



Take Stock in Children of Sarasota County, Inc.
(2018-2019) *New Student Application*

- 1 Take Stock in Children of Sarasota County, Inc. accepts applications all year round.

- 2 To qualify a scholarship applicant must:
 - Meet the **income eligibility requirements** (see page 2).
 - Be in **grades 6-9**.
 - Attend a **Sarasota County public school**.
 - Maintain a min. 2.5 GPA

- 3 Teachers will complete and return the teacher reference forms.

CHECK LIST OF REQUIRED APPLICATION DOCUMENTS:

- Proof of residency – copy of social security card.
- Proof of financial eligibility – 2017 Federal Income Tax Return Form 1040 with the student listed as a dependent.
- Letter(s) of recommendation from a school representative, mentor or advocate.
- Guidance Counselor Data Sheet

QUESTIONS? Please contact us: 941-914-1338 / Candice@takestock Sarasota.org.



Student Scholarship Application

Take Stock in Children scholarship recipients receive:

- **A Scholarship**
A Florida Prepaid College Scholarship, which can be used at any State public university, college, or vocational/technical school in Florida.
- **A Mentor**
A volunteer mentor who will meet with each student at school, 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 to College.

Date application is due back to school: _____

Please call Take Stock in Children of Sarasota County, Inc. at 941-358-4407 or email info@takestocksarasota.org if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information

Student ID N # _____ Date: _____

School _____

Student Name _____ Social Security # _____

Grade _____ Date of Birth _____ Male Female

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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

Address below:

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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Sarasota FL 34230
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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

Parent/Guardian (1) _____ Social Security # _____
(Last, First, MI)

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ Social Security # _____
(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 other than student/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 (checkone)</u>	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	_____	<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? (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? \$ _____

How long at current address? _____

Please attach copy of most recent tax return Form 1040 (or other proof of income eligibility if taxes were not filed) and a copy of pay stubs for the most recent month worked.

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 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, HRS involvement, homelessness, etc.).

Factors are used to determine your eligibility, please check all that apply:

- Student attends 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

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- Parent was teen parent
- Family has received TANF benefits within last year
- First generation college student
- 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
- Other (please specify:

I understand that the information contained in this application is accurate and will be managed and shared with the Local Lead Agency 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 _____

For Official Use only:

- Application reviewed by TSIC staff Eligible for TSIC Not eligible for TSIC
- Income eligibility confirmed by TSIC staff

Staff Signature

Staff Title

Date

• Submission of this application does not guarantee scholarship award •

• A copy of your child's grades, attendance, and behavior records will be attached to this form •

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Supplement to section E – student statement

Parent/Guardian Statement

Must be completed by parent(s)/guardian(s) – use a 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 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?

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?

This scholarship program includes a volunteer mentoring component. Mentors meet with their assigned student for up to 1 hour each week on campus. Mentors are screened and trained prior to their first meeting. If there is an adult already in the applicant's life that they would like to invite to serve as their mentor, please list his/her contact information below. This person cannot be a relative and should be selected by the student. Coaches, youth pastors, scout leaders, teachers etc. can serve as mentors. Not all candidates who are invited to participate are able to volunteer due to family, job restrictions, travel reasons etc. If the person listed is unable to serve at this time, our staff will assign a mentor to the student. Mentoring is required to be a participant in the program.

Name: _____

Telephone: _____

****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 student's 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 Code: _____

Phone: _____ Email: _____

Web address: _____

Printed name of person completing the form: _____

Title: _____

Signature

Date

Please call (941)358-4407 or email 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.



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 Attn: Candice McLeod P.O. Box 48186 Sarasota FL 34230 or via email – Candice@takestock Sarasota.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	_____		Judgement	_____
Cooperation	_____		Attitude	_____
Communication skills	_____		Organization	_____
Accepting of criticism	_____		Dependable	_____
Responsible	_____		Trustworthy	_____
Respectful	_____		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 _____



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Responsible	_____		Trustworthy	_____
Respectful	_____		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 _____



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Guidance Counselor Data Sheet

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

Student Name _____ School _____
Grade _____

Grade Point Average (unweighted):

Last year's GPA _____

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

Standardized Test Scores:

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

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)