



Student Name: _____

School: _____

Grade Level: _____

Checklist for Completed Take Stock in Children Application

Please check off that each piece of information is enclosed before submitting application to the Take Stock office.

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

_____ Recent federal income tax (1040, 1040A, 1040EZ)* form for all Wage Earners in the Home; or proof of receiving current unemployment or disability benefits

*(Student must be listed as a dependent on the front page Form 1040, 1040A, or 1040EZ)

_____ Completed Teacher Recommendation Form

_____ Copy of Social Security Card



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: _____

Please call _____ at (telephone) _____ if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information

Student ID # _____

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:

<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 (check one)</u>	<u>Currently Attending School</u>	<u>Last Grade 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: _____

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 •

Student's Name: _____
 Teacher's Name: _____
 School: _____



TAKE STOCK IN CHILDREN

TEACHER RECOMMENDATION FORM

Please consider the student's skills and aptitudes and rate them relative to your experiences with him/her by circling the appropriate word.

Academic Motivation	Average	Good	Excellent	Outstanding
Leadership	Average	Good	Excellent	Outstanding
Self-Confidence	Average	Good	Excellent	Outstanding
Warmth of Personality	Average	Good	Excellent	Outstanding
Sense of Humor	Average	Good	Excellent	Outstanding
Concern for Others	Average	Good	Excellent	Outstanding
Energy	Average	Good	Excellent	Outstanding
Emotional Maturity	Average	Good	Excellent	Outstanding
Personal Initiative	Average	Good	Excellent	Outstanding
Reaction to Setbacks	Average	Good	Excellent	Outstanding
Respected by Faculty	Average	Good	Excellent	Outstanding

Why do you feel this student would be a good candidate for the Take Stock in Children program?

(use additional pages if necessary)

Signature of Recommending Teacher