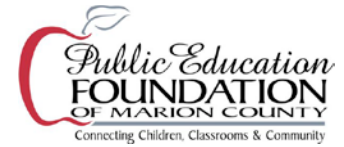




**2019-2020 Take Stock in Children  
Scholarship Application Coversheet**



**Student's Name:** \_\_\_\_\_ **Student's School:** \_\_\_\_\_

**Take Stock in Children scholarship eligibility requirements include:**

Please check off each requirement to confirm the student meets the criteria

- \_\_\_\_\_ Student must be in 8<sup>th</sup> grade
- \_\_\_\_\_ Student must be enrolled in a Marion County Public School
- \_\_\_\_\_ Student household must meet the federal low-income *eligibility guidelines* (shown below)
- \_\_\_\_\_ Student must have legal status in the U.S.
- \_\_\_\_\_ Student must have a minimum 2.5 grade point average (a grade of C or better in classes)
- \_\_\_\_\_ Student and parent/guardian must complete the attached application by October 21<sup>st</sup>
- \_\_\_\_\_ Applications must be submitted to the student's guidance department
- \_\_\_\_\_ The application must be completed in blue or black INK only (not pencil)
- \_\_\_\_\_ The application must include a copy of 2018 income taxes with the student listed as a dependent. *If you did not file taxes, please contact the TSIC office at 352-671-4160*
- \_\_\_\_\_ All sections of the application must be filled out. Incomplete applications will not be accepted.

*The student and parent/guardian are responsible for seeing that all supporting documents are submitted and that you meet the eligibility criteria.*

**Income Eligibility Guidelines**

Effective from July 1, 2019 to June 30, 2020  
provided by USDA.gov

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	8,177	682	341	315	158

*Parents/Guardians of applicants are welcome to attend an informational meeting at the Public Education Foundation office (1239 NW 4<sup>th</sup> Street, Ocala FL 34475) on October 8<sup>th</sup> 2019 from 6-7 pm. Please RSVP to 352-671-4167 to reserve a seat.*

**For more information about Take Stock in Children visit [www.takestockinchildren.org](http://www.takestockinchildren.org)**  
Take Stock in Children is a program of the Public Education Foundation of Marion County



**2019-2020 Take Stock in Children  
Scholarship Application Coversheet**

**Please complete this coversheet with the attached application (10 pages total) and submit to the student's Guidance Department on or before October 21<sup>st</sup>.**

- ✓ Take Stock in Children and its affiliate programs reserve the right to process only applications found to be eligible by the guidelines and fully completed.
- ✓ Students will be notified of their application status by March 2020 via letter and/or school staff.

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Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Middle School: \_\_\_\_\_ Student ID: \_\_\_\_\_

How many days of school has the student missed this year so far? \_\_\_\_\_

How many discipline referrals has the student had this year? \_\_\_\_\_

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 (*please provide a copy if available*)

Is the student a United States citizen or a resident alien with a permanent social security number (not a temporary ID)? Yes or No

Does the student already have a Florida Prepaid College account? Yes or No



# Student Application

Take Stock in Children program participants 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 and transition into College.

**Date application is due back to school guidance department: October 21, 2019**

**Please call Meghan Magamoll at (352) 671-4160 if you have any questions about this application.**

## Take Stock in Children Application

**ALL sections of application must be completed AND ALL requested documents submitted for student applicant to be considered for acceptance into the Take Stock in Children program.**

### **SECTION A: Student Identification Information**

Student ID # \_\_\_\_\_ Date: \_\_\_\_\_

School \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # (Mandatory) \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Student Phone: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

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 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 # (Optional) \_\_\_\_\_  
(Last, First, MI)

Parent (1) Phone #: \_\_\_\_\_ Parent (1) E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Completed in School \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_  
(Last, First, MI)

Parent (2) Phone #: \_\_\_\_\_ Parent (2) E-mail: \_\_\_\_\_

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 CareerSource 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? \_\_\_\_\_

**A complete copy of the most recent tax return Form 1040 must be attached with the student applicant listed on the tax return in order to be eligible for consideration. (If you did not file taxes, please contact your local TSIC program).**







- Extended family raising student
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF (Temporary Assistance for Needy Families) 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)

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I understand that the information contained in this application is accurate and will be managed and implemented by the Local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency selection committee. I also certify that all information in this application is truthful and accurate and that 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

<b>For Official Use only:</b>		
<input type="checkbox"/> Application Reviewed	<input type="checkbox"/> Meets TSIC Programmatic Eligibility	<input type="checkbox"/> Does Not Meet TSIC Programmatic Eligibility
<input type="checkbox"/> Meets TSIC Income Eligibility	<input type="checkbox"/> Does Not Meet TSIC Income Eligibility	
_____ Local Program Staff Signature	_____ Title	_____ Date

**• Submission of this application does not guarantee scholarship award•**

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