



Student Scholarship Application

Take Stock in Children Pinellas scholarship recipients receive:

- **A Scholarship**

A tuition-only Florida Prepaid College Scholarship, which can be used at any university, college, or vocational/technical school approved by Florida Prepaid. Value – up to \$14,000

- **A Mentor**

A volunteer mentor who will meet with you weekly at school, with cooperation from the school and parent (s), to assist and encourage you to achieve your full potential.

- **A College Success Coach**

A Take Stock in Children staff person will help you design a college success plan and guide you through your middle and high school transition and in to college.

Application and proof of income documentation are due back to the Pinellas Education Foundation by: January 18, 2019

★ **Proof of income options (only 1 is needed & student’s name must be listed): most recent tax return Form 1040 (pages 1&2), or proof of food assistance, or proof of social security income or guardianship documents.**

If you have questions about the application, you can send an email to tsic@pinellaseducation.org speak with the Take Stock in Children program at 727-588-4816

Scholarship Application

SECTION A: Student Identification Information

Student’s School _____ ID # 52 _____

Student Name _____ Social Security # _____

* Must have a valid SSN

Grade _____ Date of Birth _____ Male Female

Address _____
(street, apt#, city, state, zip)

Student Phone #: _____ Parent Phone #: _____

Student E-mail: _____ Parent E-mail: _____

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

Guardian/Mother _____ Single parent____
(Last) (First) (MI)

Date of Birth _____ Last Grade Completed in School _____

Guardian/Father _____ Single parent____
(Last) (First) (MI)

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 (including 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 (check one)</u>	<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	_____

SECTION C: Employment Information

Parent/Guardian's Current Employer

Name of Parent/Guardian: _____

Employer: _____

Occupation: _____

Address of Employer: _____
(street) (city) (zip)

Number of years with Current Employer: _____ Gross Monthly Income _____
(before taxes and deductions)

Parent/Guardian's Current Employer

Name of Parent/Guardian: _____

Employer: _____

Occupation: _____

Address of Employer: _____
(street) (city) (zip)

Number of years with Current Employer: _____ Gross Monthly Income _____
(before taxes and deductions)

 **Remember to include proof of income along with the application submission, see page 1.**

SECTION D: Financial Information

What is your household's total annual income before taxes/deductions? \$ _____
(look on your income tax form in the 1st section; 1040 line 22; 1040A line 15; 1040EZ line 4)

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 own your own home? Yes No

Do you rent? Yes No

How long at current address? _____

★ Remember to include proof of income along with the application submission, see page 1.

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

List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.)

Student Statement

Please tell about your goals, aspirations and hopes for your future. (Attach another sheet if needed.)

Check all that apply (completed by applicant's family):

- GPA below 2.75
- Student attends a low performing school
- Single Parent
- Incarcerated Parent
- Deceased Parent
- Absent Parent (no contact or support)
- Poor relations between biological parents
- DCF involvement
- Extended family in home
- Extended family raising student
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF benefits within last year (temporary assistance for needy families)
- Student will be first in family to attend college
- Student will be first in family to graduate high school
- Migrant worker
- English not spoken in student's home
- Parental loss of employment within last year
- Home in foreclosure
- Family is 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

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.

I have included a copy of my 1040 pages 1 and 2 for income proof requirements.

Student Signature

Parent/Guardian Signature

For Official Use Only:

Scoring Type _____

GPA _____

- Application reviewed by TSIC Staff
- Eligible for TSIC
- Not Eligible for TSIC
- Income eligibility confirmed by TSIC staff
- Initial eligibility approved at student's school

Staff Signature

Staff Title

Date

Mail completed application and financial documents to: Pinellas Education Foundation, TSIC Program, 12090 Starkey Road, Largo, FL 33773 or fax to 727-588-4822 by January 18, 2019.