

Please do NOT staple this application!



H- _____
(For office use only)

Student Name: _____
School: _____
Grade Level: _____



PLEASE DO NOT STAPLE THIS APPLICATION!!

Checklist for Completed

Take Stock in Children Application

Please check off that each piece of information is enclosed before submitting the application.

Incomplete and/or late applications will not be accepted. Due Thursday, November 2nd, 2017

_____ Completed Application with **all** areas filled out and **all** forms signed

_____ Documentation showing student meets economically disadvantaged criteria:

- 2016 Filed Tax Return listing student as dependent
- Food Stamp verification showing student's name

_____ Copy of previous month's paystubs

_____ Two Completed Teacher Recommendation Forms

_____ Copy of original final 8th grade report card (not a printout from ParentLink) that shows a 2.5 GPA or higher

_____ Copy of original Quarter One 9th grade report card (not a printout from ParentLink) that shows a 2.5 GPA or higher



Scholarship Application

Deadline: Thursday, November 2nd, 2017

No late and/or incomplete applications will be accepted

SECTION A: Student Identification Information

Student Name _____ Student ID # _____

Social Security # _____ Grade _____ Date of Birth _____

Are you a U.S. Citizen? yes no School _____

Note: The qualified beneficiary must be either a United States citizen or a resident alien. Students must have a permanent social security number and not a temporary ID.

E-mail _____ Phone # _____

Home Address _____ Alternative # _____

(street, building and apt. number)

_____ (city)

_____ (zip)

Ethnicity: Hispanic
 Non-Hispanic

Race: Black/African American
 White
 American Indian/Alaska Native
 Asian
 Hawaiian Native/Pacific Islander

Gender: Male
 Female

SECTION B: Household Information

Applicant lives with:

- Mother Stepmother Grandmother Guardian
 Father Stepfather Grandfather

Other _____

Number of brothers _____ Number of sisters _____

Please list persons living in the home **other than student/applicant:**

<u>Name</u>	<u>Age</u>	<u>Relationship to student</u>	<u>Last Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister</u> (check one)		<u>Currently</u> <u>Attending School</u>	<u>Last Grade</u> <u>Completed</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	yes	no _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	yes	no _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	yes	no _____

SECTION C: Parent/Guardian Information

Is either parent self-employed? Yes No If yes, Business Name: _____

Parent/Guardian's Current Information (Father's Section)

Name (First, Middle, Last) _____ Date of Birth _____
/_____/_____

Address _____

Phone Number _____ Email Address _____

Employer _____

Occupation and Employer's Address _____ Social Security Number _____
-_____-_____

Number of years with Current Employer _____ **Monthly Salary \$** _____

Check here if father is currently unemployed Check here if father is currently looking for a job

If father is currently unemployed and not looking for a job, please explain why here:

Parent/Guardian's Current Information (Mother's Section)

Name (First, Middle, Last) _____ Date of Birth _____
/_____/_____

Address _____

Phone Number _____ Email Address _____

Employer _____

Occupation and Employer's Address _____ Social Security Number _____
-_____-_____

Number of years with Current Employer _____ **Monthly Salary \$** _____

Check here if mother is currently unemployed Check here if mother is currently looking for a job

If mother is currently unemployed and not looking for a job, please explain why here:

SECTION D: Financial Information

What is your **entire** monthly household income (before taxes)? \$ _____

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

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, cash gifts from friends/relatives, pension, alimony, veteran's benefits, worker's compensation, unemployment compensation, etc.?)

Yes No

If yes, please explain:

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? \$ _____

Is monthly payment made to a friend or family member? Yes No

Please attach Documentation showing student meets economically disadvantaged criteria:

- 2016 Filed Tax Return listing student as dependent
- Food Stamp verification showing student's name

Section E: Additional Student Information

Has the student participated, or currently participates, in any of the following programs (check all that apply):

- Jack and Jill Children's Center
- Boys and Girls Club
- Big Brothers, Big Sisters
- Women of Tomorrow
- Girl Scouts
- Boys Scouts
- Other/s _____

SECTION E

To be hand-written by the student only in blue or black ink.

Student Information

What is the most difficult situation you have ever faced? How did you handle it? (Attach another sheet if needed)

Describe your personality.

Tell us at least one thing you like about yourself and what you are proud of:

Upon acceptance into the Take Stock in Children Program, you will be required to meet with a mentor each week during school hours. A mentor is a caring, adult volunteer who can become a friend and role model to help guide you through your high school years. How do you feel about having an adult to speak with each week?

What activities would you like to do with your mentor? (ie: homework, career research, games, puzzles, talk about things going on in my life)

In your own words, tell us about your goals, aspirations, and hopes for your future. Tell us what you would like to be when you grow up and what you would like to accomplish. (Attach another sheet if needed).

To be hand-written by the parent only in blue or black ink.

SECTION F- Parent/Guardian Statement

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 check any special situations that apply to your family and might be relevant to your child's school success.

- Single parent
- Bus ride more than 30 minutes to school
- Incarcerated parent
- English not spoken in home
- Deceased parent
- Migrant worker
- Absent parent (no contact or support)
- Loss of employment
- Poor relations between biological parents
- Home is in foreclosure
- DCF involvement
- Homeless or living with extended family or friends
- Extended family in home
- Serious illness in household
- Extended family raising student
- Disabled student or family member
- Student applicant is a teen parent
- Student applicant is or has been in foster care
- Parent was a teen parent
- Family has received TANF benefit from State of Florida
- Other: _____

If any of the above are checked, please explain:

Please briefly describe your home environment:

Student and Parent Agreement

I understand that the information contained in this application is accurate and will be shared with the Take Stock in Children student selection committee. I understand that this contract replaces any previous contracts that I have with Take Stock in Children and/or 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 this program. I understand that if any of the information in this application is left blank or it is missing any documents deemed to be considered a complete application, my child will not be considered for this scholarship and the application will be removed from selection. 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. and will transport my child to all mandatory Take Stock in Children events, if my child is selected for this scholarship. I understand that my involvement as a parent(s) or guardian is crucial to my child's success in this program. I assume full responsibility for my child's conduct and will not hold The Foundation for Lee County Public Schools, Inc. or Take Stock in Children or other related parties liable for accidents that may occur as a result of my participation or my child's participation in this program.

Student Signature Date Parent/Guardian Signature Date

Interview Agreement

I understand that prior to my child being considered for this scholarship, they will be interviewed by The Foundation for Lee County Public Schools staff and that the outcome of that interview may affect whether my child receives the scholarship. If my child refuses to be interviewed, I understand that he/she will not be selected for the Take Stock in Children scholarship.

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 my assigned mentor regularly and maintain at least a 2.5 GPA and no grade below a C. I also agree to have good behavior and attend school regularly, with no more than 3 absences per quarter.

Student Signature Date

For Official Use Only:

- Applicant Information Reviewed by TSIC Staff Eligible for TSIC Not Eligible for TSIC Income
 Eligibility Confirmed by Staff

Staff Signature Staff Title Date