



STUDENT SCHOLARSHIP APPLICATION COVERSHEET

Take Stock in Children scholarship applicants must be in 8th grade in Marion County Public Schools and must be eligible for free/reduced lunch for their application to be considered.

- The attached application is to determine a student's eligibility based on household income, grades, attendance, behavior & additional factors.
- The application must be completed in blue or black INK only (not pencil)
- The application must be complete, including a copy of 2017 income taxes or a copy of the free/reduced lunch status letter must be attached.
- The application is due on October 31st to your child's middle school guidance department.
- Students will be notified of their application status by March 2018.
- For information about Take Stock in Children, visit www.takestockinchildren.org

Please complete this coversheet and the attached paperwork (9 pages total) and submit to your Guidance Department on or before October 31st.

Student's First Name: _____ Student's Last Name: _____

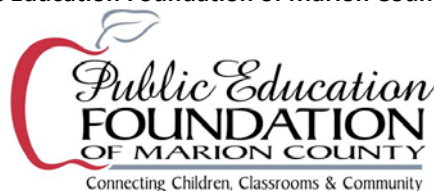
School: _____ Student ID: _____

Which Marion County Public high school does the student plan to attend? _____

Has a parent or guardian served in the military? Yes or No

If yes, can a copy of the DD214 be provided? Yes or No

*Take Stock in Children is a program of the
Public Education Foundation of Marion County, Inc.*





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), 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 transition and into to College.

Date application is due back to school: October 31st

Please call Meghan Magamoll at (352) 671-4160 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</u> <u>(check one)</u>	<u>Currently</u> <u>Attending</u> <u>School</u>	<u>Last</u> <u>Grade</u> <u>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 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

- 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 •