



November 2023

Dear Parent or Guardian,

Your child is potentially eligible to apply to be a part of Take Stock in Children (TSIC) through The Education Foundation of Alachua County. **This is a great opportunity for your child to be academically supported throughout high school and receive a two-year tuition-based college scholarship.**

To be eligible for TSIC, your child must have a 2.5 grade point average and be financially eligible (see Income Eligibility Guidelines on the back of this page).

Completed applications should be returned to the Take Stock in Children School Coordinator at your child's school (listed below) NO LATER THAN December 1, 2023.

Take Stock in Children is a statewide strategy for overcoming poverty by providing hope for a better future and turning dreams into reality. Children are usually selected in late middle/early high school and given a volunteer mentor to meet with them once a week throughout the school year. Upon high school graduation, if the students maintain good behavior, stay drug and crime free, and meet with their mentor regularly, they receive a 2-year college scholarship.

Take Stock in Children offers mentoring, case management, college readiness workshops and the promise of a college scholarship to help each student get a good education and prepare them to go to college. The goal is that students will graduate from high school, then go on to college, and enter the work force with higher earning potential. Take Stock in Children scholars state-wide have a 96% high school graduation rate, and 96% of our scholars enroll in college.

We have three individuals focused on the success of each of our Take Stock scholars. Each student is paired with a trained volunteer mentor who meets with them weekly during their lunch period at school. We also have three College Success Coaches on our staff who are responsible for tracking the progress of each student, monitoring their grades, attendance, and behavior. In addition, we partner with every public middle and high school in the county -- each school assigns someone on their staff (usually a guidance counselor) to serve as the Take Stock School Coordinator. This coordinator will work closely with College Success Coaches to identify any problems or challenges that your child is facing. We are there to support your child. We are there to cheer them on, telling them repeatedly that we believe in them. When necessary, we are also there to intervene and advocate on their behalf to help them stay on the course to graduation.

Please complete the enclosed application and attach a copy of your 2022 or most recent federal income tax return (form 1040) and a copy of your most recent one month's pay stub as well as other proof of income eligibility (i.e. Child Support, Social Security, SSI, Alimony). **Proof of income eligibility MUST be included with your application in order to be eligible for the Take Stock in Children program. Also, every section of the application must be completed.**

Thank you,

Meg MacKenzie

Student Services Coordinator

The Education Foundation of Alachua County Phone: (352) 955-7250 ext. 6417 Email: fndmackenziema@gm.sbac.edu

TSIC School Coordinator's Name: _____

School Name: _____



Take Stock in Children (TSIC) Income Eligibility Guidelines July 1, 2023 to June 30, 2024

Applicants will be required to provide a copy of **their most recent 1040 Tax Return form** and *their household annual income must qualify for one of the options in the chart below:*

HOUSEHOLD SIZE	Maximum Annual Household Income for Students Currently Receiving Free/Reduced Lunch*	Maximum Annual Household Income for Students Meeting Alachua HUD Income Guidelines
1	\$26,973	\$30,350
2	\$36,482	\$34,700
3	\$45,991	\$39,050
4	\$55,500	\$43,350
5	\$65,009	\$46,850
6	\$74,518	\$50,300
7	\$84,027	\$53,800
8	\$95,536	\$57,250
For each additional family member, add	\$ 9,509	N/A

*If qualifying under Free/Reduced Lunch income level, proof of current receipt of free/reduced lunch services must be provided.

Applicants may also be eligible if student is a current recipient of one of the following:

- 1) SNAP
- 2) TANF
- 3) HUD
- 4) Medicaid
- 5) Currently in Foster Care or certified homeless

Note: The student who is applying to be a part of the Take Stock in Children program MUST be listed as a dependent on all income verification documents submit with their application. If the student applying is not listed and the household income on the document, then it CANNOT be used to verify the student's eligibly.

Additional information is continued on the next page.

The following documentation IS NOT acceptable to verify eligibility for TSIC:

- a) **W-2s/ Social Security Statement alone** – May not reflect all income and does not verify that it is same household as student.
- b) **Disability** – May not reflect all income for household and does not verify that it is same household as student.
- c) **Statement of non-filing of taxes through IRS** – Does not indicate that income was below the need to file, just verifies that they did not file.
- d) **The free/reduced lunch screen** in the School District's student profile program (i.e., FOCUS).
- e) **Direct Certification letter from State of Florida** – The letter may not be issued by all school or districts where FRL is available to all students/schools. Students who qualify to receive Direct Certification from the state (i.e.- SNAP/TANF recipients, Foster Care or Homeless youth) should be able to prove eligibility for TSIC as outlined above.

Determining TSIC Eligibility through 1040 Tax Return

- The student applicant must be claimed as a dependent on the tax return provided to verify income eligibility.
- The total number of dependents listed on the tax return provided should be used to verify income eligibility.

Example of the 1040 Tax Return:

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2022**OMB No. 1545-0047 IRS User Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial: _____ Last name: _____ Your social security number: _____
If joint return, spouse's first name and middle initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____
City, town, or post office. If you have a foreign address, also complete spaces below. State: _____ ZIP code: _____
Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):
(f) First name: _____ Last name: _____ (g) Social security number: _____ (h) Relationship to you: _____ (i) Check the box if qualifies for (see instructions):
Child tax credit ☐ Credit for other dependents ☐

Income Attach Form(s) W-2 here. Also attach Form(s) W-20 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

Line	Description	Amount
1a	Total amount from Form(s) W-2, box 1 (see instructions)	
1b	Household employee wages not reported on Form(s) W-2	
1c	Tip income not reported on line 1a (see instructions)	
1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
1e	Taxable dependent care benefits from Form 2441, line 26	
1f	Employer-provided adoption benefits from Form 8839, line 29	
1g	Wages from Form 8919, line 6	
1h	Other earned income (see instructions)	
1i	Non-taxable combat pay election (see instructions)	
1j	Add lines 1a through 1h	
2a	Tax-exempt interest	
2b	Taxable interest	
3a	Qualified dividends	
3b	Ordinary dividends	
4a	IRA distributions	
4b	Taxable amount	
5a	Pensions and annuities	
5b	Taxable amount	
6a	Social security benefits	
6b	Taxable amount	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	
8	Other income from Schedule 1, line 10	
9	Add lines 1j, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	
10	Adjustments to income from Schedule 1, line 26	
11	Subtract line 10 from line 9. This is your adjusted gross income	
12	Standard deduction or itemized deductions (from Schedule A)	
13	Qualified business income deduction from Form 8995 or Form 8995-A	
14	Add lines 12 and 13	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11202H Form 1040 (2022)

Find Student applicant's name on the tax return. Calculate total number of dependents

Find total family income on Line 9.

Application Instructions

Attached is an application for the Take Stock in Children scholarship program. The information in this application will be used to determine your child's eligibility for Take Stock in Children. It will also help us determine if the program is right for him/her. Please answer the questions honestly and thoroughly. Your information will remain confidential and will only be seen by the student selection committee, program staff, and limited school staff.

Please complete the application using the following guidelines:

- Sections A-D and F-G should be completed by the parent(s)/guardian(s).
- Sections E and H should be completed by the student.
- The end of Section F should be signed by both the parent and student.

Once you and your child have completed and signed the application, please attach a copy of your 2021 or most recent Federal Income Tax Return and either a copy of your Free or Reduced lunch form or a H.U.D. (Housing and Urban Development) Documentation, Medicaid Recipient Documentation or SNAP/TANF Recipient Documentation.

The deadline for returning this completed application to your student's school coordinator is December 1, 2023.

Please direct any questions regarding this application to Take Stock in Children Student Services Coordinator,

fndmackenziema@gm.sbac.edu.

Frequently Asked Questions

When is the application due?

The Application is no later than **December 1, 2023, but can be submitted earlier.**

Where do I turn in the application?

Completed applications should be returned to the Take Stock in Children School Coordinator at your child's school or to the Take Stock office at 2802 NE 8th Avenue, Gainesville, FL 32641.

How are the students selected?

Completed applications are reviewed by a selection committee and ranked according to grades, behavior, attendance, letters of recommendation, student's 2023 Quarter 1 report card and other factors. From those rankings, students are then chosen to be interviewed for the program. Final selections will be made after interviews occur.

When will I know if my child has been selected?

Students will be notified as to whether or not they have been selected for an interview by mid-January. Interviews will take place by early February and final acceptance decisions will be made in mid-February.



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.

All sections of the application must be completed.

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 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.

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.

Please contact _____ at (telephone/email) _____
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 their eligibility in the program.

Student Signature

Parent/Guardian Signature

Date

Date

. .
. .
. .
. .

SECTION G: Parent/household Information - (to be completed by Parent)

1. How does the student get to school? Walk ☐ Ride Bike ☐ Car ☐ Bus ☐ (If bus how much time? _____)
2. Do you live more than a 30 minute drive from your school Yes ☐ No ☐
3. Does the student have access to a computer with internet at home? Yes ☐ No ☐
4. Is **English** the primary language spoken in the home? Yes ☐ No ☐

If not, please list primary language spoken _____

5. **You MUST attach your most recent federal income tax statement and one month of recent pay stubs and/or business financial statements if self-employed or income documents for eligibility verification purposes. If financial documents are not included student will be marked ineligible for Take Stock in Children.**

- Attachments Included (check all): **W2s** ☐ **Social Security statements** ☐ **Food Stamps** ☐

Other/s: _____

The following income verification MUST be completed. If you are unable to attach BOTH mother and father's tax returns, or either parent does NOT contribute financially, we need a WRITTEN letter explaining why, and the situation, with facts we can verify.

6. Is either parent self-employed? Yes ☐ No ☐ If yes, Business Name: _____

7. Please submit a copy of student's 2023-2024 quarter 1 report card to Student Services Coordinator, Meg MacKenzie, by December 1st, 2023 by emailing it to fndmackenziema@gm.sbac.edu or dropping it off to the TSIC office at 2802 NE 8th Avenue, Gainesville, FL 32641.

SECTION H: Student's Information - (to be completed by student)

An important part of this scholarship program is meeting regularly with a mentor. Why do you think having a mentor will help you succeed? Who has been a positive role model in your life (other than a parent or guardian) and how have they influenced the decisions you've made? _____

Please list your current teachers and class subject taught.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Letters of Recommendation: A minimum of two (2) letters of recommendation must be submitted with the Take Stock in Children application. These letters should attest to why the student is deserving of acceptance in to the Take Stock in Children program. Recommendation letters may come from teachers, faculty members, community, business, and/or religious leaders, coaches or instructors.

***Please note:** One letter must be obtained from one of the student's current teacher.

Parent Check List

(Please initial next to each item you completed)

Parents, did you remember to:

Attach a copy of your Free or Reduce lunch form or a H.U.D. (Housing and Urban Development) Documentation, Medicaid Recipient Documentation or SNAP/TANF Recipient Documentation.

1. Legibly completed sections:

- A _____
- B _____
- C _____
- D _____
- F _____
- G _____

2. Did you Allow your CHILD to complete sections E, H and sign application in section F? _____

3. Read and sign the application in section F? _____

I, _____ understand that if any section is left blank, or is illegible, the application will be considered incomplete. Students with incomplete applications will not be considered for the Take Stock In Children Program.

Parent Signature

Date

Student Check List

(Please **initial** next to each item you completed)

Students, did you remember to:

1. Did you complete section **E** NEATLY? _____
2. Did you complete section **H** NEATLY? _____
3. Attach 2 letters of recommendations? _____
4. Read and sign the application in section **F**? _____
5. Read and sign the statement below? _____

I, _____ understand that if any section of my application is left blank, or is illegible (messy), or if my parent fills out any section for me that is supposed to be filled out by me, the application will be considered incomplete. I understand that students with incomplete applications will not be considered for the Take Stock In Children Program.

Student Signature

Date

****Submission of this application does not guarantee scholarship award****

Questions? Please email fndmackenziema@gm.sbac.edu
or call our office at (352) 955-7250 ext. 6417

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