

# Your Child May Be Eligible for a College Scholarship

Your child may be eligible for a wonderful opportunity..... A Take Stock in Children college scholarship!

Take Stock in Children (<a href="https://www.takestockinchildren.org">www.takestockinchildren.org</a>) is a state-wide, school-based mentoring program that assists in creating a brighter future for deserving youth from economically disadvantaged families by providing college and vocational scholarships, volunteer mentors, support staff, early intervention and long-term support.

Our mission is to provide deserving qualified children in our community with scholarships to college and guidance from caring mentors. Students apply in middle school and remain in the program until they graduate from high school. Upon graduation, students who complete the program will receive a Florida Prepaid 2 year tuition-free scholarship (2 years of college) through the Florida Prepaid College Foundation.

#### To apply for this scholarship, students must:

- Be enrolled in 6th, 7th or 8th grade in a Citrus County Public School
- Have good grades
- Regularly attend school
- Be drug, alcohol and crime-free
- Meet the federal income eligibility guidelines
- Qualify for free or reduced lunch
- Get a reference form completed by a teacher or Guidance Counselor

Each student who participates in the program is provided with guidance from a trained and background checked mentor who meets with the student once a week in their school and provides support, academic assistance and a "friend" to whom they can relate.

#### **INCOME ELIGIBILITY GUIDELINES**

#### Effective from July 1, 2015 to June 30, 2016

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	MEEKTA
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member.	7,696	642	321	296	148

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

Income Guidelines provided by USDA

# FALL APPLICATION DEADLINE:October 30, 2015





A program sponsored by the Citrus County Sheriff's Office

# TAKE STOCK IN CHILDREN SCHOLARSHIP and MENTORING PROGRAM

#### 2015-2016 APPLICATION

The Take Stock in Children program provides college scholarships and mentors to Citrus County's deserving low-income youth. Scholarship recipients and their parent/guardian sign a performance contract pledging that the student will stay in school, remain drug, alcohol and crime free and out of trouble and that the parent/guardian agrees to support and encourage the student to achieve their full potential.

Upon successful completion of the program, the students receive a 2-year scholarship purchased through the Florida Prepaid College Foundation's Project STARS. Take Stock in Children serves students throughout the state of Florida.

#### Eligibility requirements include:

- Student is enrolled in 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grade in a Citrus County Public School
- Student has a GPA of 2.5 or better
- Household must meet federal income eligibility criteria as outlined on page 3 of this application
- Qualify for free or reduced lunch

Additional eligibility criteria is listed on page 2 of this application

# DATE APPLICATION IS DUE BACK TO YOUR SCHOOL: OCTOBER 30, 2015

Please call the Take Stock in Children office at 344-0855 if you have any questions about this application.



## Eligibility Criteria for Take Stock in Children Program

- ✓ Student is currently in the 6<sup>th</sup> or 7<sup>th</sup> or 8<sup>th</sup> grade in a Citrus County Public School.
- ✓ Student currently has and agrees to maintain above average attendance
- ✓ Student currently has GPA of 2.5 or higher
- ✓ Student and parent / guardian must complete the scholarship application in its entirety and must attach all required documentation
- ✓ Household meets income eligibility requirements as outlined on INCOME ELIGIBILITY GUIDELINES included on page 3 of this application
- ✓ Qualifies for free or reduced lunch status
- ✓ Student currently has and agrees to maintain a drug, alcohol and crime free record.
- ✓ Student agrees to an interview with a scholarship selection committee

#### Upon award, the student must:

- ➤ Maintain a GPA of 2.5 or higher
- > Continue to exhibit good behavior in school
- Maintain a record of good attendance at school
- > Make a commitment to meet with his/her mentor for at least 30 minutes per week
- > Pass college level entrance test requirements / FCAT standardized test
- Graduate from a Florida public high school
- > Attend a Florida college

#### In return the student receives:

#### ❖ A 2-year Scholarship

A tuition-only Florida Prepaid account paying up to 60 credit hours (**60 credit hours** at a Florida college) Florida Prepaid Tuition accounts may be used at approved vocational and technical schools. **No books or fees are included in this scholarship.** 

#### A Mentor

A mentor is an adult volunteer who will meet with your child weekly at school to assist and encourage him/her to achieve their full potential.



#### INCOME ELIGIBILITY GUIDELINES

To qualify for this scholarship, your 2014 income must have met the federally approved income eligibility guidelines as outlined below.

Once you have determined your eligibility, you must attach your 2014 Tax Return Form 1040 or 2014 Wage & Income Transcript.

If you had no income in 2014, you must submit a copy of your official 2014 non-filing statement, SSI award letter, welfare benefits award letter, section 508 housing allowance award letter, or other form of federal or state-sanctioned income verification. You may request a Wage & Income Transcript or Verification of Non-Filing from the I.R.S. by calling 1-800-829-1040.

#### A W-2 is NOT sufficient documentation of income.

A student who is a ward of the state meets the financial eligibility criteria. In this case, a guardianship document would be sufficient proof of financial eligibility.

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
For each additional					
family member,add					

Reminder: Total income *before* taxes, social security, health benefits, union dues or other deductions must be reported. Income Guidelines provided by Florida Department of Education





Please complete this application thoroughly so that we can determine your eligibility for participation in the Take Stock in Children program.

If any questions are not applicable to your current situation, please note so on the application. If more space is required for information on any items, you may attach additional pages. Do not leave any space incomplete.

- 1. Determine your eligibility for this program by reading the criteria on the **INCOME ELIGIBILITY GUIDELINES** on page 3 of this application.
- 2. Complete the entire application, leaving NO question unanswered.
- 3. Attach a copy of your **2014 Tax Return Form 1040 or 2014 Wage & Income Transcript.**If you had no income in 2014, you must submit a copy of your official 2014 non- filing statement, SSI award letter, section 508 housing allowance award letter, guardianship document or other federal or state sanctioned income verification. You may request a Wage & Income Transcript or Verification of Non- Filing from the I.R.S. by calling 1-800-829-1040.

#### A W-2 is NOT Sufficient documentation of income.

- 4. Attach a copy of your child's letter from the school district regarding free or reduced lunch eligibility.
- 5. Have a teacher or guidance counselor who knew your student well during the last school year complete the **Reference Form** found on page 14 of this application. The complete reference form must be submitted with the application.
- 6. Attach a copy of your student's 2014/2015 final report card as well as the 2015/2016 1<sup>st</sup> quarter report card. Be sure to include copies of both sides (which includes attendance) of the report card. If you do not have this, you must request a copy from your student's school.
- 8. The entire completed application, with financial documentation, completed reference form, 2014 / 2015 final report card and the 1<sup>st</sup> quarter 2015 / 2016 report card, lunch eligibility letter, attendance report, must be submitted to your School's Guidance Office or you may mail the completed application directly to:

Take Stock in Children 9360 East Windwood Loop Inverness, FL 34450

You are responsible for seeing that all supporting documents are submitted and that you meet the eligibility criteria. 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 as of: **October 30, 2015** 



# 2015-2016 STUDENT SCHOLARSHIP APPLICATION



## COMPUTER GENERATE OR PRINT NEATLY THE ENTIRE APPLICATION

## SECTION A: STUDENT IDENTIFICATION INFORMATION

Student Name:			Ge	ender:						
School:		Grade:	Counselor's Name:							
Date of Birth:			Student ID Num	Student ID Number:						
Address:			Home Pho	one:						
	(street	:)	Cell Phon	e:						
( city )	(state)	(zip)								
(Pa	arent's e-mail Address	)		Student's e-mail ad	dress)					
Student's Socia	al Security Number:									
For statistical	purposes only, please	select the stude	ent's ethnic <b>and</b> racial g	group:						
Ethnicity:	Hispanic	Race:	White	Asian						
	Non-Hispanic		Black / African Amer Native Indian	ican Multiraci	al					
			Pacific Islander							
Is the student	a US citizen or legal	US resident?		Yes	No					
Does the stude	ent have a Florida Pre	paid College A	ccount?	Yes	No					
Does your chil	ld qualify for free or re	educed lunch?		Yes	No					
Free		_	No, my child o							
How does you	ır child get to and froi	n school?								
If by bus, how	w long is his/her ride	each day?								

## **SECTION B: FAMILY INFORMATION**

Fother / Cuerdi	on.								
rather/Guardi	an:	(first, midd			(Age)	Last Gr	ade Com	pleted	in School
Mother/Guard	ian:								
		(first, midd	e, last)		(Age)	Last Gr	ade Com	pleted	in School
Applicant live	es with:								
	☐ Mother	☐ St	epmother		Grandmother		Guardian		
	☐ Father	☐ St	epfather		Grandfather		Vard of	Court	
	Other:	1				1			
	Number of b	orothers:			Number	of sisters:			_
	-	_			student applica		ding gra	ndpare	nts, aunts
	<u>Name</u>		Relationsh	nip	<u>Age</u>	Last	Grade Co	omplete	<u>1</u>
Please list in	idependent si	blings living	outside th	ie home					
<u>Name</u>		Brother / Si	ster	<u>Age</u>	<u>Curr</u> <u>Attending</u>	<u>ently</u> School	Last G	rade C	ompleted
				<u>ge</u>	, <u>,</u>				<u>p.o.o.</u>
					Yes	No			
					Yes	No	_		_
					Yes	No	_		
					Yes	No	_		

How long have you lived at your current address?			
Do you own your own home?		Yes	No
Do you rent?		Yes	No
Do you live with someone without paying rent?		Yes	No
With whom?			
Please list the following information for the closest relative	/ friend who do	es not live in the same	e residence:
Name:	Relat	ionship:	
Address:			
(street)	(city)	(state)	(zip)
Phone Number(s):			
SECTION C: EMPLOYMENT INFORMATION			
Name:			
Employer:	Position: _		
Time with Current Employer:	Monthly S	alary:	Poduations \
Name:	•	Salary – before taxes &	Deductions )
Employer:	Position:		
Time with current employer:		ry: Salary – before taxes 8	
If either parent / guardian are unemployed, please explain	n the circumstance	es here (why & how lo	ong, etc):

# SECTION D: FINANCIAL INFORMATION

Annual Family income:	Ψ	
Are you eligible to rece	ive any social service?	
Please check the serv	rices you are currently receivir	ng:
TANF Medicaid	Food Stamps Social Security	Section 508 Housing Allowance Citrus Workforce Other: please list below
Are you currently receive	ing cash assistance from your lo	cal Workforce Development Office?
	Yes	No
Have you received cash	assistance from the State of F	lorida since January 2012?
	Yes	No
Do you or the student/	applicant have a savings accoun	t, 401 (k), or any other type of investments?
Approximate bala	nce: \$	
Do you anticipate the n	eed to rely on an education loa Yes	n or federal aid to pay for your child's education? No
Please attach your 2014	tax return / Form 1040 or 2014	Wage & Income Transcript. If you had no income i
2014, you must submit	t a copy of your official 2014	non-filing statement, SSI award letter, welfare benefit
award letter, section 50	08 housing allowance award lett	er, or other form of federal or state-sanctioned incom
verification.		
Including your jobs, child	d support payments and interest	income, please list your monthly income sources:
\$	from	
\$	Total Monthly Income	

## SECTION E: STUDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED BY STUDENT)

# PLEASE TYPE or PRINT

What is your favorite subject in school?
Why?
What is your least favorite subject?
Why?
When and where do you do your homework?
Who helps you with your homework?
How often do you turn your homework in on time?
Never Sometimes Most of the time Always
List any extra-curricular activities in which you participate, including clubs and sports:
Please tell us about any hobbies or interests that you might like to talk or learn more about:
What chores do you do at home?
List any awards you have received in school or other activities:
What type of career would you like to have?

Why?
How do you plan to achieve this career?
Who is someone you look up to?
Why?
Describe your personality
Tell us at least one thing you like about yourself and you are proud of:
Upon acceptance into the Take Stock in Children Program, you will be required to meet with a mentor each week during school hours. A mentor is a caring adult volunteer who can become a friend and role model to help guide you through your high school years.
How do you feel about having an adult to speak with each week?
What activities would you like to do with your mentor? (ie: homework, career research, games, puzzles, talk
about things going on in my life)

## STUDENT STATEMENT

In your	own w	ords,	please	tell	us	abou	t yo	ur g	oals,	hope	es &	dre	ams	for	your	futu	re. (	Attac	h ai	nothe
sheet if	needed	1).																		
																				_
											- 1									_
,																				_
																				_
																				_
																				-
																				_
																				_
In your	own w	ords,	please	tell	us	why	you	feel	that	you	dese	erve	this	sch	olarsh	ip.	(Atta	ch ai	othe	er
sheet if	needed	d)																		
																				_

## SECTION F: PARENT / GUARDIAN STATEMENT

Apart	from	fina	ncial	conside	erations	s, ho	w co	uld thi	s pr	ogram	n benef	it your	child	's futu	ıre?				
Please	inclu	ude	your	goals,	aspira	ntions	and	hopes	for	your	child's	future.	( /	Attach	another	sheet	if	needed).	

Please check any special family situations that may impact your student's educational performance.

Add any other special circumstances that your student faces. In some cases there may be specific scholarships for which your student may be eligible. Feel free to add any additional information in the space provided.

Single parent	Bus ride more than 30 minutes to school
Incarcerated parent*	English not spoken in home
Deceased parent	Migrant worker
Absent parent (no contact or support)	Loss of employment within the last year
Poor relations between biological parents	Home is in foreclosure
DCF involvement	Homeless or living with extended family or friends
Extended family in home	Serious illness in household
Extended family raising student	Disabled student or family member
Student applicant is a teen parent	Student applicant is or has been in foster care
Parent was a teen parent	Parent(s) did not graduate from high school
More than two siblings	
Family has received TANF benefit from the State o	of Florida / Citrus Workforce within the last year
Other: list below	
* Children who have a parent who is currently incarcerat If you checked this box, please list the parent's name, dates of incarceration.	

 Your child's grades, attendance, discipline records, copy of free or reduced lunch letter, teacher recommendation & other requested information should be attached to this application form.

For Official Use Only:	
Application reviewed by TSIC staff	Income Eligibility confirmed by TSIC staff
Staff Signature	Date



#### TAKE STOCK IN CHILDREN APPLICANT REFERENCE

Student Name / School / Grade	

### (To be completed by a counselor, advisor or teacher)

**Note to Reference:** You have been asked to provide information in support of this student for the Take Stock in Children program. Please complete and return to the student's Guidance Counselor so that it may be returned with the completed application to Take Stock in Children.

This reference form is an integral part of this student's application. Please take care to complete it thoroughly and include any relevant information that may impact the award of this scholarship. If you have any questions, please contact Take Stock in Children at 344-0855.

The applicant's achievements reflect his/her ability	Extremely well	☐ Very well	☐ Moderately well	☐ Not well
The applicant's ability to set realistic and attainable goals is	☐ Excellent	Good	☐ Fair	Poor
The quality of the applicant's commitment to school and community is	☐ Excellent	Good	☐ Fair	Poor
The applicant is sincerely motivated to succeed scholastically.	☐ Extremely	Sufficiently	☐ Moderately	☐ Fairly
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	Extremely well	☐ Very well	☐ Moderately well	☐ Not well
The applicant's respect for self and others is	☐ Excellent	Good	☐ Fair	Poor
Comments:				
Reference Signature		Name Pr	inted	 Date
Position		School		Phone Number



### Statement of Authenticity and Entirety

In submitting this application:

- I certify the information provided is complete and accurate to the best of my knowledge. All required documentation has been attached.
- I understand that the information contained in this application and the student's scholastic performance may be shared with the Take Stock in Children selection committee, the program staff, my student's mentor and the state office of TSIC for purposes of statistical tracking.
- I authorize my student records to be released in entirety to the Take Stock in Children program.
- I acknowledge that upon acceptance into the Take Stock in Children Program I am authorizing permission for the promotion and publication of my award.

I understand that falsification or omission of information may result in termination of any scholarship granted.

Applicant's Signature:	Date:
Printed Name:	
Parent/Guardian Signature:	Date:
Printed Name:	
Parent/Guardian Signature:	Date:
Printed Name:	<u></u>