



**ChairScholars Foundation
Florida Scholarship Program Application**

The ChairScholars Foundation, Inc. provides scholarships, for college or vocational school, to students with severe physical disabilities and great financial need. We partner with **Take Stock in Children** to provide these scholarships.

The following information should help define a qualified disability and what is not a qualified disability, even though it is certainly a great challenge the student must overcome.

Qualified Disabilities:	Non-qualified Disabilities:
Cerebral Palsy	Autism
Muscular Dystrophy	Asperger's Syndrome
Spinal Muscular Atrophy	ADHD
Spinal Cord Injuries	Bipolar disorder
Amputations	Language/speech Impairment
Congenital missing or shortened limbs	Dyslexia
Multiple Sclerosis	Vision impairment corrected with glasses
Profoundly Deaf	Legally blind but has some sight
Hearing Impairments requiring FM modulator	Hearing impairment corrected with hearing aids or surgery
Blind	Learning disabilities
Various forms of cancer	Disabilities that primarily affect social interaction
Other illnesses, diseases or conditions that severely impair mobility or motor skills.	Mental illness
Any condition that permanently places the student in a wheelchair	

This scholarship is needs-based. The following information should help determine income eligibility.

Income Eligibility Guidelines (effective July 1, 2011 to June 30, 2012)

Household Size	Annual Income	Monthly Income	Bi-monthly Income	Bi-weekly income	Weekly Income
1	\$20,137.00	\$ 1,679.00	\$ 840.00	\$ 775.00	\$ 388.00
2	\$27,214.00	\$ 2,268.00	\$ 1,134.00	\$ 1,047.00	\$ 524.00
3	\$34,281.00	\$ 2,857.00	\$ 1,429.00	\$1,319.00	\$ 660.00
4	\$41,348.00	\$ 3,446.00	\$ 1,723.00	\$ 1,591.00	\$ 796.00
5	\$48,415.00	\$ 4,035.00	\$ 2,018.00	\$ 1,863.00	\$ 932.00
6	\$55,482.00	\$ 4,624.00	\$ 2,312.00	\$ 2, 134.00	\$ 1,067.00
7	\$62,549.00	\$ 5,213.00	\$ 2,607.00	\$ 2,406.00	\$ 1,203.00
8	\$69,616.00	\$ 5,802.00	\$ 2,901.00	\$ 2,678.00	\$ 1,339.00
For each additional family member add	\$ 7,067.00	\$ 589.00	\$ 295.00	\$ 272.00	\$ 136.00

Income eligibility guidelines are based on total income before taxes, social security, health benefits, union dues or other deductions are subtracted.



Additional Eligibility:

- ♦ Students must attend a public school in Florida.
- ♦ Students must qualify for the free or reduced lunch program (see Income Eligibility Table).
- ♦ Students in grades 7-11 are eligible to apply for college scholarships. (This may vary by county.)
- ♦ The student must graduate high school with a standard diploma, having met all 10th grade FCAT requirements and successfully completing Algebra II with a 2.5 G.P.A. or better.

Vocational awards are available to graduating seniors and current vo-tech students who have a qualifying disability, qualify for free and reduced lunch, and have a minimum 2.0 GPA. Vocational scholarships are for vocational/technical schools only.

APPLICATION CHECKLIST

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

- A copy of your parent's or legal guardian's most current 1040 Income Tax Report or statements showing disability, social security or other assistance income. Applicant must be listed as a dependent on the current 1040 tax report provided to us. If the student is not listed as a dependent, the 1040 listing student as a dependent must **also** be included.
- Documentation of applicant's disability from his/her doctor.
- A copy of applicant's last report card.
- At least one letter of recommendation from a teacher or guidance counselor.
- A clear, recent photo of applicant.
- A one-page essay from the student (see page 6 for further details).
- The ChairScholars Application Agreement signed and dated by both student and parent.

**Application must be postmarked by December 1st.
Incomplete or late applications will not be considered.**

Mail completed applications to:

ChairScholars Foundation, Inc.
Caroll Vick, Program Director
16101 Carencia Lane
Odessa, FL 33556

If you have any questions or need additional information, please contact Caroll Vick at (813)926-0544 or via email at programs@chairscholars.org.



APPLICATION FORM

Scholarship you are applying for: _____ College _____ Vocational

Full Name _____ Disability _____

Student ID # _____ Social Security Number _____ - _____ - _____ US Citizen ___ yes ___ no

Student must have a social security number on file at school and provide a copy of social security card (State requirement)

What type of high school diploma will you receive? _____ Regular _____ Special (check one)

Mailing Address _____ City _____ Zip _____

Student Email Address _____

Parent Email Address _____

Home Telephone _____ Cell phone _____

Date of Birth ____/____/____ Ethnicity _____ Race _____ Gender M F

School you attend _____ Current grade _____ Graduation Year _____

Father's Name _____ Position/Job: _____

Place of Employment _____ Yearly Income: \$ _____

Mother's Name _____ Position/Job: _____

Place of Employment _____ Yearly Income: \$ _____

If the custodial parent is re-married, include stepparent's name, place of employment, position and income in the spaces below:

Stepparent's Name _____ Position/Job: _____

Place of Employment _____ Yearly Income: \$ _____

Applicant lives with – circle all that apply.

- Mother Step-mother Grand-mother Guardian Parent's live-in partner
- Father Step-father Grand-father Ward of Court

Other: _____



Names, ages and relationship to applicant of all persons living in the home: (Use additional paper if necessary)

Name	Age	Relationship	Attending School	Working

Please circle all family situations that apply and will affect your student’s educational performance. Add any other circumstances not listed in the space below.

- | | |
|---|---|
| Single parent | Bus ride more than 30 minutes to school |
| Incarcerated parent | English not spoken in the home |
| Deceased parent | Migrant Worker |
| Absent parent (no contact or support) | Head of household unemployed/loss employment |
| Poor relations between biological parents | Home is in or has been foreclosed |
| DCF involvement | Homeless or living with extended family or friends |
| Extended family living in student’s home | Serious illness in household |
| Extended family raising student | Disabled student or family member |
| Parent of applicant was a teen parent | Student applicant has been or is in foster care |
| Bankruptcy | Applicant’s family received assistance during 2010 & 2011 |
| Parent that didn’t graduate high school | Recent death of immediate family or close friend |
| Applicant receives Social Security payments | Guardian is retired and receiving Social Security |

PARENT / GUARDIAN STATEMENT

Apart from financial considerations, how could this program benefit your child’s future? Please include your goals, aspirations and hopes for your child’s future. Print clearly. Attach additional paper if necessary.



STUDENT INFORMATION-to be completed by student, print clearly

Name _____ School _____

Favorite Subject _____ Why _____

When and where do you do your homework? _____

Who helps you with homework? _____

How often do you turn in your homework? ___Never ___Sometimes ___Most of the time ___ Always

GPA wgt. _____ unwtg _____ Highest scores (if applicable) SAT _____ ACT _____

List extra-curricula activities including clubs and sports: _____

Last year: # of ___excused absences ___unexcused absences ___excused tardy ___unexcused tardy

Any referrals in past 12 months? ___No Yes-explain _____

List awards you have received in school or other activities: _____

What is your career goal? _____

How do you plan to achieve this? _____

Who is someone you look up to and why? _____

Describe your personality: _____

Share one thing you are proud of: _____

Do you participate in any academic excellence or community service programs: _____ Yes _____ No

List programs: _____



Please write a one-page essay outlining how you became physically challenged, how your situation has affected you and your family, your family situation, things you like to do, why you need this scholarship, and your goals and dreams for the future. Limit essay to one typed page, double-spaced, minimum 10 point print.

PARENTAL CONFIDENTIAL FINANCIAL INFORMATION

You MUST attach a copy of your most recent Tax Return/Form 1040. If you had no reportable income in the last year, you must submit a copy of your official non-filing statement, an SSI award letter for all household recipients, welfare benefits award letter, section 508 housing allowance award letter, or other form of federal or state-sanctioned income verification. **W-2 forms are NOT sufficient documentation of income. Because of the large number of applicants, if this information is not included as stated above, the student will be disqualified and receive no further consideration for the scholarship.**

NOTE: If your child is selected, we must receive a copy of the current year Form 1040 to award the scholarship.

Adjusted Gross Income from parent/guardian's most current 1040 Income Tax Return \$ _____
 Copy of income tax must show student as a dependent. If the student is not listed on parent's 1040, the 1040 for the person claiming the student must ALSO be included.

If custodial parent(s) is unemployed, please explain circumstances – why, how long, etc.

If custodial parent is unemployed, is that parent in training or rehabilitation to become employed? Y N

Explain: _____

BENEFITS RECEIVED DURING LAST CALENDAR YEAR (circle all that apply)

Cash benefit from State	Food Stamps	TANF
Social Security	Medicaid	Section 508 Housing
Are you buying your own home?	Y N	Mortgage amount \$ _____
Are you renting your home?	Y N	Rent amount \$ _____
Are you living mortgage/rent free?	Y N	
How long at current address?	Years _____ Months _____	

Does the student and/or the parent/guardians have a savings account, 401(k), rental property or other type of assets or investments? Yes No Total approximate value: \$ _____

Does student applicant already have a Florida Prepaid or other tuition scholarship? Y N

I understand that information from this application and the required documentation will be shared with outside sources for determining scholarship recipients.

Parent Signature: _____



CHAIR SCHOLARS FOUNDATION APPLICATION AGREEMENT

I certify that all information on this application is true to the best of my knowledge. I understand that this application is for consideration in the selection process of the ChairScholar scholarship. I give permission to have the applicant's academic and medical information attached to this application and understand that all information contained in or then attached to this application shall be seen by ChairScholars Foundation staff, the Take Stock in Children staff and the scholarship selection committee. I agree that a copy of this application and attached documentation may be given to the scholarship committee. Take Stock staff will review applicant's academic, attendance and behavioral information. As a recipient, applicant will be required to meet with a volunteer mentor. Applicant's name and photograph may be publicized as a scholarship recipient. Students selected as ChairScholars become part of the Take Stock in Children program and will be required to follow the policies of that program which will be explained after the selection process. Staff may meet with student prior to signing actual contract.

I understand the above information and agree to abide by it.

Parent/Guardian Signature

Applicant's signature

This scholarship program includes a volunteer mentoring component. Mentors, who meet with their assigned student up to 1 hour each week on campus, will be screened and trained prior to the first meeting. If there is an adult already in applicant's life that they would like us 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, former teachers, etc., can serve as mentors. Not all candidates who are invited to participate are able to volunteer due to family or job restrictions, travel or other reasons. If the person you suggest is unable to serve at this time, our staff will find a person at school or in the community who will meet with you. Mentoring is required to be a recipient in this program.

Name: _____ Phone: _____