

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** <u>public</u> 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: SEPTEMBER 15,2023

Please contact Mr. Chuck Licis-Masson at (telephone/email) 305-293-1546 if you have any questions about this application.

EQUAL OPPORTUNITY POLICY

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take Stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state or local law. All Take Stock in Children employees, other workers and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to, and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursing any discrimination claim, or cooperating in related investigations.

Take Stock in Children Application

ALL sections of the application must be completed <u>AND</u> 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(First, Last, MI)	Social Security # ((Mandatory)	
Grade:	Date of Bi	irth:	
Student Phone:	Student E-mail:		
Address:(Street)			Apt #
City	State	Zip Code	
Check if Student Mailing Address is so below:	ame as home address listed	d above. If not, ente	er Mailing Address
Mailing Address:	(Stroot)		Apt #
City			
How do you (the student) identify?			
Gender: Female Male			
Student Race: American Indian/N Multiracial F	Pacific Islander/Hawaiian		can-American
Student Ethnicity: Is the student of His	spanic origin?	No	
The Florida Prepaid College Found	ation Scholarship Require	ements:	
Does the student have a Social Secur	rity #? 🔲 Yes 🔲 No		
Is the student a U.S. Citizen? Yes	S No		
Is the student a resident alien?	es No		
Does the student have a Florida Prep	oaid College Plan? Yes	No	

SECTION B: Household Information

Parent/Guardian (1)_		So	cial Security # (Optional))
` /-	(First, La	ast, MI)		
Parent (1) Phone #: _			Parent (1) E-mail:	
Date of Birth		Last Grade Con	npleted in School	
Parent/Guardian (2) _	(First, La	ast, MI)	_Social Security # (optior	nal)
Parent (2) Phone #: _			Parent (2) E-mail:	
Date of Birth		Last Grade Con	npleted in School	
Applicant lives with: [_	Father S	Grandmother tepfather Grandfa	ather
Number of brother		Number of siste	rs	-
Please list all persons	s living in the home	other than stude	ent/applicant:	
Name		Age	Relationship	Highest Level Of Education
Does applicant have a Children Program?	a sibling or member Yes No	of the househo	ld currently or previously	rinvolved in the Take Stock in
If yes, include name of	of current/previous T	ake Stock in Cl	nildren participant and in	clude relation to applicant:
Name:			Relation:	
Name:			Relation:	
Name:			Relation:	

Independent siblings living outside the home:

Name	Age	Relationship	Currently Attending School (Check one)	Last Grad Complete
			Yes No	
			Yes No	
SECTION C: Employment Informatio	n			
Parent/Guardian's Current Employer:				
Name of Parent/Guardian (1):				
Employer:				
Occupation:				
Address of Employer:	(0)	0'(7')		
	(Street,	City, Zip)		
Number of years with current Employer	::	_Gross Monthly Sal	ary(Before taxes and c	leductions)
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 Sal	ary(Before taxes and c	leductions)

SECTION D: Financial Information

What is your household income? \$
Are you eligible to receive any social service? (TANF, SNAP, Medicaid, etc.)
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?
Approximate balance: \$
Do you own your own 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 <u>MUST</u> 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, in work experience	terests, strengths e, etc.)	s, hobbles or av	vards you have r	received (churc	ch, school, comn	nunity,
Student Staten	nent					
Please tell us ab	oout your goals, a	aspirations and	hopes for your f	uture (attach a	nother sheet if n	eeded

SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))

aspirations and hop	s for your child's future	e (attach another sheet	fit your child? Please including if needed).	de your goals,
Diana liatali anasi			1 1	
family, loss of empl	al family situations that oyment, Department of	f Children and Families	chool success (serious illne involvement, homelessnes	ss in the ss, etc.).
family, loss of empl	al family situations that oyment, Department of	f Children and Families	involvement, homelessnes	ss in the ss, etc.).
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family, loss of empl	al family situations that oyment, Department of	f Children and Families	involvement, homelessnes	ss in the ss, etc.).

	Single parent Incarcerated parent
누	Deceased parent
H	Absent parent (no contact or support)
누	Poor relations between biological parents
H	Depart of Children and Families involvement
늗	Extended family in home
누	Extended family raising student
늗	Student applicant is teen parent
	Parent was teen parent Family has received TANF (Temporary Assistance for Needy Families) benefits within the 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)
by th also	derstand that the information contained in this application is accurate and will be managed and implemented ne Local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency selection committee. I certify that all information in this application is truthful and accurate and that I understand that any false mation in this application may result in my child losing his or her eligibility in the program.
Stuc	lent Signature Parent/Guardian Signature
Date	Date

Submission of this application does not guarantee scholarship award

For 151C Program Official Use only:		
☐ Application Reviewed ☐ Meets TSIC Programmatic Eligibility ☐ Meets TSIC Income Eligibility	☐ Does Not Meet TSIC Programm☐ Does Not Meet TSIC Income Eli	
Local Program Staff Signature	Title	Date



2023-2024 In-Person and Virtual Mentoring Name and Likeness Recording and Usage Consent and Release

FOR PARENTS/LEGAL GUARDIANS OF CHILDREN:

In an effort to continuously serve the Take Stock in Children("TSIC") community, we provide in-person as well as distance-based, virtual mentoring programs, events and activities for students, through which Take Stock in Children participating mentors will facilitate program activities and mentoring meetings, whether in person or through online platforms. In-person programs, events and activities may involve use of your child's name and likeness, such as, for example, in photographs taken in connection therewith. For online programs, events and activities such as virtual mentoring, third party platforms, software, tools and applications will be accessed and used by participating students, parents/guardians and/or mentors, and such online activities may be monitored or recorded for quality control, record-keeping, security and other purposes in furtherance of Take Stock in Children's mission.

Your consent is requested for your child's participation in such in-person and virtual programs, events and activities, including, without limitation, consent for your child to utilize such software, tools and applications for distance-based, virtual mentoring purposes.

- 1. Online Video Conferencing. Please be aware that each online videoconferencing platform or application (e.g., Zoom, TSIC Mentor App, GoToMeeting, Microsoft Teams, Webex, etc.) collects different information about its users and has its own privacy terms and conditions to which members must adhere. For example, according to Zoom's terms and conditions, only individuals 16 years old or older may create a Zoom account. Individuals under the age of 16 should only be using Zoom as participants through their parent's/guardian's account. It is your responsibility to access and review such terms, conditions and policies on the applicable platform, software or application. Please review them carefully. TSIC mentoring program participants, including mentors, yourself and your child, must exercise caution to ensure a safe and secure virtual mentoring experience, including disabling participant recording, disabling screen sharing by participants, disabling participant-to-participant private chat features, and saving a chat log locally to their computers to ensure a comprehensive audit trail. Regardless, no online communication is completely secure. Virtual mentoring activity may be subject to information and content collection, such as third-party screen capture or recording, and anonymous third-party entry into sessions. TSIC and participating mentors shall not be responsible in any way for any such information collection or information access by any third party, and by signing the below consent, you confirm, acknowledge and agree that you understand the inherent risks associated by use of such platforms. Please familiarize yourself and use the applicable platform's tools for a safe and secure education and mentoring experience.
- 2. **FERPA.** The family Educational Rights and Privacy Act, or "FERPA," is a U.S. federal law that protects the privacy of student educational records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends school beyond the high school level. TSIC may, from time to time, disclose student education records to thie parties, including such student's secondary education institution, higher learning institutions, and/or academic advisors. When participating in virtual mentoring, please make sure that the platform you use complies with FERPA. For example, Zoom is utilized by school providers to connect with their students virtually and is FERPA compliant; more information can be found at https://zoom.us.docs.doc.FERPA%20Guide.pdf. Other platforms may or may not be FERPA compliant. It is your responsibility to check and confirm whether they are FERPA compliant.
- 3. **COPPA.** The Children's Online Privacy Protection Act, or "COPPA," protects the online privacy of children under the age of 13 and requires web-based service providers to obtain parental consent prior to the collection, use, and disclosure of that child's personal information. In order to use virtual mentoring services, certain electronic personal information, such as your child's computer IP address, internet log data, in addition to your child's name and date of birth and other personal information must be collected. We may collect additional personal information to the extent you or your child provide such information during virtual mentoring activities. By signing below, you certify and agree that you consent to the collection, use and/or disclosure of your child's personal information above.

Parental Consent

I, the undersigned, certify, represent and warrant that I am the p	oarent or legal guardian of(Name of Child)
My child is under the age of 13. I have read and understand the above description of informat referenced child:	My child is at least 13 years of age. tion collection and use. As the parent or legal guardian of the above-
without limitation virtual mentoring provided by TSIC participal and use of the above-mentioned child's personal information, a representatives, licensees, successors and assigns and those act Providers") to transfer educational records under FERPA to	n TSIC's in-person and online programs, events and activities, including, ating mentors. I authorize and consent to in-person and online collection as described above. I further authorize TSIC and each fo their respective ting with authorization from the TSIC (collectively, the "TSIC Program as secondary education institutions, higher learning institutions and/or assistance to your child, and if applicable, the online platforms used for
participates in for record-keeping, safety and security purpose statements made by my child during the course of in-person a virtual mentoring programs, and I irrevocably grant the right at works based upon such film, videotape, photography and/or distribute, transmit or otherwise use the Works and my child conjunction with other material in or in connection with Take S in advertising and promotion thereof in any form or format otherwise exploited, in whole or in part, alone or in conjunction manner or media now known or hereafter devised including, or I acknowledge and agree that as between myself, my child exclusively own any and all rights in the Works and all element rights and copyrights throughout the world in perpetuity. For Providers any and all rights I or my child may have in and to	record and store virtual mentoring sessions and activities that my child es as well as film, videotape, photograph and/or record my child, and and online programs, events and activities, including without limitation, and authorize each of them to store, reproduce, edit and create derivative recording (collectively, the "Works"), as well as display, publicly, d's voice, name and likeness, in whole or in part, either alone or in tock in Children Program's Providers, the TSIC Program Providers shall which may be reproduced, distributed, transmitted, exhibited and/or on with other material in perpetuity throughout the world in any and all without limitation, all forms of television, radio, print and the Internet, and the TSIC Program Providers, the TSIC Program Providers shall not thereof including, without limitation, all rights of attribution, moral avoidance of doubt, I hereby irrevocably assign to the TSIC Program of the Works as well as any results and proceeds of such Works or my e, distribute or otherwise exploit the Works myself or authorize others assent.
or may have in the future, known or unknown arising for such used of right of publicity, defamation, false light, moral rights, royal equitable or injunctive relief with respect thereto. The TSIC Prochild or on my child's behalf for the use of my name, liexploitation, to produce or exploit the Works or to include my	ders from, and agree not to assert, any and all claims I or my child have use including, without limitation, claims of invasion of privacy, violation alties or other compensation or any other claims and waive any and all ogram Providers shall not be obligated to make any payment to me or my keness, appearance, voice or other attributes in the Works or their y child's appearance therein and neither I nor my child shall have any fry and acknowledge that my child's appearance is not governed under
the authorizations granted hereunder and the consents and rel be obtained from any third party in order for me to grant such the TSIC Program Providers harmless from and against any made by my child in the Works, my child's appearance in the herein, or any a breach of any of the representations and warra	ears of age and have all necessary capacity, power and authority to grant eases given hereby and that no consent or authorization is required to hauthorizations, consents, and releases. I agree to indemnify and hold claim, liability or obligations of any kind arising from the statements Works, use of my child's name, voice, likeness and the rights granted anties made hereunder. This grant is irrevocable, perpetual, worldwide, se is governed by Florida law and contains the entire understanding of rument signed by the TSIC Program Providers and me.
Print Student Name	
Parent/Guardian Signature	
Print Parent/Guardian Name	



2023-2024 Consent for Release of Education Records

I, the undersigned parent or legal child), hereby represent and warrant that contract for an on behalf of my child and ("Take Stock in Children") employees are teachers, and mentors (collectively, "Deschild named above. This information inconscores, student course schedules, attended and the students of the minor.	It I am of legal age and have all new hereby authorize TSIC, Inc., D/b/ord its designees, including without signees"), to have access to the soludes, but is not limited to: Curre	/a Take Stock in Children t limitation, volunteers, cholastic records of the minor ent and past grades, test
I hereby release, discharge, and ag from any liability related to any use whats I understand that this release is valid for t Children Program and is irrevocable with the right not to consent to the release of r written records released pursuant to this of by delivering a written revocation to Take	soever of said information contained the length of time that my child rerespect to the information provided my child's education records. I have consent, and I have the right to re	ed in the scholastic records. mains in the Take Stock in ed. I understand that I have ve the right to inspect any
Child/Student – Printed Name		
Parent or Legal Guardian's Signature	Date	
Parent or Legal Guardian's – Printed Nan	ne	
Address		

Last year's (2022) IRS Form 1040 tax return <u>required</u> with TSIC scholarship application

£1040	U.S. Individual Income Ta		2022	OMB No. 1545	5-0074	IRS Use Only-	-Do not wr	ite or staple in this space.			
Filing Status Check only one box.	Single Married filing jointly [If you checked the MFS box, enter the reperson is a child but not your dependent	name of your spo					spou	ifying surviving se (QSS) name if the qualifying			
Your first name	and middle initial	Last name					Your soc	cial security number			
If joint return, sp	oouse's first name and middle initial	Last name					Spouse's	s social security number			
Home address (number and street). If you have a P.O. box, see	e instructions.			Ap	ot. no.		ntial Election Campaign ere if you, or your			
-	ost office. If you have a foreign address, also c		536/559	ate	ZIP cod	2000	to go to box belo	f filing jointly, want \$3 this fund. Checking a ow will not change			
Foreign country	name	Foreign p	rovince/state/cour	nty	Foreign	postal code	your tax	or refund. You Spouse	St	udent applica	nt'e name
Digital Assets	At any time during 2022, did you: (a) rec exchange, gift, or otherwise dispose of							Yes No		t appear on th	
Standard Deduction	Someone can claim: You as a de Spouse itemizes on a separate retu		Your spouse as								
	You: Were born before January 2,		W 20 20 20 20 20 20 20 20 20 20 20 20 20	e: Was bo	rn hefor	e January 2	1958	☐ Is blind			
	(see instructions):		Social security	(3) Relationsh	Ten			les for (see instructions):			
If more	(1) First name Last name		number	to you		Child tax	ount (Credit for other dependents			
than four dependents,					_						
see instructions							-				
and check here											
	1a Total amount from Form(s) W-2, t	oox 1 (see instru	rtions)				. 1a				
Income	b Household employee wages not r						1b				
Attach Form(s)	c Tip income not reported on line 1						1c				
W-2 here. Also attach Forms	d Medicaid waiver payments not re			uctions)			1d				
W-2G and	e Taxable dependent care benefits						1e				
1099-R if tax was withheld.	f Employer-provided adoption ben	efits from Form 8	8839, line 29				1f				
If you did not	g Wages from Form 8919, line 6 .						1g				
get a Form	h Other earned income (see instruc	tions)					1h				
W-2, see instructions.	 Nontaxable combat pay election 	(see instructions))	1					_ (_		
	z Add lines 1a through 1h						1z	1		otal family inc	come cannot
Attach Sch. B	2a Tax-exempt interest	2a		Taxable interes			2b			exceed incom	o oligibility
if required.	3a Qualified dividends	3a		Ordinary divide			3b		,	exceed incom	e eligibility.
	4a IRA distributions	4a		Taxable amoun			4b				
Standard Deduction for—	5a Pensions and annuities	5a	3,720	Taxable amoun			5b				
Single or	6a Social security benefits	6a		Taxable amoun	it		6b				
Married filing separately,	7 Capital gain or (loss). Attach Sche						7				
\$12,950 • Married filing	8 Other income from Schedule 1, lin		o not requiret	a, Gradin riole			8				
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		our total incom	ie			9				
surviving spouse,	10 Adjustments to income from Sche						10				
\$25,900 • Head of	11 Subtract line 10 from line 9. This i						11				
household, \$19,400	12 Standard deduction or itemized						12				
If you checked	13 Qualified business income deduc	tion from Form 8	1995 or Form 89	95-A			13				
any box under Standard	14 Add lines 12 and 13						14				
Deduction, see instructions.	15 Subtract line 14 from line 11. If ze	ero or less, enter	-0 This is your	taxable incon	ne .		15				
For Disclosure, I	Privacy Act, and Paperwork Reduction Act I	Notice, see separa	ate instructions.		Cat. No	o. 11320B		Form 1040 (2022)			
		R	EQUIR	ED						Household Size	Annual Income
	202	2 U.S. Ir	come T	ax Forr	n 10	140				J.20	
	202	11	<u>.</u>	<u> </u>	(, 10				2	\$56,425
, C+	ont mariet ha listed a	c a danc	ndon+								

Student **must** be listed as a dependent \$63,500 ⇒ Total income (line 9) cannot exceed the income eligibility guidelines listed by \$70,525 4 household size in the chart to the right 5 \$76,175 ⇒ Current Free or Reduced Lunch eligibility letter from Monroe County Schools ⇒ SNAP, TANF, or HUD documentation as needed \$81,825 6 7 \$87,475 Families may qualify with current SNAP documentation. Income guidelines provided by the Florida Prepaid College Foundation. 8 \$93,125

W-2 STATEMENTS OR PAYROLL STUBS ARE **NOT** ACCEPTED

