

2010-2011 ChairScholars Scholarship Application

For students with physical disabilities, but not restricted to
wheelchair bound students

Deadline: October 15, 2010



The ChairScholars Scholarship is designed to serve low-income students who are physically challenged, but academically talented. Disabilities include, but are not limited to physical, muscular, hearing loss, blindness, amputee, and paralysis. Go to www.polkeeducationfoundation.org and click on the Take Stock In Children link for a list of qualifying disabilities and the application which can be printed out. Application and all required attachments are due by October 15, 2010. Incomplete or late applications will not be considered.

Eligibility:

- Students must attend a Polk County public high school and qualify free or reduced lunch.
- For academic scholarships, (grades 9-11) the student will graduate high school with a standard diploma, having met all 10th grade FCAT requirements and successfully completing Algebra II with a C or better.
- Vocational awards are available to graduating seniors who have a qualifying disability, and a minimum 2.0 GPA. Vocational scholarships are for vocational/technical schools only.
- Certification/explanation of student's disability from physician must be included.

Applications are due to the Polk Education Foundation by October 15, 2010.

Visit <http://www.chairscholars.org/> for more information about the ChairScholars Foundation.

Administered by the
Polk Education Foundation
1530 Shumate Drive
Bartow, FL 33831
863-519-8076

Students selected as ChairScholars will be served in the Take Stock in Children scholarship-mentoring program.

For more information, email Teresa Choquette at tchoquette@polk-fl.net



Part 1 - Application

For office use only: Application Essay Photo Income Tax Report Card Interview

Full Name _____ Student ID # 5300 _____

Social Security Number _____ US Citizen ___ yes ___ no

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

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 - check 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

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. _____ unwt _____ Highest scores (if applicable) SAT _____ ACT _____

List extra-curricula activities including clubs and sports: _____

Last year: # of _____excused _____unexcused absences /////
_____excused _____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 programs such as CROP, YOUNG LEADERS, AVID, etc?
List organization(s), leader's name and phone number.

See essay requirement on next page.

Please write a one-page essay telling us anything you would like us to know about you and why you deserve this scholarship. Tell us about your family situation, things you like to do, why you need this scholarship, and what you researched about the ChairScholar Foundation program. Limit essay to one typed page, double-spaced, minimum 10 point print.

PARENTAL CONFIDENTIAL FINANCIAL INFORMATION

Once you have determined your eligibility from the State guidelines, you MUST attach a copy of 2009 Tax Return/Form 1040. If you had no income in 2009, you must submit a copy of your official 2009 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.**

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 2009-2010

- Cash benefit from State
- Food Stamps
- Social Security
- Medicaid

- TANF
- Section 508 Housing

Are you buying your own home? Y N
 Are you renting your home? Y N
 Are you living mortgage/rent free? Y N
 How long at current address?

Mortgage amount \$ _____
 Rent amount \$ _____
 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: _____

Part 3 - Documents that must be attached to this application or you will be disqualified.

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. The donor, who is a retired surgeon, and the scholarship committee, will read this information.

A copy of your last report card

A clear recent photo of yourself to give to the donor (no Facebook, prom etc. type photos)

One-page essay

The ChairScholars Application Agreement signed and dated by both student and parent.

Check the box by the award for which you are applying.

#1. ChairScholars College Scholarship for students 9th through 11th grade:

Sponsors: ChairScholars Foundation, Inc.
The Florida Prepaid Tuition Foundation
Polk Education Foundation

Amount: 2 Year and 4 Year Tuition Scholarships

Applicants: Students in grades 9-11 in Polk County Public Schools with a severe physical disability

Minimum Qualifications:

- *Physical Disability (physical, muscular, hearing, blindness, amputee, paralysis, etc.)
- *Students must be eligible for the free or reduced school lunch program
- *Minimum GPA 2.8
- *Must sign an agreement to stay in school while remaining drug and crime free
- *Agree to meet each week at school with an assigned mentor as available
- *Eligible for a standard high school diploma and able to complete college course work.

Selection: The ChairScholars scholarship committee will make the final selections

#2. ChairScholars Vocational/Technical Scholarship (Grade 12 only)

Sponsor: ChairScholars Foundation, Inc.
Polk Education Foundation

Amount: Various awards (based on available funds)

Applicants: Disabled Polk County public school senior for purpose of attending school

Minimum Qualifications:

- *Physical Disability (physical, muscular, hearing, blindness, amputee, paralysis, etc.)
- *Students must be eligible for the free or reduced school lunch program
- *Minimum GPA 2.5
- *Must sign an agreement to stay in school while remaining drug and crime free
- *Enroll in vocational training after graduation.

Selection: The ChairScholars scholarship committee will make final selections

CHAIRSCHOLARS 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 PEF 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 administered by the Polk Education Foundation 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 20-30 minutes 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: _____

Application must be received by 4:00 PM on October 15, 2010
Incomplete or late applications will not be considered.

Mail or Deliver to:

Take Stock in Children/Polk Education Foundation
1530 Shumate Drive, Bartow, FL 33831-0391

(We are located in the old MidFlorida Credit Union building next to Bartow High School's football field)

Use the night drop on the porch if no one is in the office. PCSB use Courier Route E.

Call Teresa at 863-519-8076

Or email: tchoquette@polk-fl.net for more information.

Application and eligibility available at www.polkeeducationfoundation.org/tsic