop Culture (Movies, TV, etc.)
- Music Collecting Other _____

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, Department of Children and Families involvement, homelessness, etc.).

The factors listed below 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
- Department of Children and Families involvement
- Extended family in home
- Extended family raising student
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF (Temporary Assistance for Needy Families) benefits within last year
- 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 (neither parent has earned a baccalaureate degree or higher)
- Other (please specify) _____

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

Date

Date

Submission of this application does not guarantee scholarship award

For TSIC Program Official Use only:

Application Reviewed

Meets TSIC Programmatic Eligibility

Meets TSIC Income Eligibility

Does Not Meet TSIC Programmatic Eligibility

Does Not Meet TSIC Income Eligibility

Local Program Staff Signature

Title

Date