



Take Stock in Children of Sarasota County Mentoring and Scholarship Program Application

Take Stock in Children /Chairs Foundation Program applicants must:

- Be currently enrolled in a public **Sarasota County** school (3rd-8th grades)
- Demonstrate a **financial need**
- Attend school regularly
- Maintain satisfactory grades
- Be determined to succeed
- **Must have a documented physical disability (*see list on page 4)**

Take Stock in Children Scholars/Chairs Foundation must:

- Meet with a mentor at school once per week
- Maintain good grades
- Attend school regularly
- Remain drug and crime free
- Exhibit positive behavior in and out of school
- Attend all Take Stock in Children events and workshops (and the Chair Scholars Foundation's Annual Festival)

Take Stock in Children Scholars receive:

- **A Scholarship**

A full-tuition scholarship through the Florida Prepaid College Foundation for 2 years of tuition at a community college and 2 years of tuition at a state university in Florida

- **A Mentor**

Mentors assist and encourage students to achieve their full potential; each mentor is a caring adult from the community who will meet weekly with the student at school.

Please call the office at (941) 358-4407 if you have any questions.

You can also log on to www.takestocksarasota.org or email info@takestocksarasota.org for more information.

APPLICATIONS DUE (POSTMARKED BY): Friday, November 6, 2009

APPLICATION CHECKLIST

*** Please read before mailing in your application:
late or incomplete applications will not be considered***

Please attach the following to your application:

- Proof of income for **everyone** in the household over 18. We need last year's federal income tax returns, proof of disability, food stamps, TANF funds, unemployment, child support or other proof of income (please see Income Eligibility Guidelines page)**
- Attach report cards (grades and attendance) for the **past two years** (include current year's report card). If you have difficulty obtaining records, please contact your child's school guidance counselor or front office staff.
- Include **2** teacher recommendations. *Please use the forms available on last two pages. Teachers may fax in their recommendations directly to us.*

BEFORE SUBMITTING YOUR APPLICATION, REMEMBER:

- **The Student I.D. Number AND SOCIAL SECURITY NUMBER must** be filled out on page 1. (*If you have trouble locating your student's I.D. number, please ask school staff to assist you.*)
- **All** student essays must be **complete, hand-written and in the student's own words**. Parent-written or typed essays will **not** be accepted.
- Verify that your family meets income requirements (see Income Guidelines page). **Also, Employment Verification forms must be completed by the EMPLOYER**. *Please call the office if you have questions.*
- If you are selected as a finalist you and your parent(s)/guardian will be required to participate in an interview with a selection panel.

*****MUST ATTACH MEDICAL DOCUMENTATION OF THE STUDENT'S PHYSICAL IMPAIRMENT AND INFORMATION FROM A PHYSICIAN ABOUT THE SEVERITY OF THE IMPAIRMENT AND HOW IT IMPACTS THE STUDENT'S LIFE*****

****Please remember to answer all questions in the application. ****

Please answer the following questions:

Does anyone in your family need a translator if an interview is requested?
Yes No

If yes, what language? _____

- If you received assistance completing this application, who helped you and how can we contact them if we have more questions about your application?

Name: _____ Phone: _____

Student, have you ever been suspended (*in school or out of school*) or expelled from school?

Yes No If yes, please explain: _____

Student, have you ever been arrested? Yes

If yes, please explain:

Does your family plan to move in the next year? _____

If yes: When? _____ Where? _____

Mail Completed Applications and Attachments to:

Take Stock in Children of Sarasota County, Inc.
Attention: Student Selection
P.O. Box 48186
Sarasota, FL 34230

*****DO NOT FAX IN THE APPLICATION*****

Take Stock in Children and Chairs Scholars Foundation

Physical Impairments:

Cerebral Palsy

Muscular Dystrophy

Spinal Muscular Atrophy

Spinal Cord Injuries

Amputations

Congenital missing or shortened limbs

Multiple Sclerosis

Profoundly Deaf

Blind

Various forms of cancer

**Other illnesses, diseases or conditions that severely
impair mobility or motor skills**

**Any condition that permanently places the student in
a wheelchair**

***Any other conditions, please contact us for
more information:**

358-4407 or info@takestocksarasota.org

SECTION B-Household Information

Mother _____ Social Security # _____
 (First) (MI) (Last)

Date of Birth ____/____/____ Last Grade Completed in School _____

Father _____ Social Security # _____
 (First) (MI) (Last)

Date of Birth ____/____/____ Last Grade Completed in School _____

Name of Guardian (if different from above):

 (First) (MI) (Last)

Social Security # _____ Date of Birth ____/____/____

Last Grade Completed in School _____

Student lives with (please check all that apply):

- Mother Stepmother Grandmother Guardian
 Father Stepfather Grandfather Foster Parent(s)
 Other _____

Number of brothers _____ Number of sisters _____

Please list people **living in the home** other than student/applicant:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Last Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother</u> (check one)	<u>Sister</u>	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

SECTION C-Employment Information

Parent/Guardian's Current Employer

Name of Parent/Guardian:

Employer (Company Name):

Occupation:

Business Address:

Number of years with Current Employer _____ Monthly Salary (**before taxes**) _____

Parent/Guardian's Current Employer

Name of Parent/Guardian:

Employer (Company Name):

Occupation:

Business Address:

Number of years with Current Employer _____ Monthly Salary (**before taxes**) _____

SECTION D-Financial Information

What is your total annual (**yearly**) household income (including **all** household members)? \$ _____

Are you eligible for any federal aid programs? Yes No
(Food stamps, Medicaid, TANF, SSI, etc.)

Please check the services you **currently** receive:
 TANF Food Stamps Medicaid SSI or SSA Other: _____

If yes, please list type of service and amount per month (*attach proof of income to application*):

Type of Service	Amount Per Month
	\$ _____
	\$ _____
	\$ _____

Do you receive or are you supposed to receive child support and/or alimony? _____
If yes, how much per month (*attach proof to application*)? _____

Do you pay child support? If yes, how much per month (*attach proof to application*)? _____

Do you and/or the student have a savings account? Yes No

Approximate balance of savings account(s): \$ _____; \$ _____

Do you own your own home? Yes No

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

If yes, what was the purchase price of your home? \$ _____

Do you rent? Yes No

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

Do you have an automobile? Yes No

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

Are there any circumstances that you would like to share about your situation such as: living arrangements, income, etc.?

*** Don't forget to attach last year's federal income tax return, disability, survivor's benefits, child support and other proof of income eligibility ***

SECTION E- Parent/Guardian Statement

(To be completed by parent(s)/guardian(s)) (Attach additional sheets if needed).

**How would this program benefit your child (*other than the financial assistance of the scholarship*)?
Please include your goals, aspirations, and hopes for your child's future.**

Please list any special family circumstances that are relevant to your child's success in school.

**PLEASE PRINT YOUR ANSWERS
WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

(Please reference which question you are answering on attached sheets).

FAMILY STATEMENT

Apart from the financial impact, explain the importance of your student receiving this scholarship, how it will affect your student and the family, and how the family plans to help the student pursue vocational/college education. Be sure to include any special family circumstances which might contribute to your student being a success. Teachers and principals may help families, if needed.

Printed Name

Signature of person submitting statement

Date

SECTION F- Student Information (TO BE COMPLETED BY STUDENT)

Please list activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.) Please attach a separate sheet if additional space is needed for your answers.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

STUDENT STATEMENTS

**WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

(Please reference which question(s) you are answering on attached sheets).

***ANSWERS TO THE FOLLOWING QUESTIONS *MUST BE HANDWRITTEN BY THE STUDENT**
EACH QUESTION MUST BE ANSWERED**

1. Why do you want to be in this program?

2. Why do you want to go to college?

3. What is your opinion of school?

4. What is your favorite subject? Why?

5. What do you do in your free time?

6. What person, if any, do you admire most? Why?

7. What is the most difficult situation you have ever faced? How did you handle it?

8. What is the most difficult situation your family has had to face? How did you handle it?

9. What are some of your concerns regarding college?

10. What do you want to be when you grow up? Why?

11. Do you know any other students in the Take Stock in Children program? If yes, please list them and their relation to you.

12. What are your hopes, dreams or goals for the future?

13. Is there any additional information you would like the Selection Committee to know when considering your application?

Student Signature

Date

Section G

STUDENT AND PARENT/GUARDIAN RESPONSIBILITIES

In order to be a Take Stock in Children scholar, earn a college scholarship and a mentor, every student must sign a performance contract and pledge to:

- Stay in school and attend classes regularly.
- Maintain good grades (at least a 2.5 grade point average).
- Remain a student in good standing according to the code of student conduct for your school.
- Remain free of drugs and alcohol.
- Refrain from participating in criminal activities.
- Exhibit positive behaviors in and out of school.
- Meet with a mentor weekly.
- Participate in all Take Stock in Children activities.
- Graduate from a local public high school

Parent(s)/Guardian(s) must also make a commitment to their child's success as a Take Stock in Children scholar. Listed below are some of your responsibilities as a parent/guardian of a TSIC scholar:

- Support and encourage your child to develop good study habits and positive relationships with teachers and his/her mentor.
- Attend parent/guardian meetings for the school as needed.
- Participate in workshops and events sponsored by Take Stock in Children.
- Notify the Take Stock in Children staff if you and/or your child are unable to attend events or workshops.
- Communicate with and provide periodic updates regarding your child's progress including achievements, problems or changes in home life or environment. This includes updating us on your address, phone number and student's school.

*I understand that the information contained in this application is accurate and will be shared with the **Take Stock in Children** selection committee and the program staff. 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 forfeiting his or her eligibility in the program.*

Student Signature

Parent/Guardian Signature

Date

Date

***Note: This form has to be completed for all adults over the age of 18 in the household.**

TAKE STOCK IN CHILDREN OF SARASOTA COUNTY, INC.

EMPLOYMENT VERIFICATION FORM

Dear Employer: This form is part of the application process for the Take Stock in Children of Sarasota County program. The Take Stock in Children program enrolls deserving students and, upon the student's graduation from high school, awards scholarships for full tuition to college or vocational/technical school. Please take a moment to complete this form in order for your employee's child to be considered.

On behalf of the student, family, and Take Stock in Children of Sarasota County, we thank you for your assistance in completing this information.

Employee Name _____

Title/Position _____

Length of employment? _____

Salary Employee: Yes No If yes, annual salary: \$ _____

If no, hourly rate: \$ _____

Typical number of weekly hours: _____

Are there frequent opportunities to receive overtime? Yes No

When is the next salary/hourly increase expected? _____

Name of Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Web address _____

Printed Name of Person Completing Form: _____

Title: _____

Signature

Date

If you have any questions, please contact Take Stock in Children at: (941) 358-4407.

***Note: This form has to be completed for all adults over the age of 18 in the household.**

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Web address _____

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Title: _____

Signature

Date

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**PLEASE PRINT YOUR ANSWERS
WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

TEACHER STATEMENT (1)

Please comment on this student's attitude, behavior, and motivation in school; include the student's ability to maintain a 2.5 grade point average, ability to succeed in post-secondary education, and any other information on the student's family situation that the Selection Committee should be aware of in the selection process. Please call our office with any questions: 358-4407.

Printed Name of Teacher

Student's Name

Teacher Signature

School

Grade Level and Subject:

Date

FOR TEACHERS ONLY: you may fax this form to our office at: 358-4410

**PLEASE PRINT YOUR ANSWERS
WRITE AS MUCH DETAIL AS POSSIBLE
USE ADDITIONAL PAPER, IF NECESSARY**

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Printed Name of Teacher

Student's Name

Teacher Signature

School

Grade Level and Subject:

Date

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