



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**

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: \$ \_\_\_\_\_





- 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.*

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

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Signature of Recommending Teacher