



APPLICATION CHECKLIST

FOR 2018/2019 SCHOOL YEAR

ELIGIBILITY REQUIREMENTS INCLUDE:

- 6th-9th grade student in public school
- Legal status in the U.S.
- Minimum 2.3 grade point average (C or better grades)
- Student is crime and drug-free
- Household must meet federal low-income eligibility criteria (page 1)
- Must be on the Free/Reduced Lunch Program (release form on page 2)

All of the items listed below must be completed and included for the application to be considered

- 1. **INCOME ELIGIBILITY GUIDELINES** must be met (page 1 of this application)
- 2. **STUDENT APPLICATION** leaving no question unanswered. If any questions do not apply to your current situation, please note it on the application. If more space is required for information, you may attach additional pages. **DO NOT LEAVE ANY SPACES BLANK**
- 3. **2017 TAX RETURN FORM COPY (with the student listed as a dependent)**: If you had no income in 2017, you must submit a copy of: your official 2017 non-filing statement, your SSI award letter, section 508 housing allowance award letter, guardianship document, or other federal or state-sanctioned income verification. **NO W-2 forms will be accepted**
- 4. **PAYSTUBS** Copy of most recent 1 month's paystubs OR proof of current unemployment compensation. For any other situations, please contact the Take Stock in Children office
- 5. **FREE OR REDUCED LUNCH ELIGIBILITY LETTER**: must be for the 2018/2019 school year
- 6. **REFERENCE FORM** filled out by teacher or guidance counselor (last page of this packet)
- 7. **INFORMATION RELEASE**
- 8. **SOCIAL SECURITY CARD COPY**
- 9. **BIRTH CERTIFICATE COPY OR ALIEN RESIDENT CARD COPY**

**Take Stock in Children Palm
Beach County
1896 Palm Beach Lakes Blvd., Ste. 103, West Palm
Beach, FL 33409**

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.



INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2017 to June 30, 2018

HOUSEHOLD SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family	7,733	645	323	298	149

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

Income Guidelines provided by USDA.gov

Updated 6/2015



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 Marilyn A. Schiavo at (telephone) (561) 320-1076 if you have any questions about this application.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information

Student ID # _____

School _____

Student Name _____ Social Security # _____

Grade _____ Date of Birth _____ Male Female

Address _____

(street, apt #, city, zip code)

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

Mother _____
(Last, First, MI)

Date of Birth _____ Last Grade Completed in School _____

Father _____
(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: _____

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: _____

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).

Organizations you are involved in:

Boys and Girls Club Big Brothers/Big Sisters AVID

Other: _____

What is your favorite subject in school? _____

Why? _____

Describe your personality.

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

Student Statement

What do you want to do after college? What career goals do you have? Please tell us about your goals 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.).

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Student attends low-performing school | <input type="checkbox"/> Migrant worker |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> English not spoken in home |
| <input type="checkbox"/> Incarcerated parent | <input type="checkbox"/> Loss of employment |
| <input type="checkbox"/> Deceased parent | <input type="checkbox"/> Home in foreclosure |
| <input type="checkbox"/> Absent parent (no contact or support) | <input type="checkbox"/> Homeless or living with extended family or friends |
| <input type="checkbox"/> Poor relations between biological parents | <input type="checkbox"/> Serious illness in household |
| <input type="checkbox"/> DCF involvement | <input type="checkbox"/> Disabled student or family member |
| <input type="checkbox"/> Extended family in home | <input type="checkbox"/> Student is or has been in foster care |
| <input type="checkbox"/> Extended family raising student | <input type="checkbox"/> Other (please specify: |
| <input type="checkbox"/> Student applicant is teen parent | _____ |
| <input type="checkbox"/> Parent was teen parent | _____ |
| <input type="checkbox"/> Family has received TANF benefits within last year | _____ |
| <input type="checkbox"/> First generation college student | |
| <input type="checkbox"/> Student is first in family to complete high school | |

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

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

APPLICANT REFERENCE FORM

TO BE COMPLETED BY SCHOOL PERSONNEL



This form is to be completed by a counselor, advisor, teacher, or principal who knew you well in the previous school year.

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

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 achievement reflects 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 Name Phone Number

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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.

Dated

Child/Student – Printed Name

Parent or Legal Guardian’s - Signature

Parent or Legal Guardian’s - Printed Name

Address



Name and Likeness Usage Consent and Release

FOR PARENTS/LEGAL GUARDIANS OF CHILDREN:

I, the undersigned, certify, represent and warrant that I am the parent or legal guardian of _____.

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("I" or "me"), as the parent and legal representative of my above-referenced child, hereby irrevocably authorizes **Take Stock in Children Palm Beach**, the Take Stock in Children Program Lead Agency (the "Lead Agency") for my child, as well as TSIC, Inc. d/b/a Take Stock in Children ("TSIC") and each of their respective representatives, licensees, successors and assigns and those acting with authorization from the Lead Agency or TSIC (collectively, the "TSIC Program Providers") to film, videotape, photograph and/or record my child, and statements made by my child, and I irrevocably grant the right and authorize each of them to store, reproduce, edit and create derivative works based upon such film, videotape, photography and/or recording (collectively, the "Works"), as well as display, publicly, distribute, transmit or otherwise use the Works and my child's voice, name and likeness, in whole or in part, either alone or in conjunction with other material in or in connection with the Take Stock in Children Program's events, products and services, as well as in advertising and promotion thereof in any form or format which may be reproduced, distributed, transmitted, exhibited and/or otherwise exploited, in whole or in part, alone or in conjunction with other material for the TSIC Program Providers' own account in perpetuity throughout the world in any and all manner or media now known or hereafter devised including, without limitation, all forms of television, radio, print and the Internet.

I acknowledge and agree that as between myself, my child and the TSIC Program Providers, the TSIC Program Providers shall exclusively own any and all rights in the Works and all elements thereof including, without limitation, all rights of attribution, moral rights and copyrights throughout the world in perpetuity. For avoidance of doubt, I hereby irrevocably assign to the TSIC Program Providers any and all rights I or my child may have in and to the Works as well as any results and proceeds of such Works or my child's appearance in the Works. I agree not to use, reproduce, distribute or otherwise exploit the Works myself or authorize others to do so without the TSIC Program Providers' prior written consent.

I hereby irrevocably release the TSIC Program Providers from, and agree not to assert, any and all claims I or my child have or may have in the future, known or unknown arising for such use including, without limitation, claims of invasion of privacy, violation of right of publicity, defamation, false light, moral rights, royalties or other compensation or any other claims and waive any and all equitable or injunctive. The TSIC Program Providers shall not be obligated to make any payment to me or my child or on my child's behalf for the use of my name, likeness, appearance, voice or other attributes in the Works or their exploitation, to produce or exploit the Works or to include my child's appearance therein even if produced and neither I nor my child shall have any right to review or approve any of Works or their use. I certify and acknowledge that my child's appearance is not governed under the provisions of any collective bargaining agreement. I represent and warrant that I am over eighteen (18) years of age and have all necessary capacity, power and authority to grant this release and that no consent or authorization is required to be obtained in order for me to grant this release. I agree to indemnify and hold the TSIC Program Providers harmless from and against any claim, liability or obligation of any kind arising from the statements made by my child in the Works, my child's appearance in the Works, use of my child's name, voice, likeness and the rights granted herein, or any a breach of any of the representations and warranties made hereunder. This grant is irrevocable, perpetual, worldwide, transferable and licensable to others. This Consent and Release is governed by Florida law and contains the entire understanding of the parties, may not be changed or terminated except by an instrument signed by the TSIC Program Providers and me.

Print Student Name

Parent Signature

Print Parent Name

Date: _____