

# Scholarship Application Cover Sheet

2023-24 – Escambia County



**You can remove and keep this cover page. Complete, sign & return all other pages, attaching income eligibility proof. Applications can be submitted by eligible 6<sup>th</sup> & 7<sup>th</sup> grade students.**

Student must be a U. S. citizen, have grades of all C or better, good citizenship & attendance and must qualify financially\*. **The student portion must be written and signed by the student. It is recommended the student take time to write a thoughtful draft, including why they should be considered, have someone look at it, and then rewrite it on the application.**

**\*To apply, student/family must prove that they meet financial eligibility by submitting the most recent tax form (Form 1040 without schedules) for the person who claims the student as a dependent.** If taxes are not filed, current SNAP or TANF Recipient Documentation from the state of Florida listing the student as an eligible household member can be submitted, or proof student is currently in foster care. **The financial information is confidential and will not be shared.**

**Note: Without proof of eligibility, an application cannot be considered.**

**\*INCOME ELIGIBILITY GUIDELINES\* Effective from July 1, 2023 to June 30, 2024**

Household Size **	Annually	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	95,536	7,795	3,898	3,598	1,799

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

\*Guidelines provided by USDA.gov

**\*\*Household size is determined by information on tax return or state letter**

**Date application is due back to school: April 24, 2024**

**Questions? Please call Sally Lee, Take Stock Program Coordinator, Escambia County, at 850-469-5458 or email slee@ecsdfl.us if you have any questions about this application, income eligibility, or if you need assistance in completing the application.**

For more information about Take Stock in Children, you can visit either of the websites:  
[www.takestockinchildren.org](http://www.takestockinchildren.org) or [www.escambiaschools.org/ecpsf](http://www.escambiaschools.org/ecpsf)





Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## 2023-2024 Student Application

### DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

**Student must attend a traditional Florida Public School, a Florida Public Virtual School, a Florida Public Charter School, or a Florida Department of Education-approved school of choice utilizing a Family Empowerment Scholarship.**

**Parent(s)/Guardian must submit the most recent, completed taxes.**

**All sections of the application must be completed.**

**Take Stock in Children program participants receive:**

- **A Scholarship**

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

- **A Mentor**

A volunteer mentor who will meet with each student, 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 College.

**Date application is due:** \_\_\_\_\_ to middle school by April 24, 2024

**Please contact** Sally Lee, TSIC Escambia Co. **at (telephone/email)** (850) 469- 5458, slee@ecsdfi.us **if you have any questions about this application.**

### Take Stock in Children Application

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

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

Student ID # \_\_\_\_\_

School \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # (Mandatory) \_\_\_\_\_  
(First, Last, MI)

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender: ☐ Female ☐ Male

Student Race: ☐ American Indian/Native American ☐ Asian ☐ Black/African-American  
☐ Multiracial ☐ Pacific Islander/Hawaiian ☐ White  
☐ Other \_\_\_\_\_

Student Ethnicity: Is the student of Hispanic origin? ☐ Yes ☐ No

#### **The Florida Prepaid College Foundation Scholarship Requirements:**

Does the student have a Social Security #? ☐ Yes ☐ No

Is the student a U.S. Citizen? ☐ Yes ☐ No

Is the student a resident alien? ☐ Yes ☐ No

Does the student have a Florida Prepaid College Plan? ☐ Yes ☐ No

**SECTION B: Household Information**

Parent/Guardian (1) \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_  
(First, Last, MI)

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

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

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

Name	Age	Relationship	Highest Level Of Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does applicant have a sibling or member of the household currently or previously involved in the Take Stock in Children Program? ☐ Yes ☐ No

If yes, include name of current/ previous Take Stock in Children participant and include relation to applicant:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Independent siblings living outside the home:**

Name	Age	Relationship	Currently Attending School (Check One)	Last Grade Completed
_____	_____	_____	<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? (TANF, SNAP, Medicaid, etc.) ☐ Yes ☐ No

Please check the services you currently receive:

☐ Welfare/TANF ☐ Food Stamps/SNAP ☐ 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, unemployment, etc.?) ☐ Yes ☐ No

If Yes, please list type of support and amount per month:

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Do you or the student/applicant have a savings account? ☐ Yes ☐ No

Approximate balance: \$ \_\_\_\_\_

Do you own your home? ☐ Yes ☐ No

If yes, what is the amount of your monthly mortgage payment? \_\_\_\_\_

If yes, how much did your house cost? \$ \_\_\_\_\_

Do you rent? ☐ Yes ☐ No

If yes, what is the amount of your monthly rent payment? \$ \_\_\_\_\_

How long at current address? \_\_\_\_\_

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

**SECTION E: Student Information (To be completed by student)**

**Student's Career Field(s) of Interest** (check all that apply):

- ☐ Agriculture, Food, and Natural Resources
- ☐ Architecture and Construction
- ☐ Arts, Audio/Video Technology and Communications
- ☐ Business, Management, and Administration
- ☐ Education and Training
- ☐ Energy
- ☐ Science, Technology, Engineering, and Mathematics
- ☐ Finance
- ☐ Government and Public Administration
- ☐ Health Science
- ☐ Hospitality and Tourism
- ☐ Human Services
- ☐ Information Technology
- ☐ Law, Public Safety, and Security
- ☐ Manufacturing
- ☐ Marketing, Sales, and Service
- ☐ Military
- ☐ Transportation, Distribution, and Logistics

**Hobbies/Interests:** Which of the following activities do you enjoy participating in or watching?  
(Check all that apply)

- ☐ Sports (specifically, \_\_\_\_\_)
- ☐ Handicrafts (specifically, \_\_\_\_\_)
- ☐ Outdoor Life    ☐ Mechanics/Science    ☐ Literature    ☐ Pop Culture (Movies, TV, etc.)
- ☐ Music    ☐ Collecting    ☐ Other \_\_\_\_\_



List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.) To be completed by the STUDENT.

**Student Statement** (to be completed by the STUDENT):

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, Department of Children and Families involvement, homelessness, etc.).

The factors listed below are used to determine your eligibility, please check all that apply:

- ☐ Student attends low-performing school (D or F rated school)
- ☐ Single parent
- ☐ Incarcerated parent
- ☐ Deceased parent
- ☐ Absent parent (no contact or support)
- ☐ Poor relations between biological parents
- ☐ Department of Children and Families involvement
- ☐ Extended family in home
- ☐ 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
- ☐ 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
- ☐ First-Generation college student (neither parent has earned a baccalaureate degree or higher)
- ☐ Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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



### **2023-2024 Consent for Release of Education Records**

I, the undersigned parent or legal guardian of \_\_\_\_\_ (name of minor child), hereby represent and warrant that I am of legal age and have all necessary legal capacity to contract for and on behalf of my child and hereby authorize TSIC, Inc., D/b/a Take Stock in Children ("Take Stock in Children") employees and its designees, including, without limitation, volunteers, teachers, and mentors (collectively, "Designees"), to have access to the scholastic records of the minor child named above. This information includes, but is not limited to: current and past grades, test scores, student course schedules, attendance records, disciplinary history, extracurricular activities, and psychological test reports of the minor.

I hereby release, discharge, and agree to hold harmless Take Stock in Children, and its Designees from any liability related to any use whatsoever of said information contained in the scholastic records. I understand that this release is valid for the length of time that my child remains in the Take Stock in Children Program and is irrevocable with respect to the information provided. I understand that I have the right not to consent to the release of my child's education records. I have the right to inspect any written records released pursuant to this consent, and I have the right to revoke this consent at any time by delivering a written revocation to Take Stock in Children.

\_\_\_\_\_  
Child/Student – Printed Name

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's – Printed Name

\_\_\_\_\_  
Address