



TAKE STOCK IN CHILDREN COLLEGE SCHOLARSHIP & MENTOR PROGRAM

Take Stock in Children (TSIC) is a powerful and proven life-changing program that provides hope and the promise of a better future for Florida's students. It is designed to impact the major elements of a young child's life: family, school and community, beginning as early as the sixth grade.

Take Stock in Children scholars receive:

- A tuition-only Florida Prepaid College Scholarship for four years at a state college in Florida.
- A mentor who will meet with you at school, with cooperation from the school and parents/guardians, to assist and encourage you to achieve your full potential.

DEADLINE: Applications must be postmarked by **September 30, 2011.**

RETURN TO: The guidance department of your school or Take Stock in Children of Manatee at Braden River Elementary 6125 River Club Blvd. Bradenton, FL 34202 (941)751-7012 ext. #2047, 2080.

ELIGIBILITY: To be eligible for the Take Stock in Children scholarship, the student/parent's household income must not exceed the following income guidelines (be eligible for free or reduced meals):

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1*	\$20,137	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional family member add...	\$7,067	\$589	\$136

Reminder: Total income before taxes, social security, health benefits, or other deductions must be reported.
* A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

Checklist to Include:

- Completed Application (**Incomplete applications will not be considered for review.**)
- Proof of Residency (if not a U.S. citizen, the student must be a resident alien with a social security number)
- Proof of Financial Eligibility – Most Recent Federal Income Tax Return with student listed as a dependant or Letter of Exemption (Disability)
- Headshot Photo of Student
- Guidance Counselor Data Sheet (completed by school guidance counselor)
- Letter of Recommendation from a school representative, mentor or advocate

TO MAINTAIN A TAKE STOCK IN CHILDREN SCHOLARSHIP, THE STUDENT MUST:

- 1) Attend and graduate from a Florida public high school.
- 2) Maintain a 2.5 grade point average and passing all courses throughout academic record.
- 3) Remain Drug/Alcohol Free – Does not use any form of illegal or prescription drug for pleasure.
- 4) Remain Crime Free – Not guilty of any legal infraction except traffic violations.
- 5) Meet with a volunteer mentor for 30 minutes per week, on school grounds.
- 6) Maintain good behavior within the Student Code of Conduct guidelines.

SECTION A - Student Identification Information

Student Name _____

Social Security# _____

Home Address _____
(street) (city) (zip)

Home Phone _____
Cell Phone _____

How long in Manatee County _____ current address? _____ Date of Birth _____

School _____

Grade _____

Are you a U.S. Citizen? Legal Resident

ETHNICITY/RACE

Please answer BOTH questions 1 and 2.

1. Is your child Hispanic or Latino? (Please mark only one.)

No, my child is not Hispanic or Latino.

Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Please check all that apply.)

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION B - Household Information

Mother _____
(Last) (First) (MI)

Social Security # _____

Date of Birth _____

Last Grade Completed in School _____

Father _____
(Last) (First) (MI)

Social Security # _____

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 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</u> <u>Attending School</u>		<u>Last Grade</u> <u>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	_____

SECTION C - Employment Information

Parent/Guardian's Current Employer

Name _____ Employer _____

Occupation _____ Number of years with Current Employer _____

Address _____ Monthly Salary _____

Parent/Guardian's Current Employer

Name _____ Employer _____

Occupation _____ Number of years with Current Employer _____

Address _____ Monthly Salary _____

SECTION D - Financial Information

What is your annual 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? \$ _____

SECTION E – Student Information (to be completed by student)

Student Statement (Attach another sheet if needed.)

- 1.) Please tell us about a personal challenge or difficult situation that you had to overcome.
- 2.) Please tell us about your goals, aspirations and hopes for your future.

Student Involvement

List activities, clubs, hobbies or awards you have received in school, church, sports, community, or work experience.

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 any special family situations that might be relevant to school success (serious illness in the family, loss of employment, HRS involvement, homelessness, etc.). (Attach another sheet if needed.)

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

Guidance Counselor's Data Sheet

Please complete sheet pertaining to student submitting a Take Stock in Children Application.

Student Name _____ **School** _____

Grade _____

Grade Point Average (unwghtd):

Last year's GPA _____

Any D's or F's on most recent school report? _____

Standardized Test Scores:

FCAT Reading Scale Score _____ Math Scale Score _____

(Level 1-5) Reading Achievement Level _____ Math Achievement Level _____

Attendance:

Last year's Absences _____ Comments _____

Did student have more than 5 unexcused absences in the most recent quarter? _____

Behavior:

Number of Referrals: Last year _____

Number of In School Suspensions: Last year _____

Number of Out of School Suspensions: Last year _____

Comments _____

Additional Comments/Considerations about this student (reason for recommendation, special circumstances...)

Guidance Counselor _____

(Name)

(Phone Number)

Take Stock in Children Letter of Recommendation

(from a school representative, mentor or advocate)

Student Name: _____