



Chipola Region Take Stock in Children Program

Calhoun, Holmes, Jackson, Liberty, Washington Counties

2018-2019 New Student Application

Scholarship Application Information

1. To qualify as a scholarship applicant:
 - Families must prove income eligibility (see page 2)
 - Students must have passed 2018 FSA (Florida Standards Assessment) in Language Arts / Reading and Math or Algebra 1 EOC – Score of 3,4, or 5
 - Students must be in grades 6 – 9
 - Students must currently have a 2.5 or higher GPA
2. Families will need to fill out the application and gather all required documentation including the 2017 Tax Return Form 1040 naming the student as a dependent.
3. Please return the completed application to the student's school.
4. The school will then complete the Guidance Counselor Data Sheet and send the completed applications to the Chipola Region Take Stock in Children Program.
5. Please review the **Checklist of Required Application Documents:**
(Incomplete applications will not be considered)
 - Proof of residency - copy of Social Security Card¹
 - Proof of financial eligibility - 2017 Federal Income Tax Form 1040 with student listed as a dependent²
 - Letter(s) of recommendation from a school representative, mentor, or advocate

¹ Proof of residency: if not a US citizen, the student must be a resident alien with a social security number. For US citizens, just social security number.

² Or letter of exemption (SSI disability)

Questions? Please contact us at 850-718-2355



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Eligibility Guidelines

1. Student must have a passing score on standardized testing.
2. To be eligible for the Take Stock in Children scholarship, the parent's/ guardian's household income must not exceed the guidelines below (same eligibility as for free or reduced school meals):

Household Size	Annually	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1047
6	\$62,419	\$5,202	\$1201
7	\$70,411	\$5,868	\$1355
8	\$78,403	\$6,534	\$1508
For Each Additional Family Member Add	\$7,992	\$666	\$154

2018-2019 Applicant Full Name: _____



Student Scholarship Application

Take Stock in Children scholarship recipients receive:

- **A Scholarship**

A Florida Prepaid College Scholarship, which can be used at any **state** public university, college, or vocational/technical school in **Florida**.

- **A Mentor**

A volunteer mentor who will meet with each student at school, with cooperation from the school and parent(s)/guardian, to assist and encourage students to achieve and reach their full potential.

- **A College Success Coach**

Local Take Stock in Children staff will help design a college success plan and guide each student through middle and high school and transition into postsecondary education.

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 # _____ Date: _____

School _____

Student Name _____ Social Security # _____

Grade _____ Date of Birth _____ Male Female

Address _____ Apt. # _____

(Street)

City _____ State _____ Zip Code _____

Check if Mailing Address is same as home address listed above. If not, enter Mailing

Address below:

Mailing Address _____ Apt. # _____

(Street)

City _____ State _____ Zip Code _____

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

Parent/Guardian (1) _____ Social Security # _____
(Last, First, MI)

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ 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 (checkone)</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 (1): _____

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 (2): _____

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.).

Factors are used to determine your eligibility, please check all that apply:

- Student attends low-performing school
- Single parent
- Incarcerated parent
- Deceased parent
- Absent parent (no contact or support)
- Poor relations between biological parents
- DCF involvement
- Extended family in home
- Extended family raising student

- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF benefits within last year
- First generation college student
- Student is first in the family to complete high school
- Migrant worker
- English not spoken in home
- Loss of employment
- Home in foreclosure
- Homeless or living with extended family or friends
- Serious illness in household
- Disabled student or family member
- Student is or has been in foster care
- Other (please specify:

I understand that the information contained in this application is accurate and will be managed and shared with the Local Lead Agency selection committee and the implementers of the program. 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:		
<input type="checkbox"/> Application reviewed by TSIC staff	<input type="checkbox"/> Eligible for TSIC	<input type="checkbox"/> Not eligible for TSIC
<input type="checkbox"/> Income eligibility confirmed by TSIC staff		
_____ Staff Signature	_____ Staff Title	_____ Date

• Submission of this application does not guarantee scholarship award •

• A copy of your child's grades, attendance, and behavior records will be attached to this form •



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Addendum Page

Supplement to **Section E – Student Statement**

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

REMINDER CHECKLIST:

Supporting documentation required:

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 (2017) with student listed as a dependent or Letter of Exemption (Disability)

Letter(s) of Recommendation from a school representative, mentor or advocate.

Guidance Counselor Data Sheet- return your completed application to your guidance counselor. He/she will complete the Guidance Counselor Data Sheet and forward the complete packet to the Chipola Region Take Stock in Children Program.

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