

## **Take Stock in Children Student Scholarship Application Check List**

Incomplete applications for Take Stock In Children will not be considered. Please use this first page as a checklist to ensure that your application is complete. When you have COMPLETED the application, please mail it to the address listed at the bottom of this page. THANK YOU!

### **Section A**

- Student's social security number
- Student's ID # [can be found on student's report card or obtained by calling the school that the student attends]
- Student's home address
- ALL phone numbers where parents and students can be reached
- ALL email addresses where parents/guardians can be reached

### **Section B**

- Complete biographical information on primary care givers and indicate guardianship
- List all biographical information of all persons living in the same home as the student as well as on independent siblings living outside of the home

### **Section C**

- Employment information for Primary and Secondary Care Giver

### **Section D**

- Financial information for the household (all questions must be completed, this information is required to enroll students in program)
- Attach a copy of this year's Federal Income Tax Return. Or, if you did not file taxes, a non-filing form along with award letters for state/county services. *Your application will not be processed unless proof of income is attached.*

### **Section E**

- Student Interest Sheet must be completed by student
- Student Information questionnaire must be completed by student.
- Student Statement must be completed by student.

### **Section F**

- Both portions of the Parent/Guardian Statement must be completed by the primary care giver.

### **To Complete Application**

- Student and primary care giver must sign application
- A copy of the student's most recent report card must be attached. (If you do not have one, please contact your child's school in order to obtain one.)
- Verification Letter of Free/Reduce Lunch

**Return Application to:**     **Take Stock in Children**  
  **c/o Goodwill Industries**  
  **4527 Lenox Avenue**  
  **Jacksonville, FL 32205**  
  **EMAIL: [kcotton@takestockjax.org](mailto:kcotton@takestockjax.org)     OFFICE: 384-1361**

**Date application is due back to the Take Stock In Children office: \_\_\_\_\_**

Please note that this application does not guarantee that your child will receive a scholarship.

# Take Stock in Children

## Scholarship Application

**SECTION A**

**Date of Completion:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

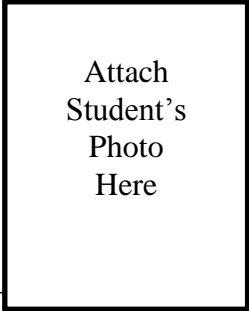
Primary Care Giver Work Phone \_\_\_\_\_ Primary Care Giver Cell Phone: \_\_\_\_\_

Primary Care Giver Email: \_\_\_\_\_

Secondary Care Giver Work Phone: \_\_\_\_\_ Secondary Care Giver Cell Phone: \_\_\_\_\_

Secondary Care Giver Email Address \_\_\_\_\_

U. S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_



**\*PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT REPORT CARD TO THIS FORM.\***

**SECTION B**  
**HOUSEHOLD INFORMATION**

**Primary Care Giver:**

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Relationship to Student:** 1 – Mother      2 – Father      3 – Grandmother      4 – Grandfather  
**(circle one)**      5 – Aunt      6 – Uncle      7 – Brother      8 – Sister  
 9 – Ward of Court      10 – Step-Father      11 – Step-Mother      12 - Other

**Is this individual a legal guardian of the student? (circle one):**      YES      NO

**Date of Birth:** \_\_\_\_\_ **U.S. Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Last Grade Completed in School:** \_\_\_\_\_

**Ethnicity (circle one):** 1 - White/Caucasian      2 –African-American      3 - Native-American  
 4 - Asian/Pacific Islander      5 - Hispanic/Latino      6 – Other

**Marital Status:** 1 – Single      2 – Married      3 – Separated      4 – Divorced      5 – Widowed  
**(circle one)**      6 – Other

**Employment Status:** 1 – Full time 35+ hrs/wk      2 – Part time (< 35 hrs/wk  
**(circle one)**      3 – Seasonal/Temporary      4 – Retired  
 5 – Unemployed (< 1 year)      6 – Unemployed (> 1 year)  
 7 – Homemaker      8 - Other

**Secondary Care Giver:**

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Relationship to Student:** 1 – Mother 2 – Father 3 – Grandmother 4 – Grandfather  
**(circle one)** 5 – Aunt 6 – Uncle 7 – Brother 8 – Sister  
9 – Ward of Court 10 – Step-Father 11 – Step-Mother 12 – Other

**Is this individual a legal guardian of the student? (circle one):** YES NO

**Date of Birth:** \_\_\_\_\_ **U.S. Citizen?** Yes \_\_\_ No \_\_\_ **Last Grade Completed in School:** \_\_\_\_\_

**Race (circle one):** 1 - White/Caucasian 2 - African-American 3 - Native-American  
4 - Asian/Pacific Islander 5 - Hispanic/Latino 6 - Other

**Marital Status:** 1 – Single 2 – Married 3 – Separated 4 – Divorced 5 – Widowed  
**(circle one)** 6 – Other

**Employment Status:** 1 – Full time (35+ hrs/wk) 2 – Part time (< 35 hrs/wk)  
**(circle one)** 3 – Seasonal/Temporary 4 – Retired  
5 – Unemployed (< 1 year) 6 – Unemployed (> 1 year)  
7 – Homemaker 8 - Other

Number of brothers of student: \_\_\_\_\_ Number of sisters of student: \_\_\_\_\_

Please list **all** persons living in the home other than student/applicant (including primary care giver):

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

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister</u> (check one)	<u>Currently Attending School</u>	<u>Last Grade Completed</u>
_____	_____	_____	yes no	_____
_____	_____	_____	yes no	_____
_____	_____	_____	yes no	_____
_____	_____	_____	yes no	_____
_____	_____	_____	yes no	_____

**SECTION C**

**Employment Information**

**Primary Care Giver's Employment**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How Long With Current Employer? \_\_\_\_\_ yrs \_\_\_\_\_ months      Monthly Gross Salary \_\_\_\_\_

**Secondary Care Giver's Employment**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How Long With Current Employer? \_\_\_\_\_ yrs \_\_\_\_\_ months      Monthly Gross Salary \_\_\_\_\_

**SECTION D**

**Financial Information**

What is your total gross household income? (Before taxes & other deductions)

\$ \_\_\_\_\_ (monthly)      \$ \_\_\_\_\_ (annually)

Are you eligible to receive any social service?      Yes       No   
(Food stamps, Medicaid, etc.)

Do you ?    Rent \_\_\_\_\_    Own \_\_\_\_\_ Home

Please check the services you currently receive:  
Welfare     Food Stamps     Medicaid     Other     Explain: \_\_\_\_\_

Are you currently receiving assistance from your local Workforce Development Office?    Yes     No

Please list the services you currently receive: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you receive income from any other source for this student/applicant? (Social Security, child support, etc.?)  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type of support and amount per month:

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Do you carry health insurance (including Medicaid, Florida KidCare, insurance through your employer, or private health insurance) for the children in your household? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX**

**RETURN (1040 not W-2's).**

**\*Please only submit the first page of your Tax Return \***

**\* Verification Letter of Free/Reduce Lunch \***

**IF YOU DID NOT FILE TAXES, YOU MUST ATTACH YOUR NON-FILING FORM  
ALONG WITH VERIFICATION OF ALL HOUSEHOLD INCOME (Social Security  
Award Letter, Child Support Documentation, Disability Award Letter, etc.)**

**(NOTE: Your application will not be processed unless proof of income is attached.)**

**SECTION E**

**Student Interest Form**

Place a check mark next to any activity you enjoy participating in or watching.

**Sports**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Baseball         | <input type="checkbox"/> Football         | <input type="checkbox"/> Basketball     |
| <input type="checkbox"/> Soccer           | <input type="checkbox"/> Boxing           | <input type="checkbox"/> NASCAR         |
| <input type="checkbox"/> Swimming         | <input type="checkbox"/> Boating          | <input type="checkbox"/> Water Skiing   |
| <input type="checkbox"/> Softball         | <input type="checkbox"/> Wrestling        | <input type="checkbox"/> Rugby          |
| <input type="checkbox"/> Bowling          | <input type="checkbox"/> Golfing          | <input type="checkbox"/> Lacrosse       |
| <input type="checkbox"/> Go-carts         | <input type="checkbox"/> Paint Ball       | <input type="checkbox"/> Miniature Golf |
| <input type="checkbox"/> Ping Pong        | <input type="checkbox"/> Tennis           | <input type="checkbox"/> Racquetball    |
| <input type="checkbox"/> Gymnastics       | <input type="checkbox"/> Cycling          | <input type="checkbox"/> Archery        |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Track & Field  |
| <input type="checkbox"/> Snow Boarding    | <input type="checkbox"/> Snow Skiing      | <input type="checkbox"/> Ice Skating    |

Others (specify)

**Outdoor Life**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Camping           | <input type="checkbox"/> Hunting           | <input type="checkbox"/> Fishing    |
| <input type="checkbox"/> Animals           | <input type="checkbox"/> Birds             | <input type="checkbox"/> Insects    |
| <input type="checkbox"/> Gardening         | <input type="checkbox"/> Reptiles          | <input type="checkbox"/> Amphibians |
| <input type="checkbox"/> Stars (Astronomy) | <input type="checkbox"/> Snorkeling/Diving | <input type="checkbox"/> Hiking     |

Others (specify)

**Science & Mechanics**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Aviation               | <input type="checkbox"/> Chemistry          |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Engines (gasoline)     | <input type="checkbox"/> Missiles & Rockets |
| <input type="checkbox"/> Computers   | <input type="checkbox"/> Kit Building (specify) |   |

Others (specify)

**Handicrafts**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ceramics       | <input type="checkbox"/> Clay Modeling      | <input type="checkbox"/> Drawing / Painting |
| <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Scrapbooking       | <input type="checkbox"/> Model Building     |
| <input type="checkbox"/> Knitting       | <input type="checkbox"/> Crocheting         | <input type="checkbox"/> Sewing             |
| <input type="checkbox"/> Metal Work     | <input type="checkbox"/> Mosaic / Sculpting | <input type="checkbox"/> Woodworking        |

Others (specify)

**Collecting**

- Scale Models
- Autographs
- Dolls
- Rocks & Minerals

- Sports Memorabilia
- Coins
- Books/Magazines
- Stamps

- Sports Cards
- Music/Records
- Photographs / Art
- Insects

Others (specify)

**Indoor Activities**

- Card Games
- Cooking
- Photography
- Puzzles

- Musical Instrument
- Dancing
- Reading
- Singing

- Board Games
- T.V. / Movies
- Computer
- Video Games

Others (specify)

From all the above items, the three I like best are:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ What kinds? \_\_\_\_\_

Do you play any musical instruments? \_\_\_\_\_ Which ones? \_\_\_\_\_

What do you like to read best? \_\_\_\_\_

What clubs or organizations do you belong to, if any?

If you had three wishes, what would you wish for?

1.

2.

3.

**STUDENT INFORMATION (to be written by the student)**

Please list activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.)

**STUDENT STATEMENT (to be written by the student)**

Please write about your goals, aspirations and hopes for your future. (Attach another sheet if needed.)



**SECTION F**

**PARENT/GUARDIAN STATEMENT (to be written by the parent/guardian)**

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).

List any special family situations that might be relevant to school success (serious illness in the family, loss of employment, DCF involvement, homelessness, incarcerations, etc.).

**Student Responsibilities- Students selected for a Take Stock in Children scholarship must:**

1. Sign a contract to stay in school and remain drug and crime free.
2. Agree to meet with a mentor in a school-based mentoring program.
3. Maintain a minimum of a 2.0 GPA.
4. Attend school regularly and abide by the Student Code of Conduct.
5. Graduate from a Duval County Public High School with a Standard High School Diploma.
6. Participate in Take Stock in Children activities.

**Parent/ Guardian Responsibilities- Families whose children are selected for a Take Stock in Children scholarship must:**

1. Agree to support and encourage the student to maintain a positive school attitude.
2. Sign the Take Stock in Children contract, agreeing to your student meeting with a mentor at school and agreeing to assist the student in preparing for college.
3. Be diligent about your child's school attendance.
4. Realize this scholarship is for tuition-only! Assist student through savings, work and/or applying for additional scholarships.
5. Stay in contact with the Take Stock in Children office regarding changes of address, phone, etc.
6. Participate in Take Stock in Children events.

**Verification of Application**

- 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 implementers of the program. I understand any false information in this application may result in my child losing his or her eligibility in the program.
- I agree to have my child's transcripts, test scores and attendance records released to Take Stock in Children to determine eligibility.
- I further agree that my child be interviewed by a representative of Take Stock in Children as part of the application process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**You MUST submit a copy of your child's most recent report card, along with your most recent Federal Income Tax Return (or, if you did not file taxes, you must attach your Non-Filing form along with verification of all household income, as noted on page 5 of this application) in order for your application to be accepted.**

**If this information changes at any time, please immediately notify Take Stock in Children at (904) 384-1361.**