



SCHOLARSHIP APPLICATION

A tuition only Florida prepaid scholarship paying up to 60 credit hours at a Florida public postsecondary institution of higher learning upon graduation from a Bay District Schools high school

It takes money to go to college. We'll give you some.

You must

1. Be an 8th or 9th grade student enrolled in any Bay County public school
2. Be income eligible for the free or reduced lunch program, even if you do not take advantage of the program
3. Complete the application and write the required essays (**please do not write in pencil**)
4. Submit a copy of your report card from the 2nd quarter of school year 2019-2020.
5. Submit a copy of your parent or guardian's 2019 Tax Return 1040 **listing you as a dependent. A W-2 is NOT sufficient documentation of income and will not be considered. We reserve the right to ask for additional financial information if needed.**
6. Submit all information to the Student Advocate at your school no later than March 6, 2020.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

You are required to

1. Attend the mandatory contract signing dinner and any necessary meetings to receive a full explanation and requirements of the Bay Education Foundation Take Stock In Children Scholarship program
2. Attend any public middle and high school in Bay County and graduate with your class
3. Remain drug, alcohol, and crime free
4. Be matched with a volunteer mentor (as soon as available) who will meet with you throughout your involvement with the Take Stock In Children Scholarship program

Academic Requirements

Students accepted into the program will have to maintain a 2.5 GPA with all grades C or better and have good attendance. Failure to maintain both will result in a review by the scholarship committee. Students who do not meet requirements may be placed on probation and/or terminated from the program.

Please return completed application to the Student Advocate at your school:

Arnold HS – Kristi Butchikas-Miller
Allison Crum – Bay Haven
Bay HS – Cheryl Burris
Bozeman – Angel Kent
Breakfast Point – Janet Bailey
Jinks – Elizabeth Mapoles
Merritt Brown – Martha Simmons

Mosley HS – Karen Johnson
Mowat – Mandy Van Dellen
Surfside – Kristy Robb
North Bay Haven - Deborah Viera
Palm Bay – Lindsey Cross
Rutherford MS/HS – Lisa Burson, Beverly Barron
University Academy – Debbi Whitaker

Submit application to the Student Advocate at your school by March 6, 2020

CHECK LIST FOR THE APPLICANT and PARENT/GUARDIAN

Please complete this application thoroughly so that we can determine your eligibility for participation in Take Stock In Children, a scholarship and mentoring program. **The information contained in this application is confidential and will be available upon request only to the Scholarship Selection Committee and the persons implementing this program.**

If any questions are not applicable to your current situation, please note that on the application. If more space is required for information on any items, you may attach additional pages. Do not leave any space incomplete. **Please complete the application in INK, not in pencil and do not write on the back of any page.**

- 1. Complete the **entire** application, leaving no question unanswered (**be sure to fill in the Social Security Number of your student – the application will be considered incomplete without this information and will not be considered**).
- 2. Submit a copy of your parent or guardian's 2019 Tax Return 1040 **listing your student as a dependent. A W-2 is NOT sufficient documentation of income and will not be considered. We reserve the right to ask for additional financial information if needed.**
- 3. Have **ONE** teacher or guidance counselor who knows you well **complete the reference form** found in this application package. This form must be submitted with the application. **Only one completed reference form will be accepted.**
- 4. Attach a copy of your **most recent report card (2nd quarter of 2019-20)**. If you do not have this, you must request a copy from your school.
- 5. The entire application, with financial documentation, completed reference form and most recent report card, **must be submitted to the School Advocate at your school.**

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Allison Crum – Bay Haven
Bay HS – Cheryl Burris
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NO LATER THAN FRIDAY, MARCH 6, 2020

You are responsible for seeing that all supporting documents are submitted. The Bay Education Foundation, Take Stock In Children and its affiliate programs reserve the right to process only applications found to be eligible and fully completed as of March 6, 2020.

Take Stock in Children program participants 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.

Take Stock in Children Application

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

SECTION A: Student Identification Information

Student ID # _____ Date: _____

School _____

Student Name _____ Social Security # (Mandatory) _____

Grade: _____ Date of Birth _____ Male Female

Student Phone: _____ Student E-mail: _____

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 _____

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 # (Optional) _____
(Last, First, MI)

Parent (1) Phone #: _____ Parent (1) E-mail: _____

Date of Birth _____ Last Grade Completed in School _____

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

<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	_____

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 CareerSource 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

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.).

Factors 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
- 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 implemented by the Bay Education Foundation/TSIC Program and shared with the Bay Education Foundation 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

For Official Use only:

- Application Reviewed Meets TSIC Programmatic Eligibility
- Does Not Meet TSIC Programmatic Eligibility
- Meets TSIC Income Eligibility Does Not Meet TSIC Income Eligibility

 Local Program Staff Signature

 Title

 Date

• Submission of this application does not guarantee scholarship award•

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

STUDENT INTEREST INVENTORY

Name _____ Nickname _____

What school subject would you like help with? _____

What is your favorite subject in school and why:

What is your least favorite subject in school and why:

When and where do you do your homework? Who helps you?

How often do you turn your homework in on time? ___ Never ___ Sometimes ___ Most of the time ___ Always

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 will become a friend and role model to help guide you through your school years. How do you feel about having an adult to speak with each week?

Please check your hobbies:

_____ Tennis _____ Biking _____ Sewing _____ Golf _____ Cooking _____
Art _____ Music _____ Crafts _____ Football _____ Basketball _____ Baseball _____
Reading _____ Computers

List other activities you enjoy: _____

What do you plan to do when you graduate high school? _____

Do you want to go to college or a technical school? _____

Please check the personality descriptions that are you: _____ Happy _____ Quiet _____ Shy
_____ Outgoing _____ Friendly _____ Withdrawn _____ Talkative _____ Moody _____
Nervous

Other information you wish to share about yourself:

TAKE STOCK IN CHILDREN APPLICANT REFERENCE

Student Name / School / Grade

This form is to be completed by a counselor, advisor, teacher or principal who knows you well.

You have been asked to provide information in support of this student for the Take Stock in Children Scholarship Program. Please complete and return to applicant 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.

The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is sincerely motivated to succeed scholastically.	<input type="checkbox"/> Extremely	<input type="checkbox"/> Sufficiently	<input type="checkbox"/> Moderately	<input type="checkbox"/> Fairly
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Reference Signature

Name Printed

Date

Position

School

Phone Number