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# Take Stock in Children

## 2007-2008

# Scholarship Application



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

- **A Scholarship**: A full-tuition, two plus two **OR** a two year, Florida Prepaid Tuition Scholarship (2 years of tuition at a community college and 2 years of tuition at a state university **OR** 2 years of tuition at a community college or vocational school).
- **A Mentor**: A 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.

Please return this form to your guidance counselor by:  
*Thursday, March 27, 2008*

# The Foundation for Seminole County Public Schools Take Stock in Children 2007-2008 Scholarship Application Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

All students must have a 2.5 G.P.A. or above, low-income family (see Federal Guidelines attached), good attendance and a good disciplinary record. Students will also be required to meet with a mentor weekly.

## TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving scholarship funds set aside to help students who plan to go on to post-secondary education as developed by The Foundation for Seminole County Public Schools and The Take Stock In Children Program.

Complete your sections of this application at your earliest convenience; then forward the application to the school guidance department. *You are encouraged to select a school counselor or teacher for the reference portion of the application.* Family and relatives are excluded. Please return it to your guidance counselor.

If any questions are not applicable to your current situation, please note on the application. If more space is required for information on any items, you may attach additional pages. **PLEASE USE THE APPLICATION ATTACHED.** Do not leave any space uncompleted.

You are responsible for seeing that all supporting documents are submitted and the criteria for each scholarship you submit are met. The Foundation for Seminole County Public Schools, Take Stock in Children and its affiliate programs reserve the right to process only applications found to be eligible by the guidelines and fully completed as of the deadline.

**DEADLINE: Thursday, March 27<sup>th</sup>, 2008.**

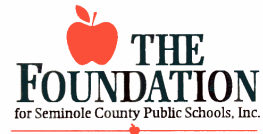
## CERTIFICATION

In submitting this application, I certify the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I authorize student transcript information to be released to verify accuracy and award scholarships. Acceptance of a Foundation for Seminole County Public Schools Scholarship grants permission for the promotion and publication of your award and constitutes your guarantee that funds will be spent on legitimate college expenses.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_



# Take Stock in Children Scholarship Application

The Take Stock in Children Scholarship program provides college scholarships and mentoring to Florida's income eligible children. The Foundation for Seminole County Public Schools is the lead agency for Take Stock in Seminole County. Once selected, the students sign a performance contract with their parents and their school pledging to stay in school, drug free, and out of trouble. In return, the students receive a 2 +2 or a 2 year scholarship (whichever is applicable) purchased through the Florida Prepaid College Program.

## **Criteria for Take Stock In Children Program**

1. Currently in the 8<sup>th</sup> grade at Seminole County public middle school
2. Obtain and maintain a 2.50 G.P.A. or better
3. Good attendance
4. Exhibit good behavior in school
5. Pass the FCAT
6. Maintain a drug and crime free record
7. Meet income eligibility requirements
8. Completed scholarship application
9. Statement of support from parents or legal guardian
10. Interview with the Take Stock in Children student advocate
11. Make a commitment to meet with his/her mentor for one hour per week
12. Graduate from a Florida public high school
13. Student must complete 100 percent of the above requirements

## **In return the student receives:**

- **2+2 Scholarship**  
A full-tuition, 2 + 2, Florida Prepaid College Scholarship (60 credit hours of tuition at a Florida community college and 60 credit hours of tuition at any public Florida state university)
- **2 year Scholarship**  
A full-tuition, 2-year Florida Prepaid College Scholarship (60 credit hours of tuition at a Florida community college or vocational school).
- **A Mentor**  
A mentor is someone 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: *Thursday, March 27<sup>th</sup>, 2008.***

Please call Program Manager of the Foundation, Deborah Shea at 407-320-0196 if you have any questions about this application.

# Check List

Here is a convenient list to make sure your application is complete.

- ( ) Fill in application completely.
- ( ) Attach your 2007 tax return, form 1040 (If no income, attach social security disability verification or other income verification). **A W2 is not acceptable.**
- ( ) Attach reference form. (*To be completed by a guidance counselor, teacher, or principal*).
- ( ) Give the application to your guidance counselor or mail with delivery to the Foundation office no later than **Thursday, March 27<sup>th</sup>, 2008.**

The address for mailing is:

**The Foundation for Seminole County Public Schools  
Attn: Take Stock in Children  
400 E. Lake Mary Blvd  
Sanford, FL 32773**

Applications that are not complete will not be considered. If you have any questions, please call Program Manager for the Foundation, Deborah Shea, at 407-320-0196.



**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** *(to be completed by student)*

Please tell about your goals, aspirations and hopes for your future. (Attach another sheet if needed.)

_____
Favorite Subject(s)
_____
Favorite Book(s)
_____
Favorite Sport/Activity
_____
Favorite Food
_____
Hobbies
_____
Pet(s)

**EMPLOYMENT INFORMATION**

**Parent/Guardian's Current Employer:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Number of years with Current Employer: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**Parent/Guardian's Current Employer:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Number of years with current employer: \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**FINANCIAL INFORMATION**

What is your household income? \$ \_\_\_\_\_ monthly/yearly (circle one)

Are you eligible to receive any social service?      Yes                                      No  
(Food Stamps, Medicaid, Social Security, Child Support, TANF, etc.)

Please check the services you currently receive:

Public Assistance (cash benefit)                      Food Stamps                                      Medicaid

Are you currently receiving assistance from your local Workforce Development Office?    Yes                      No

Please list any other services you currently receive: \_\_\_\_\_

\_\_\_\_\_

Do you receive income from any other source for this student/applicant? (Child support, investments, etc.?)

Yes                      No                      Other: \_\_\_\_\_

If yes, please list type of support and amount per month: \_\_\_\_\_

Do you or the student/applicant have a savings account, 401 (k), or any other type of investments? If yes:

Approximate balance: \$\_\_\_\_\_

Do you or the student/applicant have a checking account? If yes:

Approximate balance \$\_\_\_\_\_

**Please answer the following questions:**

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? \$\_\_\_\_\_

If yes, how long have you lived there? \_\_\_\_\_

Do you rent? Yes No

If yes, what is amount of your monthly payment? \$\_\_\_\_\_

If yes, how long have you lived here? \_\_\_\_\_

Please list the following information for the closest relative/friend, who does not live in the same residence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone Number: \_\_\_\_\_

*(Optional) For statistical purposes only, please answer the following questions:*

**Is your family a:**

Single-Parent Family

Two-Parent Family

Extended Family

Foster Care

**Are you or any member of your family a:**

Migrant Worker

Parent with a disability

Teen Parent

**Racial/ethnic group:**

White, non-Hispanic

Black, non-Hispanic

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Other

## **PARENT/GUARDIAN STATEMENT**

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

List any special family situations that might be relevant to school success (see examples).

### Examples

Single Parent  
Incarcerated Parent  
Absent Parent  
Serious illness in household  
Loss of employment  
DCF Involvement  
Homelessness  
Extended family in home  
Extended family raising student  
Bus rides 45 minutes +  
English not spoken in home  
Custody Issues  
Poor relations between biological parents

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.

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Student Signature

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Parent/Guardian Signature

**TAKE STOCK IN CHILDREN APPLICANT REFERENCE**  
**2007-2008**

*(To be completed by a guidance counselor, a teacher, or a principal.)*

You have been asked to provide information in support of this application for Take Stock in Children Scholarship. Please complete and return to applicant.

The applicant's achievement reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicants respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments:

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Reference Signature

Date

Name Printed

Position

School

Phone Number



*Please Do not forget to Attach your 2007 Federal  
Income Tax Statement (Form 1040) OR evidence of  
government assistance*

**THIS APPLICATION WILL NOT BE  
CONSIDERED FOR A SCHOLARSHIP  
WITHOUT PROOF OF INCOME!**



**INCOME ELIGIBILITY GUIDELINES**

**Effective from July 1, 2007 to June 30, 2008**

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each additional family member, add	6,438	537	269	248	124

**Reminder: Total income *before* taxes, social security, health benefits, union dues, or other deductions must be reported.**

Income Guidelines provided by Florida Department of Education