



Information necessary to complete the application:

- Student Social Security Number
- Separate email addresses for student and parent
- 2024 Taxes (IRS form 1040 with student listed as a dependent)

Take Stock in Children Application Transcript

Select the County in which you attend school:

SANTA ROSA

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

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 State Funded Schools of Choice Scholarship (Family Empowerment Scholarship).

All sections of the application must be completed.

Date application is due:

January 7, 2026

*Late applications will not be considered.

If you have any questions about this application, please contact

Monica Turner at 850.983.5043/ turnermd@santarosa.k12.fl.us

Take Stock of Santa Rosa



Your Local Take Stock Affiliate is:

Take Stock of Santa Rosa

ALL sections of application must be completed AND ALL requested documents submitted for student applicant to be considered for acceptance into the Take Stock in Children program.

Note: The application process may take up to an hour to complete. If you are unable to complete the application in its entirety at any point in the process, please use the SAVE FOR LATER button located at the bottom of the next page to save your progress. An email will be sent to the STUDENT address containing a link that you can utilize to continue work on your saved application.

When you are ready to begin, please proceed with the application.

*- denotes a required question

How did you learn about becoming a Student with Take Stock in Children?

(select an item)

Student Identification Information

School*

First Name*

Middle Name

Last Name*

Student Home Phone*

Student Mobile Phone

Student Email * (Student email must be different than parent email. Student email address will receive application verification email.)

SECTION A: Student Identification Information

- Date of Birth*
- Social Security #*
- Student ID #*
- Entry Grade Level*
- Address*
- City*
- State/Province*
- Zip Code*
- Check Yes if Student Mailing Address is not the same as home address listed above. (Please provide separate mailing address, if relevant)
- Gender*
- Race*
- Ethnicity:
Is the student of Hispanic origin?*

The Florida Prepaid College Foundation Scholarship Requirements:

- Does the student have a Social Security #?*
- What is the student's current citizenship status?*
- US Citizen
- Resident Alien
- Does the student have a Florida Prepaid College Scholarship Plan?*

SECTION B: Parent/Guardian Information

- Parent/Guardian 1 First Name*
- Parent/Guardian 1 Last Name*
- Parent/Guardian 1 Home Phone*
- Parent/Guardian 1 Mobile Phone*
- Parent/Guardian 1 Email*
- Parent/Guardian 1 Date of Birth*
- Parent/Guardian 1 Street
- Parent/Guardian 1 City
- Parent/Guardian 1 State
- Parent/Guardian 1 Zip code
- Parent/Guardian 1 Last Grade Completed in School: *
- Parent/Guardian 1 Employer
- Parent/Guardian 1 Occupation
- Parent/Guardian 1 Employer Address (Street, City, State, Zip)
- Parent/Guardian 1 Number of Years with Current Employer
- Parent/Guardian 1 Gross Monthly Salary (before taxes and deductions)*
- Parent/Guardian 1 Social Security #
- Parent/Guardian 2 First Name
- Parent/Guardian 2 Last Name
- Parent/Guardian 2 Home Phone
- Parent/Guardian 2 Mobile Phone
- Parent/Guardian 2 Email
- Parent/Guardian 2 Date of Birth
- Parent/Guardian 2 Street
- Parent/Guardian 2 City
- Parent/Guardian 2 State
- Parent/Guardian 2 Zip code
- Parent/Guardian 2 Last Grade Completed in School:
- Parent/Guardian 2 Employer
- Parent/Guardian 2 Occupation
- Parent/Guardian 2 Employer Address (Street, City, State, Zip)
- Parent/Guardian 2 Number of Years with Current Employer
- Parent/Guardian 2 Gross Monthly Salary (before taxes and deductions)
- Parent/Guardian 2 Social Security #
- Does applicant have a sibling or member of the household currently or previously involved in the Take Stock in Children Program?* *(If yes, please list)*

SECTION C: Household Information

- Total Adults in Household*
- Total Children in Household*
- Applicant Lives With* *(select all that apply)*
 - Mother
 - Father
 - Stepmother
 - Stepfather
 - Grandmother
 - Grandfather
 - Guardian
 - Ward of Court
 - Other
- Number of Brothers*
- Number of Sisters*

Please list all persons living in the home other than student/applicant: (Up to 5 individuals. Must include age, relationship, and highest level of education)

Independent (adult) siblings living outside the home: (Up to 5 individuals. Must include age, relationship, whether currently attending school, and last grade completed)

SECTION D: Parent/Guardian Financial Information

- What is your total **Annual Household** Income? (before taxes and deductions) *
- Are you eligible to receive any social service? (TANF, SNAP, Medicaid, etc.)*
- Are you currently receiving assistance from your local CareerSource Development Office?*

- Do you receive income from any other source for this student/applicant? (Social Security, child support, unemployment, etc.?) * *If yes, please list.*
- Do you or the student/applicant have a savings account? * *If yes, what is the balance?*
- Do you own your home? * *If yes, total cost?*
- Do you rent? * *If yes, how much do you pay in rent?*

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 | • Government and Public Administration |
| • Architecture and Construction | • Health Science |
| • Arts, Audio/Video Technology and Communications | • Hospitality and Tourism |
| • Business, Management, and Administration | • Human Services |
| • Education and Training | • Information Technology |
| • Energy | • Law, Public Safety, and Security |
| • Science, Technology, Engineering, and Mathematics | • Manufacturing |
| • Finance | • Marketing, Sales, and Service |
| | • Military |
| | • Transportation, Distribution, and Logistics |

Student's Hobbies/Interests: Which of the following activities do you enjoy participating in or watching? (Check all that apply)*

- | | |
|-------------------------|----------------------|
| • Collecting | • Performing Arts |
| • Community Involvement | • Physical Fitness |
| • Handicrafts | • Pop Culture |
| • Literature | • Sports |
| • Mechanics/Science | • Video Games/Coding |
| • Outdoor Life | • Other |

Student Response: [This is an opportunity for the student to tell the selection committee about themselves, their strengths and dreams for the future. Please write in paragraph form. This section must be completed by the student.](#)

1. List activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.) * **FREE RESPONSE/ESSAY to be completed by the student applicant.**
2. Student Statement - Please tell us about your goals, aspirations and hopes for your future: * **FREE RESPONSE/ESSAY to be completed by the student applicant.**

SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s)) [This is an opportunity for the parent/guardian to tell the selection committee a little more about the family situation and any factors that could affect the success of the student.](#)

1. Apart from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child's future: * **FREE RESPONSE/ESSAY to be completed by the parent/guardian.**
2. 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.).* **FREE RESPONSE/ESSAY to be completed by the parent/guardian.**

SECTION G: Student/Parent/Household Factors

The factors listed below are used to determine the student applicant's eligibility. Please check all that apply. (To be completed by parent(s)/guardian(s))

- Absent Parent (no contact or support) *
- Attends low-performing School (D or F rated school) *
- Deceased Parent Household*
- Department of Children and Families Involvement*
- Student with Disability*
- English not spoken in home*
- Extended family in home*
- Extended family raising student*
- Family has received TANF (Temporary Assistance for Needy Families) benefits within the last year*
- First-Generation college student (neither parent has earned a baccalaureate degree or higher) *
- Home in foreclosure*
- Homeless or living with extended family or friends*
- Incarcerated parent household*
- Migrant worker Household*
- Parental Loss of employment*
- Parent was teen parent*
- Poor relations between biological parents*
- Serious illness in household*
- Single-parent household*
- Parent or Household Member with Disability*
- Student applicant is teen parent*
- Student is first in the family to complete high school*
- Student is or has been in foster care*
- Other

Has the student been tested or classified as gifted from their school? (Student has an IEP)*

A complete copy of the most recent (2024) filed tax return Form 1040 must be attached with the student applicant listed as a dependent on the tax return to be eligible for consideration. (If you did not file taxes, please contact your local TSIC program to learn about alternative eligibility documentation options).

Tax File Upload*

Student Headshot Photo (optional)

Please attach additional documents here if needed:

Attachment 1

Attachment 2

Attachment 3

I understand that the information contained in this application is accurate and will be managed and implemented by Santa Rosa Education Foundation.

I hereby authorize and give consent to any school district or school my child is attending, or previously attended, to release my child's education records (including any personally identifiable information contained therein) to TSIC, Inc., d/b/a Take Stock in Children ("TSIC"), or any of its designees, upon request by TSIC or its designees. TSIC's designees include, without limitation, the local TSIC lead agency ("Lead Agency"), and the employees, teachers, volunteers, and mentors of TSIC or its Lead Agency. The education records and information covered by this consent and authorization include, but are not limited to, my child's current and past grades, test scores, student course schedules, attendance records, disciplinary history, extracurricular activities, and psychological test reports. I understand that this consent for the release of education records is necessary for TSIC and its designees in compliance with the terms and conditions of this TSIC Student Application. I authorize any education record or information received pursuant to this consent to be disclosed to third parties (such as secondary education institutions, higher learning institutions, academic advisors, and/or TSIC partners or donors who provide funding for the TSIC programs and scholarships) when TSIC determines, in its sole discretion, that such disclosure is in furtherance of the TSIC program, services or mission. However, TSIC agrees not to sell or rent personally identifiable information from my child's education records to any third party, and will implement and maintain reasonable security procedures and practices to protect my child's personally identifiable information from any access, disclosure, or use that I did not consent to or that is not otherwise authorized or required by law or regulation. I hereby release, discharge, and agree to hold harmless TSIC and its designees from any liability related to any use whatsoever of said

information contained in the education records. I understand and agree that this consent for release of education records shall be continuing and remain in effect for the length of time that my child participates in the TSIC program if accepted into the program. I also acknowledge that I may request that the school district or school provide copies of the education records disclosed to TSIC or its designees, and that I have the right to revoke this consent at any time by delivering a written revocation to TSIC. However, I agree that this consent is irrevocable with respect to the education records and information actually received by TSIC or its designees pursuant to this consent, and that TSIC or its designees may retain such records or information for an indefinite period that may extend beyond my child's participation in any TSIC program should my child be accepted into the program.

By signing below, the Student and Parent/Guardian certify that the information contained in this application and supporting documents (collectively, the "application documents") is accurate, truthful, and complete, and understand that any false or incomplete information may result in the Student losing their eligibility to participate in the Take Stock in Children program. The undersigned Student and Parent/Guardian agree that the application documents, which are being provided to Take Stock in Children and the local Take Stock in Children lead agency (collectively, the "Take Stock in Children Organization"), may be shared with the local lead agency selection committee. The undersigned Student and Parent/Guardian further agree that, if the Student is enrolled in the Take Stock in Children program, any information or documents submitted during the application process may be retained by the Take Stock in Children Organization indefinitely and used or disclosed for program purposes as specified in the Participation Agreement; however, if the Student is not enrolled in the Take Stock in Children program, any information or documents submitted during the application process may be retained by Take Stock in Children Organization for a period of up to ten years for grant reporting or compliance purposes, or for state, federal and/or internal auditing purposes. The undersigned Student and Parent/Guardian understand that no information or documents provided during the application process will be sold or rented to any third party.

Consent *

Student Name/Signature*

Parent/Guardian Name/ Signature*

Submission of this application does not guarantee scholarship award.

Please print a copy of your responses prior to submitting this application.

You will receive an email confirmation with your application ID upon successfully submitting your application. If you do not receive an email, please follow up with your local Take Stock in Children program.

Please note that by electronically providing a typed signature, you have read and agreed to the terms outlined in this Student Application form.

Do you want to "save your application for later" or "submit now"?

SAVE – Select this option to save your application to complete later. An email with a link to return to your application will be sent to the STUDENT email address. Your application has been successfully saved once you have been redirected to the Take Stock in Children homepage.

SUBMIT – Select this option when all fields are complete, tax documents have been attached, and you are finished with the application. Once properly submitted, you will be redirected to the Take Stock in Children home page.