

Student Name _____

For Office Use ONLY:

School _____

Type _____

Score _____



SCHOLARSHIP and MENTORING PROGRAM APPLICATION 2023-2024

The Brevard Schools Foundations Take Stock in Children program provides mentoring and college scholarships to Brevard County's deserving income eligible youth. Scholarship recipients and their parent/guardian sign a participation agreement pledging that the student will attend school regularly, meet with a mentor, remain drug and crime free and attend all required TSIC events. The parent/guardian agrees to support and encourage the student to achieve their full potential. Upon successful completion of the program, the student will receive a 2-year college scholarship (Florida Prepaid account for 60 credit hours) payable at the state college rate (formally referred to as community colleges) i.e., Eastern Florida State College. Take Stock in Children serves students throughout the state of Florida.

Eligibility requirements include:

- ♦ Student is enrolled in **grade(s) 7, 8 or 9** in a Brevard County **Public** School
- ♦ Student has a GPA of **2.5 or higher**
- ♦ Household must meet federal income guidelines listed on the Income Eligibility Guidelines page
- ♦ Additional eligibility criteria listed on Eligibility Criteria for TSIC Program page
- ♦ **Must be a United States citizen** - proof of citizenship may be required

****Please note: Submission of an application/or an interview does not guarantee admission to the program**

APPLICATION DEADLINE:

[Note: Your school can courier the application to our office]

Address: Brevard Schools Foundation - Take Stock in Children
2700 Judge Fran Jamieson Way Viera, FL 32940



**Brevard Schools
FOUNDATION**

Visit www.brevardschoolsfoundation.org for more information.

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2023-2024 Student Application

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a traditional Florida Public School, a Florida Public Virtual School, a Florida Public Charter School, or a Florida Department of Education-approved school of choice utilizing a Family Empowerment Scholarship.

Parent(s)/Guardian must submit the most recent, completed taxes.

All sections of the application must be completed.

Take Stock in Children program participants receive:

- **A Scholarship**

A Florida Prepaid PROJECT STARS College Scholarship, which can be used at any **Florida public** university, college, or state vocational/technical college in **Florida**.

- **A Mentor**

A volunteer mentor who will meet with each student, 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 College.

Date application is due: Friday, November 3, 2023

Please contact Krista Petty at (telephone/email) petty.krista@brevardschools.org if you have any questions about this application.

Take Stock in Children Application

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

SECTION A: Student Identification Information

Student ID # _____

School _____

Student Name _____ Social Security # (Mandatory) _____
(First, Last, MI)

Grade: _____ Date of Birth _____

Student Phone: _____ Student E-mail: _____

Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

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

Mailing Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

Gender: Female Male

Student Race: American Indian/Native American Asian Black/African-American
 Multiracial Pacific Islander/Hawaiian White
 Other _____

Student Ethnicity: Is the student of Hispanic origin? Yes No

The Florida Prepaid College Foundation Scholarship Requirements:

Does the student have a Social Security #? Yes No

Is the student a U.S. Citizen? Yes No

Is the student a resident alien? Yes No

Does the student have a Florida Prepaid College Plan? Yes No

SECTION B: Household Information

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

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

Date of Birth _____ Last Grade Completed in School _____

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

| Name | Age | Relationship | Highest Level Of Education |
|-------|-------|--------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does applicant have a sibling or member of the household currently or previously involved in the Take Stock in Children Program? Yes No

If yes, include name of current/ previous Take Stock in Children participant and include relation to applicant:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Independent siblings living outside the home:

| Name | Age | Relationship | Currently Attending School (Check One) | Last Grade Completed |
|-------|-------|--------------|--|----------------------|
| _____ | _____ | _____ | <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? (TANF, SNAP, Medicaid, etc.) Yes No

Please check the services you currently receive:

Welfare/TANF Food Stamps/SNAP 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, unemployment, 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 home? Yes No

If yes, what is the amount of your monthly mortgage payment? _____

If yes, how much did your house cost? \$ _____

Do you rent? Yes No

If yes, what is the amount of your monthly rent payment? \$ _____

How long at current address? _____

A complete copy of the most recent filed tax return Form 1040 must be attached with the student applicant listed as a dependent on the tax return in order to be eligible for consideration. (If you did not file taxes, please contact your local TSIC program).

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

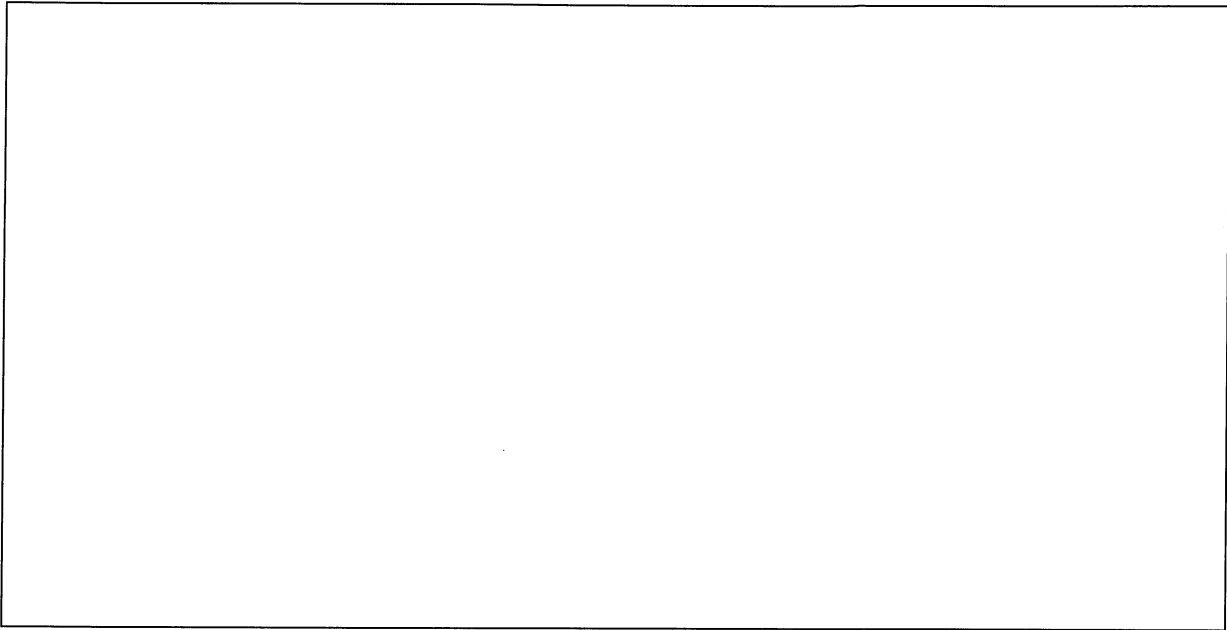
Student's Career Field(s) of Interest (check all that apply):

- Agriculture, Food, and Natural Resources
- Architecture and Construction
- Arts, Audio/Video Technology and Communications
- Business, Management, and Administration
- Education and Training
- Energy
- Science, Technology, Engineering, and Mathematics
- Finance
- Government and Public Administration
- Health Science
- Hospitality and Tourism
- Human Services
- Information Technology
- Law, Public Safety, and Security
- Manufacturing
- Marketing, Sales, and Service
- Military
- Transportation, Distribution, and Logistics

Hobbies/Interests: Which of the following activities do you enjoy participating in or watching?
(Check all that apply)

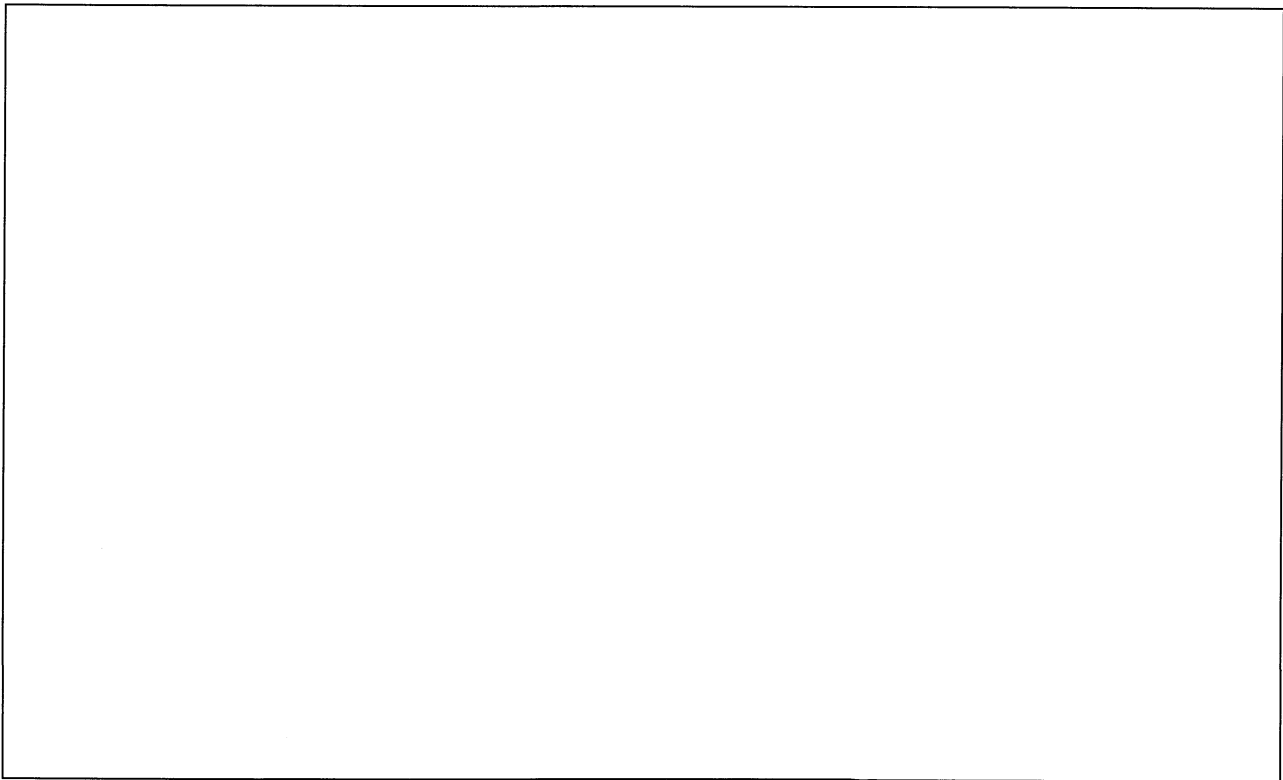
- Sports (specifically, _____)
- Handicrafts (specifically, _____)
- Outdoor Life Mechanics/Science Literature Pop Culture (Movies, TV, etc.)
- Music Collecting Other _____

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, Department of Children and Families involvement, homelessness, etc.).

The factors listed below 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
- 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
- First-Generation college student (neither parent has earned a baccalaureate degree or higher)
- Other (please specify) _____

I understand that the information contained in this application is accurate and will be managed and implemented by the Local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency 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

Date

Date

Submission of this application does not guarantee scholarship award

For TSIC Program Official Use only:

Application Reviewed

Meets TSIC Programmatic Eligibility

Meets TSIC Income Eligibility

Does Not Meet TSIC Programmatic Eligibility

Does Not Meet TSIC Income Eligibility

Local Program Staff Signature

Title

Date



INCOME ELIGIBILITY GUIDELINES

1. To qualify for this program, your 2022 income must meet the federally approved income eligibility guidelines as outlined below.
2. Upload your 2022 Tax Return Form 1040
3. Your tax forms **must list** your student as a dependent **and** show your household adjusted gross income.
4. Generally, 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.

A W-2 will NOT be accepted as documentation of income.

Effective from July 1, 2023 to June 30, 2024

| <u>HOUSEHOLD SIZE</u> | <u>ANNUALLY</u> | <u>MONTHLY</u> | <u>TWICE PER MONTH</u> | <u>EVERY TWO WEEKS</u> | <u>WEEKLY</u> |
|--|------------------|----------------|------------------------|------------------------|----------------|
| 1 | 26,973 | 2,248 | 1,124 | 1,038 | 519 |
| 2 | 36,482 | 3,041 | 1,521 | 1,404 | 702 |
| 3 | 45,991 | 3,833 | 1,917 | 1,796 | 885 |
| 4 | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 |
| 5 | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 |
| 6 | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 |
| 7 | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 |
| 8 | 95,536 | 7,795 | 33,898 | 3,598 | 1,799 |
| For each additional family member add on: | + \$9,509 | + \$793 | + \$397 | + \$366 | + \$183 |

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

Income Guidelines provided by USDA

<http://www.fns.usda.gov/cnd/governance/notices/iegs/IEGs.htm>

If a parent/guardian **DOES NOT** file Federal income taxes, contact the Take Stock in Children office to determine if **one** of the following documents can be used to verify income eligibility:

- 1) ***Florida Medicaid Service***- Student must be currently receiving services and provide official documentation from DCF with student's name listed as eligible for Medicaid services at the time of application.

OR

- 2) ***SNAP (Food Stamps)***- Student must be currently receiving services and provide official documentation from DCF with student's name listed as eligible for SNAP at the time of application.

OR

- 3) ***TANF (Temporary Assistance for Needy Families)*** - Letter from the State of Florida indicating that the family has been approved to receive TANF benefits with the student's name listed as eligible for TANF at the time of application.

OR

- 4) ***Foster Care*** - Proof that student is currently in Foster Care.

OR

- 5) ***Homeless*** - Signed documentation from the Brevard Public Schools Students in Transition liaison verifying that student is homeless at the time of application.

To speak with Take Stock staff, please contact Krista Petty at (321)633-1000 ext. 11415 or Petty.Krista@BrevardSchools.org

TAKE STOCK IN CHILDREN APPLICANT REFERENCE

Student Name / **Student Number** / School / Grade

This form must 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 program. Please complete and return to applicant or provide it to TSIC staff: Krista Petty (email: Petty.Krista@BrevardSchools.org) so that form may be submitted 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 (321) 633-1000 x 11415.

| | | | | |
|---|---|---------------------------------------|--|-----------------------------------|
| 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 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



FOR OFFICE USE ONLY



Student #: _____

Adjusted Gross Income: _____

Demo: _____

WAGES: _____

22/23 GPA: _____ (____)

C.O.P.: _____

23/24 1st Qtr GPA: _____

AVID: _____

FSA/EOC Reading: _____

Dual Enrolled: _____

FSA/EOC Math: _____

Disabilities (702): _____

Combined FSA/EOC: _____ (____)

Foster care: _____

Unexcused absences: _____ (____)

Homeless: _____

Discipline: _____ (____)

1st Gen college: _____

Reference: _____

Notes: _____ (____)

Type: _____

Average Score: _____

STAR: _____

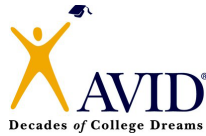
Average Score: _____

Risk: _____ (____)

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Take Stock in Children and AVID

“A Great Partnership for College and Career Readiness”



AVID (Advancement Via Individual Determination) targets students in the academic middle who have the willingness to work hard and the desire to go on to college. These are students who are capable of completing rigorous curriculum but are falling short of their potential. Typically, AVID students will be the first in their families to attend college, and many are from low-income or are traditionally underrepresented in higher education. AVID puts students on the college track via acceleration and determination instead of remediation.

AVID is currently available in the following Brevard County Schools:

Astronaut High Cocoa Jr/Sr High Central Middle Eau Gallie High Johnson Middle
Kennedy Middle Madison Middle McNair Middle Palm Bay High Rockledge High
Stone Middle Viera Charter



**Community Credit Union is a proud supporter of
the Take Stock in Children program**

**Participation in the AVID Program is encouraged but not mandatory for
the Take Stock in Children Program**

****Please note: Submission of an application/or an interview does not
guarantee admission to the program**