



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: \$ _____

- 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 •