



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

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

Grade Level: \_\_\_\_\_

## Checklist for Completed Take Stock in Children Application 2019-2020

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

- \_\_\_\_\_ Completed Application with *all* sections filled out and *all* forms signed
- \_\_\_\_\_ See attached income requirements
- \_\_\_\_\_ Completed Teacher Recommendation Form
- \_\_\_\_\_ Copy of Social Security Card

### HOW TO APPLY

PLEASE SUBMIT YOUR APPLICATION BY \_\_\_\_\_ VIA ONE OF THE FOLLOWING:

Scan and email to:	Mail to:	Drop off to School Coordinator:
afrey@tsic.org	Take Stock in Children of Broward Attn: Amanda Frey 2050 Civic Center Place Room 213 Miramar, FL 33025	TSIC will pick up applications left with:  _____

(please give enough time for applications to be received by deadline)

If you have any questions please contact Amanda Frey – (754)-600-9857 / [afrey@tsic.org](mailto:afrey@tsic.org)  
or Anna Miranda – [amiranda@tsic.org](mailto:amiranda@tsic.org)



# SCHOLAR APPLICATION REQUIREMENTS

TO BE CONSIDERED, APPLICANTS MUST MEET ALL OF THE FOLLOWING CRITERIA:

- Students must be in grades 6th-9th.
- Grades: Must have maintained a “C” or better in all classes within the past year.
- Attendance: No more than eight (8) unexcused absences per semester within the past year.
- Behavior: No more than one (1) in-school suspension per quarter and no (0) out-of-school suspensions within the past year.
- Income eligibility: Must qualify financially for free and/or reduced lunch based upon USDA Income Eligibility Guidelines (see below).
- Citizenship: Must be either a United States citizen or a resident alien with permanent social security number and NOT a temporary ID.
- Must be enrolled in a Florida *public* school and be on track to receive a standard high school diploma.

INCOME ELIGIBILITY GUIDELINES												
Effective from July 1, 2019 to June 30, 2020												
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %					
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>												
1 .....	12,490	23,107	1,926	963	889	445	16,237	1,354	677	625	313	
2 .....	16,910	31,284	2,607	1,304	1,204	602	21,983	1,832	916	846	423	
3 .....	21,330	39,461	3,289	1,645	1,518	759	27,729	2,311	1,156	1,067	534	
4 .....	25,750	47,638	3,970	1,985	1,833	917	33,475	2,790	1,395	1,288	644	
5 .....	30,170	55,815	4,652	2,326	2,147	1,074	39,221	3,269	1,635	1,509	755	
6 .....	34,590	63,992	5,333	2,667	2,462	1,231	44,967	3,748	1,874	1,730	865	
7 .....	39,010	72,169	6,015	3,008	2,776	1,388	50,713	4,227	2,114	1,951	976	
8 .....	43,430	80,346	6,696	3,348	3,091	1,546	56,459	4,705	2,353	2,172	1,086	
For each add'l family member, add	4,420	8,177	682	341	315	158	5,746	479	240	221	111	

If you do not file taxes, the following documents are accepted as proof of FRL Eligibility:

- Food Stamps (SNAP) – Letter from State of Florida indicating that family or foster child has been approved to receive SNAP benefits, and names of household beneficiaries (the student applicant’s name should be listed as part of household on the document). The date of eligibility for benefits indicated on the letter should align with the date of the TSIC application (i.e., the student should be eligible to receive SNAP benefits at the time of TSIC application).
- TANF – Letter from State of Florida indicating that family has been approved to receive TANF benefit and names of household beneficiaries (the student applicant’s name should be listed as part of household on the document). The date of eligibility for benefits indicated on the letter should align with the application date for the TSIC program (i.e., the student should be eligible to receive TANF benefits at the time of TSIC application).
- Proof that the student is in Foster Care (currently active as a foster care student during the application period of TSIC).
- Signed document on school district letterhead, from the School district’s Homeless Liaison, verifying in writing that the student is homeless and qualifies for free/reduced lunch.



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





- 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