



Take Stock in Children of Sarasota County Scholarship & Mentoring Program

STUDENT APPLICATION

Take Stock in Children scholarship recipients receive:

A Scholarship

A guaranteed **tuition** - paid Florida Prepaid College Plan Scholarship, at a Florida college (*previously known as a community college*) or a state university in Florida. Students will be considered for **either a two year or a 4 year scholarship based on their participation and commitment to the program**

A Student Advocate

A college success coach /student advocate acts as the liaison between the *Take Stock in Children* program and the school and is responsible for monitoring and addressing grades, attendance and behavior.

A Mentor

A mentor, when assigned, will meet with the student weekly at school, with cooperation from the school and parent (s) / guardian, to assist and encourage the student to achieve full potential. Meeting with a mentor is a mandatory state requirement.

To be eligible, you must:

- √ Be currently enrolled in a public Sarasota County school.
- √ Demonstrate a financial need
- √ Attend school regularly
- √ Maintain satisfactory grades
- √ Be determined to succeed

Take Stock in Children Scholars must:

- √ Meet with a mentor at school once per week
- √ **Maintain good grades (2.5 min.)**
- √ Attend school regularly
- √ Remain drug and crime free
- √ Exhibit positive behavior in and out of school
- √ Attend all Take Stock in Children events and workshops
- √ **Be in the 6th – 9th grades.**

**Mail completed applications to Take Stock in Children of Sarasota County
P.O. Box 48186 Sarasota, FL 34230**

Please contact Candice McLeod, Program Director with any questions.

Candice@takestocksarasota.org

(941) 914 1338

APPLICATION CHECKLIST

Please read before mailing in your application:

INCOMPLETE applications will NOT be considered*

Please attach the following to your application:

Proof of income for everyone in the household over 18. We require a copy of your most recent income tax return (Form 1040 - must show the student as a dependent).

Proof of disability, food stamps, TANF funds, unemployment, child support or other proof of income. If you had no reportable income in the last year, you must submit a copy of your **official non-filing statement**, an SSI aware letter for all household recipients or welfare benefits award letter. **W2 forms are not sufficient documentation of income.**

Attach a letter from the district (food and nutrition) confirming the student is signed up for free and reduced lunch at time of applying for the program.

Attach report cards (grades and attendance) for the past TWO years (include current year's report card).

Include TWO teacher recommendations. *Please use the forms available on last two pages. Teachers may fax in their recommendations directly to us.*

Attach copy of the applicant's Social Security Card.

BEFORE SUBMITTING YOUR APPLICATION, REMEMBER:

The Student I.D. "N" Number AND SOCIAL SECURITY NUMBER must be filled out on page 1.

All student essays must be complete, hand-written and in the student's own words. Parent-written or typed essays will **not** be accepted.

Verify that your family meets income requirements (see Income Guidelines page). Also, Employment Verification forms must be completed by the EMPLOYER.

If you are selected as a finalist you and your parent(s)/guardian will be required to participate in an interview with a selection panel.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does anyone in your family need a translator if an interview is requested? Yes No

If yes, what language? _____

- If you received assistance completing this application, who helped you and how can we contact them if we have more questions about your application?

Name: _____ Phone: _____

Student, have you ever been suspended (*in school or out of school*) or expelled from school?

Yes No If yes, please explain: _____

Student, have you ever been arrested? Yes No

If yes, please explain: _____

Does your family plan to move in the next year? _____

If yes: When? _____ Where? _____ **please write in black or blue ink. Student essay must be hand-written.**

SCHOLARSHIP APPLICATION CHECKLIST

(Keep this page for future reference)

Parents, be certain this scholarship application is filled out neatly & in its entirety. Any missing or incomplete information will make the application ineligible. Applications containing false or misrepresented information can result in the revocation of the scholarship if awarded.

To be eligible, you must:

- ✓ Meet income verification guidelines as noted in this application
- ✓ Be eligible for free/reduced lunch status
- ✓ Student must be enrolled in a Sarasota County school
- ✓ Student must be a U.S. citizen or legal U.S. resident with a valid Social Security Number
- ✓ Be a resident within the State of Florida for a minimum of one year
- ✓ Student must have a minimum of 2.5 GPA
- ✓ **Include a recent color photo of student**

If student is selected as a semi-finalist

- Student will be notified that they have when they qualified as a semi-finalist. **Notification is given only to those who have moved to the next level of qualification.**
- Parent/Guardian and student will be required to attend an information/orientation workshop
- Student's name **must be listed as a dependent on the tax report / government assistance verification provided to us or includes custodial parent's tax report and letter stating who claims the student. If divorced parents claim student during alternate years, previous year's filing must be included in addition to recent year filing**
- If these semi-finalist requirements are not met, the application will be disqualified

Recipients selected for the TSIC scholarship must begin using their scholarships within 12 months of graduating high school.

All information given within this application is kept confidential
Take Stock in Children
Scholarship Application

Section A: Student Identification Information

Student Name _____ Do you have Social Security# _____ yes _____ no

Social Security _____

Student School _____ Student ID N # _____ Student current GPA _____

Grade _____ Date of Birth _____ Male _____ Female _____

FCAT scoring overall results (previous year) Above Average _____ Average _____ Below Average _____

Address _____

City, State, Zip

Cell Phone _____ Home Phone: _____

Student email: _____ Parent email: _____

Is student a U.S. Citizen or legal U.S. resident? Yes No Number of years as Florida resident _____
(must have valid social security number to be eligible) *(must reside in Florida minimum of 1 year to be eligible)*

Mailing address _____ How long at current address? _____
 (IF different from above)

City, State

Zip

Student Race: Caucasian Black./African-American Asian Multiracial

American Indian/Native American Pacific Islander/Hawaiian Other _____

Student Ethnicity: Hispanic Non-Hispanic

Household Type: Single parent Family Two parent Family Homeless

Living with relative(s) Foster Care Other

Will applicant be first in their immediate family to attend college? Yes _____ No _____

Check all that apply:

Single parent home Deceased Parent Incarcerated parent Absent Parent (no contact or support)

Poor relations between biological parents DCF involvement Extended family in home

Extended family raising student Student applying is teen parent Parent was teen parent

Parent(s) not a high school graduate Family has received TANF benefits within last year

Is student first in immediate family to graduate high school English not spoken in student's home

Migrant worker Parental loss of employment within the last year Home in foreclosure

Family is homeless or living with extended family or friends Serious illness in household

Parent has documented disability Student has documented disability Student is or has been in foster care

Other at-risk factors: _____

Household Information

MOTHER _____ Date of Birth _____
 (Last) (First) (MI)
 Last Grade Completed in School _____

FATHER _____ Date of Birth _____
 (Last) (First) (MI)
 Last Grade Completed in School _____

Marital status of parent/guardian:

Married Divorced Separated Widowed Single

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>Last Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister</u> (check one)	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____

_____ yes no _____

Employment Information

Household MOTHER's /Guardian's Current Employer

Mother's / Guardian's Name

Employer

Occupation

Mailing address of employer

City, State, Zip

Mother's work phone number

Mother's work email

Number of years with Current Employer

** Will be asked for W2 form and current pay stub for verification*

Gross Monthly Income* \$

*(*before tax & deductions)*

Household FATHER's / Guardian's Current Employer

Father's / Guardian's Name

Employer

Occupation

Mailing address of employer

City, State, Zip

Number of Years with Current Employer

** Will be asked for W2 form and current pay stub for verification*

Monthly Income* \$

*(*before tax & deductions)*

Additional Employers (2nd jobs)

Employee (Mother or Father Name)

Employer

Occupation

Mailing address of employer

City, State, Zip

Number of Years with Current Employer

** Will be asked for W2 form and current pay stub for verification*

Monthly Income* \$

*(*before tax & deductions)*

Employee (Mother or Father name)

Employer

Occupation

Mailing address of employer

Number of Years with Current Employer

** Will be asked for W2 form and current pay stub for verification*

Monthly Income* \$

*(*before tax & deductions)*

Financial Information

What is your yearly total household income? \$ _____

Are you eligible to receive any social service? Yes No

If yes, check the services you currently receive:

Welfare Food Stamps Medicaid Medicare Other _____

Are you currently receiving assistance from the local Workforce Development Office? Yes No

Is your child eligible for the free / reduced lunch program? Yes No

If yes, check Free Reduced

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 and/or checking account? Yes No

Family's approximate savings balance: \$ _____ Family's average checking balance: \$ _____

Do you own your own home? Yes No

If yes, what is amount of your monthly payment? \$ _____

If yes, how much did you pay for your house? \$ _____

Do you rent? Yes No

If yes, what is amount of your monthly payment? \$ _____

What type of vehicles do you own?

Make/ Model _____ year _____

Make/Model _____ year _____

Do you anticipate the need to rely on an education loan or federal aid to pay for your education?
Yes No

Do you have a Florida Prepaid College Fund established? Yes No

List any other scholarships student has received/applied for: _____

Is your child on track to receive a standard high school diploma? Yes No

After high school does your child hope to attend: (check one)

4 year university 2 year Community college Technical school Other

Intended college/major/vocational-technical program in which student plans to enroll:

Parent/Guardian Statement

Must be completed by parent(s)/guardian(s) – use separate sheet if necessary

Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child's future.

Please list below all special family situations that might be relevant to your child's success at school (divorce, serious illness in the family, loss of employment, DCF involvement, homelessness, etc.).

Describe how you plan to support your child through high school to help them achieve their goal of attending college.

STUDENT STATEMENTS

**WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

(Please reference which question(s) you are answering on attached sheets).

***ANSWERS TO THE FOLLOWING QUESTIONS MUST BE HANDWRITTEN BY THE
STUDENT* EACH QUESTION MUST BE ANSWERED**

1. Why do you want to be in this program?

2. Why do you want to go to college?

3. What is your opinion of school?

4. What is your favorite subject? Why?

5. What do you do in your free time?

6. What person, if any, do you admire most? Why?

7. What is the most difficult situation you have ever faced? How did you handle it?

8. What is the most difficult situation your family has had to face? How did you handle it?

9. What are some of your concerns regarding college?

10. What do you want to be when you grow up? Why?

11. Do you know any other students in the Take Stock in Children program? If yes, please list them and their relation to you.

12. What are your hopes, dreams or goals for the future?

13. Is there any additional information you would like the Selection Committee to know when considering your application?

Student Signature

Date

STUDENT ESSAY

**WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

ESSAY MUST BE HANDWRITTEN BY THE STUDENT

**HOW WOULD YOU DESCRIBE YOUR IDEAL MENTOR? MENTION PERSONALITY
TRAITS, INTERESTS, HOBBIES, ANYTHING YOU WOULD LIKE YOUR MENTOR
TO HAVE.**

Student Statement:

- Achievements, honors and awards

SCHOOL/EXTRACURRICULAR ACTIVITIES

List up to five activities in which you have had the most involvement in the last four years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). Please do not use acronyms.

Activity Description	Years Involved	Highest Position Held

COMMUNITY/VOLUNTEER SERVICE

List up to three agencies or organizations in which you have participated *WITHOUT PAY* during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Enter *TOTAL* hours per activity, over the last three years. Please do not use acronyms.

Service Description	Total Hours Last 3 years

WORK EXPERIENCE

List the last three jobs you have held the longest (food service, babysitting, lawn mowing, office work, etc.). Please do not use acronyms.

Employer Name	Position	From Date mm/yyyy	To Date mm/yyyy	Hours (Ave/Wk)

Please provide the name and contact information for someone who can verify your work, leadership and extra-curricular activity experience.

Name: _____ Email: _____ Phone: _____

Current grade, first quarter report:

Total absences _____ Total tardy _____

Since 9th grade:

of discipline referrals _____ Any suspensions? Yes No

Student Responsibilities Summary – Students selected for a *Take Stock in Children* scholarship must:

1. Sign a contract to stay in school and remain drug and crime free
2. Agree to meet with a mentor in a school-based mentoring program
3. Participate in *Take Stock in Children* activities
4. Meet college application deadlines, apply and enroll in a college or university in the State of Florida within one year from high school graduation
5. Maintain a minimum 2.5 grade point average
6. Stay in contact with the *Take Stock in Children* office regarding changes of address, phone, etc.
7. Follow all TSIC college-readiness guidelines to be evaluated annually

Parent/Guardian Responsibilities Summary – Families whose children are selected for a *Take Stock in Children* scholarship must:

1. Agree to support and encourage the student to develop a positive school attitude
2. Participate in *Take Stock in Children* events
3. Sign the *Take Stock in Children* contract, agreeing to assist the student in preparing for college
4. Be diligent about your student’s school attendance
5. Realize this scholarship is for tuition only; assist student through savings, work and/or applying for additional scholarships

VERIFICATION OF APPLICATION

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 student meets the program income requirements. I understand that any false information in this application may result in student losing his or her eligibility in the program and the scholarship. I also understand that *Take Stock in Children* will check the information I have provided in this application. I further agree to give permission to have student’s transcripts, test scores, and attendance records attached to this application. Should student be selected as a scholarship recipient, I agree that a copy of his/her application may be given to the scholarship donor and that his/her transcript and grades and attendance records may be reviewed each semester by one or more designees of *Take Stock in Children*. Student’s name and photograph may be publicized as a scholarship recipient.

Student Signature

Mother / Guardian Signature

Father / Guardian Signature

Date

For OFFICIAL USE only:		
<input type="checkbox"/> Application received by TSIC staff <input type="checkbox"/> Eligible for TSIC <input type="checkbox"/> Not eligible for TSIC		
<input type="checkbox"/> Free/reduced status confirmed by TSIC <input type="checkbox"/> Income verification confirmed (semi-finalists)		
_____ Staff Signature	_____ Staff Title	_____ Date

A copy of the student’s recent grades, attendance, behavior and free/reduced lunch status records will be attached to this application



School Personnel Reference Form

Take Stock in Children Scholarship Opportunity

As one of the requirements for a student to be eligible for review for the *Take Stock in Children* scholarship opportunity, a **minimum of two** CONFIDENTIAL reference forms will need to be submitted to coincide with the application. These forms must be completed by an employee at the child's school (teacher, guidance counselor, principal, etc.) School personnel will need to return this form in a timely manner to Take Stock in Children of Sarasota County Att.: Candice McLeod P.O. Box 48186 Sarasota, FL or via e mail - Candice@takestocksarasota.org. **DO NOT RETURN FORM TO STUDENT**

Information you provide will be confidential.

Student Name _____ Grade _____

Your Name & Title _____ Phone # _____

School _____

How do you know student? _____

How long have you known student? _____

Please rate student as noted:

1=poor 2=fair 3=average 4=above average 5=excellent

Attendance _____ Cooperation _____ Communication skills _____ Accepting of criticism _____ Responsible _____ Respectful _____	Judgment _____ Attitude _____ Organization _____ Dependable _____ Trustworthy _____ Self-motivation _____
--	--

Please comment on this student's progress, attitude, behavior, and motivation in school. Be sure to include student's capability to maintain a 2.5 grade point average, ability to succeed in post-secondary education, and any information on the student's family situation the Selection Committee should be aware of in the selection process.

Signature _____

Date _____



School Personnel Reference Form

Take Stock in Children Scholarship Opportunity

As one of the requirements for a student to be eligible for review for the *Take Stock in Children* scholarship opportunity, a **minimum of two CONFIDENTIAL** reference forms will need to be submitted to coincide with the application. These forms must be completed by an employee at the child's school (teacher, guidance counselor, principal, etc.) School personnel will need to return this form in a timely manner to Take Stock in Children of Sarasota County Att.: Candice McLeod P.O. Box 48186 Sarasota, FL or via e mail - Candice@takestocksarasota.org. **DO NOT RETURN FORM TO STUDENT**

Student Name _____ Grade _____

Your Name & Title _____ Phone # _____

School _____

How do you know student? _____

How long have you known student? _____

Please rate student as noted:

1=poor 2=fair 3=average 4=above average 5=excellent

Attendance _____
Cooperation _____
Communication skills _____
Accepting of criticism _____
Responsible _____
Respectful _____

Judgment _____
Attitude _____
Organization _____
Dependable _____
Trustworthy _____
Self-motivation _____

Please comment on this student's progress, attitude, behavior, and motivation in school. Be sure to include student's capability to maintain a 2.5 grade point average, ability to succeed in post-secondary education, and any information on the student's family situation the Selection Committee should be aware of in the selection process.

Signature _____

Date _____

**** This form must be completed by all adults over the age of 18 living in the household.**

TAKE STOCK IN CHILDREN OF SARASOTA COUNTY, INC.
EMPLOYMENT VERIFICATION FORM

Dear Employer,

This form is part of the application process for the Take Stock in Children of Sarasota County program. The TSIC program enrolls deserving students, matches them with a mentor and a college success coach and upon the students graduation from high school, awards the student a tuition scholarship to college or vocational school. **Please take a moment to complete this form in order for your employee's child to be considered.**

Employee Name: _____

Title/Position _____

Length of employment? _____ Salary Employee: Yes / No

If yes, annual salary: \$ _____ If no, hourly rate: _____

Typical number of weekly hours: _____

Are there frequent opportunities to receive overtime? Yes / No

When is the next salary/hourly increase expected? _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E mail: _____

Web address: _____

Printed name of person completing the form: _____

Title: _____

Signature

Date

Please call (941)358-4407 or e mail (Candice@takestocksarasota.org) if you have any questions.

On behalf of the student, family and Take Stock in Children of Sarasota County, we thank you for your assistance in completing this information.



INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2018 to June 30, 2019

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add	7,992	666	333	308	154

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

Income Guidelines provided by USDA.gov