



# Take Stock in Children of Manatee County, Inc. Scholarship Selection Process 2017-2018

1. The application process will open on the first day of school. **August 10, 2017.**
2. To qualify as a Take Stock Scholar, families must prove income eligibility (see reverse) and students must have passed last year's FSA (Florida Standards Assessment).
3. Families will need to fill out the application and gather all required documentation including the 2016 Tax Return that names the applicant as a dependent.
4. The family will turn in the scholarship application to the school that the student attends during the 2017-2018 school year.
5. The school will then complete the Guidance Counselor Data Sheet and courier the completed applications to Take Stock in Children of Manatee County by **October 2<sup>nd</sup>, 2017.**
6. The student's application will be:
  - a. Reviewed by Take Stock Manatee staff for completion
  - b. Reviewed by a committee of community members
7. The qualifying students will be invited to attend an interview on **November 7<sup>th</sup> or November 9<sup>th</sup>**. The interviewers will be Take Stock Mentors and other members of the community.
8. After the interviews, the selection of Take Stock Scholars will be made. The selected scholars will receive a letter inviting them to participate in the program.
9. Parents or Guardians of the student will be required to attend a Orientation on **December 4<sup>th</sup>**, a Contract Signing on **December 11<sup>th</sup>**, and a presentation to the School Board on **December 12<sup>th</sup>**.
10. New scholars will be matched with a mentor by January 2018.

If you have any questions, please feel free to contact:

Susan Knowles  
College Success Coach  
751-6550 ext. 2074  
[knowles2s@manateeschools.net](mailto:knowles2s@manateeschools.net)

Kelly Suba  
Data Specialist  
751-6550 ext. 2022  
[subak@manateeschools.net](mailto:subak@manateeschools.net)



# Take Stock in Children of Manatee County, Inc. Income Eligibility Guidelines 2017-2018

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For Each Additional Family Member Add	7,733	645	323	298	149

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

Income Guidelines provided by USDA.gov



# 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, and 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 •





## Take Stock in Children of Manatee County Inc.

2017-2018 New Scholar Application  
Supplemental Page 1

Please tell us about a personal challenge or difficult situation that you had to overcome.  
*Attach additional pages if necessary.*

Supporting documentation: In addition to a complete application, the following supporting documentation must be submitted in order to complete the application:

- Proof of Residency (if not a US Citizen, the student must be a resident alien with a social security number).
- Proof of Financial Eligibility – most recent Federal Income Tax return (2016) with student listed as a dependent or Letter of Exemption (Disability)
- Letter of Recommendation from a school representative, mentor or advocate.
- Guidance Counselor Data Sheet (return your completed application to your guidance counselor who will complete the Guidance Counselor Data Sheet and forward the complete packet to Take Stock in Children of Manatee County).

The application and supporting documentation must be turned in together for the applicant to be considered.



Take Stock in Children of Manatee County, Inc.  
2017-2018 New Student Application  
Guidance Counselor Data Sheet

Please complete sheet pertaining to student submitting a Take Stock in Children Application.

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

School \_\_\_\_\_

Grade \_\_\_\_\_

**Grade Point Average (unwghtd):**

Last year's GPA \_\_\_\_\_

Any D's or F's on most recent school report? \_\_\_\_\_

**Standardized Test Scores:**

FSA  
(Level 1-5) Reading Achievement Level \_\_\_\_\_ Math Achievement Level \_\_\_\_\_

**Attendance:**

Last year's Absences \_\_\_\_\_ Comments \_\_\_\_\_

Did student have more than 5 unexcused absences in the most recent quarter? \_\_\_\_\_

**Behavior:**

Number of Referrals: Last year \_\_\_\_\_  
Number of In School Suspensions: Last year \_\_\_\_\_  
Number of Out of School Suspensions: Last year \_\_\_\_\_

Comments \_\_\_\_\_

Additional Comments/Considerations about this student (reason for recommendation, special circumstances...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guidance Counselor \_\_\_\_\_  
(Name) (Phone Number)