
CHAMPIONS FOR
LEARNING™

How To Complete The Application

Student Application

Para solicitar el programa, deberá visitar el sitio web indicado en la portada del volante.

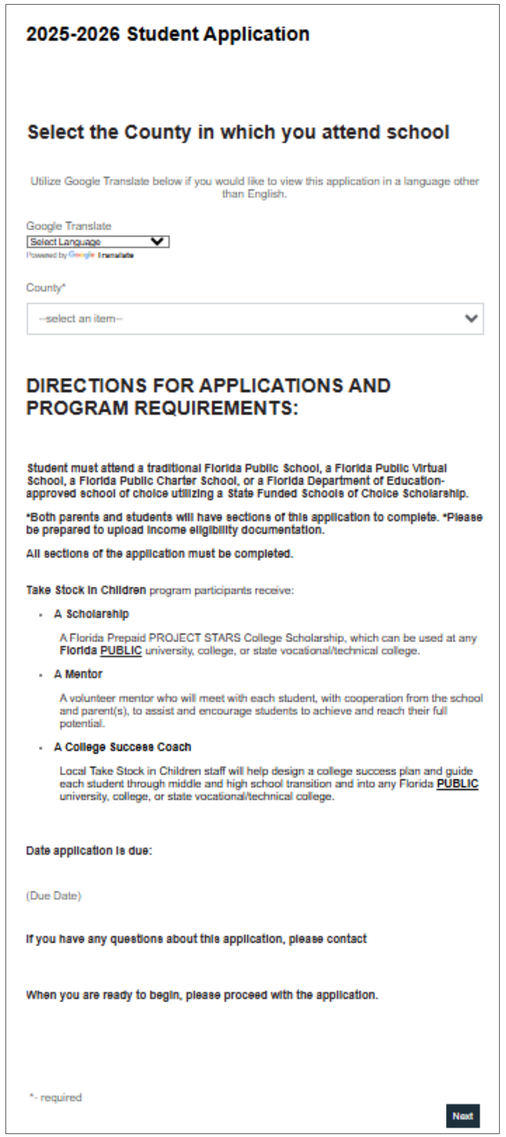
Solicite antes del 4 de enero de 2027.

Acompáñenos en una sesión de ayuda con la solicitud en las siguientes fechas:

- 1 de septiembre de 2026, de 5:30 PM a 7:30 PM
- 1 de diciembre de 2026, de 5:30 PM a 7:30 PM

Llame a la oficina de Champions For Learning para recibir asistencia: **(239) 434-3205**

Application Steps: Seleccione el Condado.


2025-2026 Student Application

Select the County in which you attend school

Utilize Google Translate below if you would like to view this application in a language other than English.

Google Translate

Select Language

Powered by Google Translate

County*

--select an item--

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.

*Both parents and students will have sections of this application to complete. *Please be prepared to upload income eligibility documentation.

All sections of the application must be completed.

Take Stock in Children program participants receive:

- A Scholarship

  A Florida Prepaid PROJECT STARS College Scholarship, which can be used at any Florida PUBLIC university, college, or state vocational/technical college.

- A Mentor

  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.

- A College Success Coach

  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 any Florida PUBLIC university, college, or state vocational/technical college.

Date application is due:

(Due Date)

If you have any questions about this application, please contact

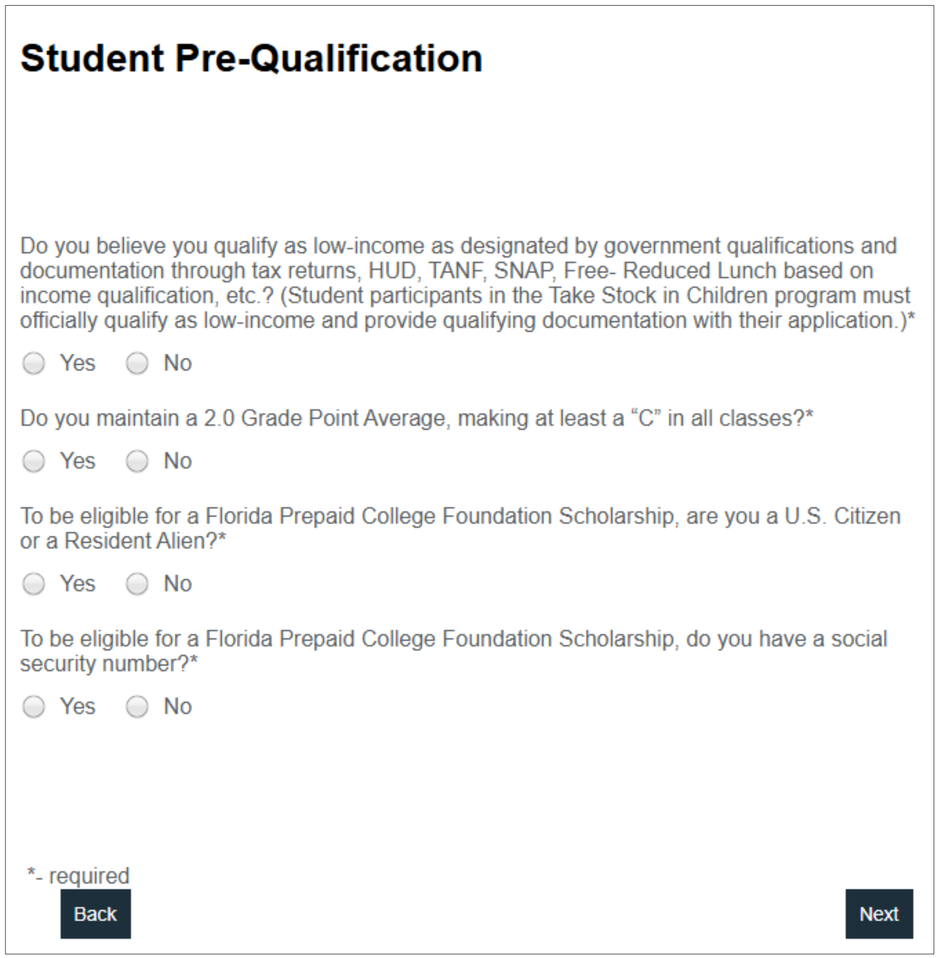
When you are ready to begin, please proceed with the application.

*- required

Next

- Al hacer clic en el botón "Apply Now" (Aplicar ahora) en la página web, será dirigido a esta página.
- Al seleccionar el condado, asegúrese de seleccionar: *Collier – Champions For Learning*.

Student Application: Preguntas de Precalificación Página 1



Student Pre-Qualification

Do you believe you qualify as low-income as designated by government qualifications and documentation through tax returns, HUD, TANF, SNAP, Free- Reduced Lunch based on income qualification, etc.? (Student participants in the Take Stock in Children program must officially qualify as low-income and provide qualifying documentation with their application.)*

Yes No

Do you maintain a 2.0 Grade Point Average, making at least a "C" in all classes?*

Yes No

To be eligible for a Florida Prepaid College Foundation Scholarship, are you a U.S. Citizen or a Resident Alien?*

Yes No

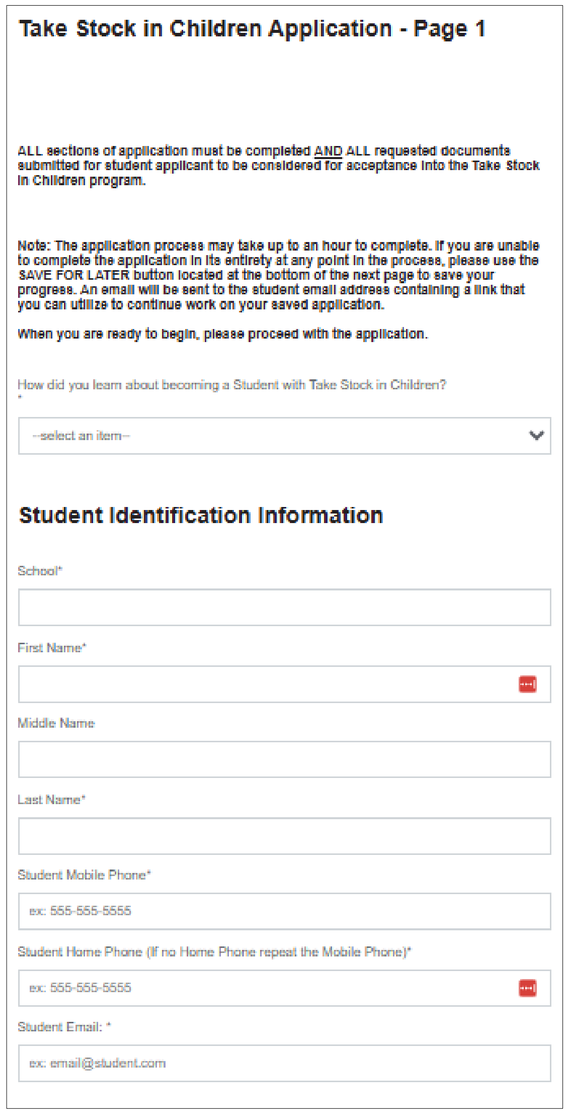
To be eligible for a Florida Prepaid College Foundation Scholarship, do you have a social security number?*

Yes No

*- required

Back Next

- Responda las siguientes preguntas con honestidad. Estas preguntas ayudan a determinar la elegibilidad.



Take Stock in Children Application - Page 1

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 email 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.

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 Mobile Phone*

ex: 555-555-5555

Student Home Phone (If no Home Phone repeat the Mobile Phone)*

ex: 555-555-5555

Student Email: *

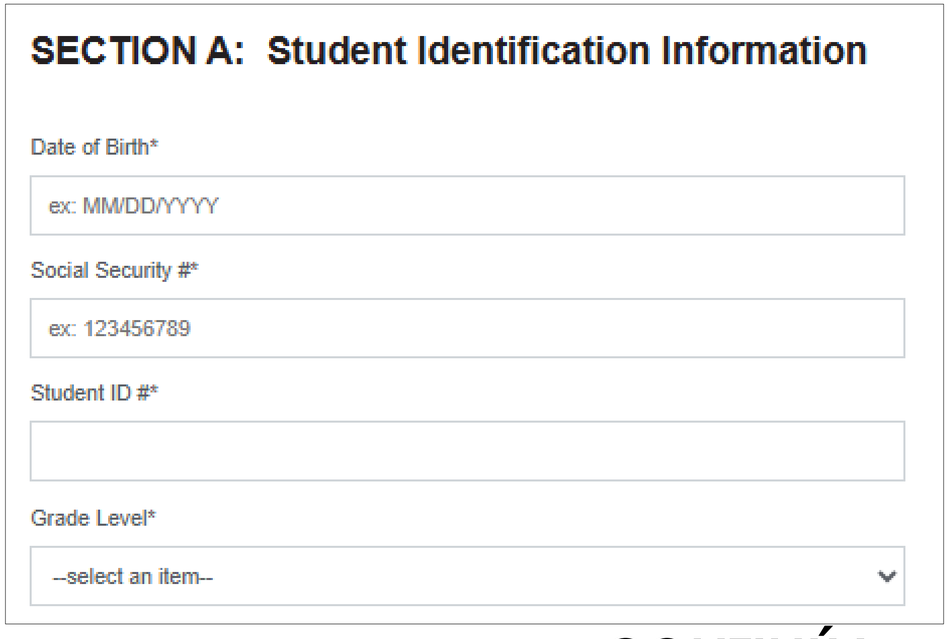
ex: email@student.com

CONTINÚA…

- Asegúrese de completar toda la información requerida.
- Puede utilizar el número de teléfono del padre/madre solamente si no tiene teléfono.
- Los estudiantes DEBEN tener su propia dirección de correo electrónico PERSONAL.

Student Application:

Sección A
Requisitos de la Beca de la Fundación Florida Prepaid College



SECTION A: Student Identification Information

Date of Birth*

ex: MM/DD/YYYY

Social Security #*

ex: 123456789

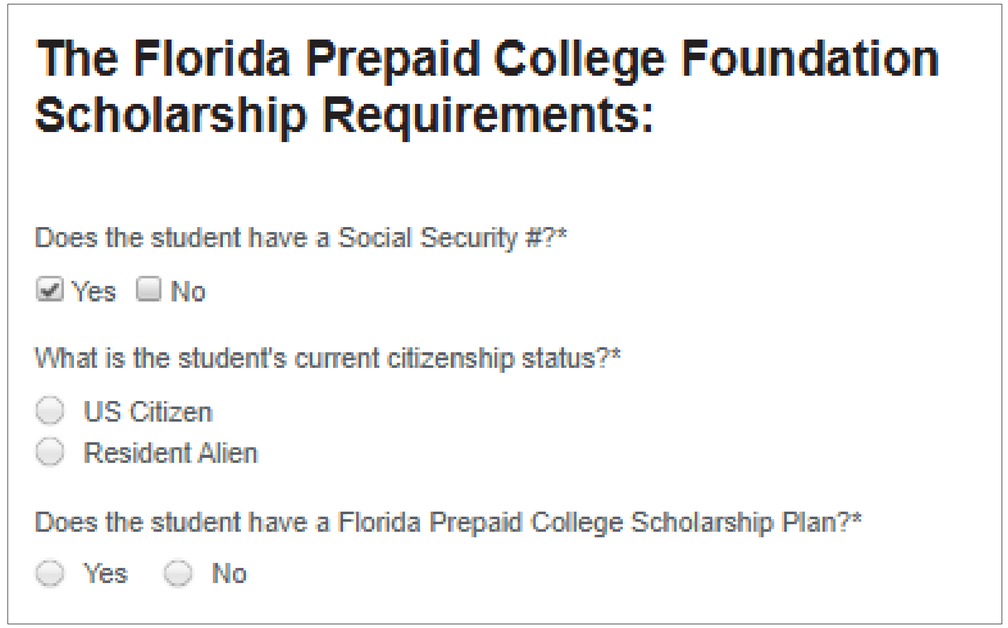
Student ID #*

Grade Level*

--select an item--

CONTINÚA…

- Asegúrese de que el SSN (Número de Seguro Social) y el ID del estudiante sean correctos.



The Florida Prepaid College Foundation Scholarship Requirements:

Does the student have a Social Security #?*

☑ Yes ☐ No

What is the student's current citizenship status?*

○ US Citizen
○ Resident Alien

Does the student have a Florida Prepaid College Scholarship Plan?*

○ Yes ○ No

- Responda según su mejor conocimiento.

Student Application: Información del Padre/Madre o Tutor Legal y del Hogar

SECTION B: Parent/Guardian Information

Parent/Guardian 1 First Name*

Parent/Guardian 1 Last Name*

Parent/Guardian 1 Mobile Phone*

ex: 555-555-5555

Parent/Guardian 1 Home Phone (If no Home Phone repeat the Mobile Phone)*

ex: 555-555-5555

Parent/Guardian 1 Email*

ex: parent@email.com

CONTINÚA…

- Agregue al Padre 2 si corresponde.

SECTION C: Household Information

Total Adults in Household*

Total Children In Household*

Applicant Lives With (Check all that Apply)*

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Guardian
- Ward of Court
- Other

Number of Brothers*

Number of Sisters*

CONTINÚA…

- El tamaño del hogar debe basarse en el Formulario de Impuestos 1040 del año 2025.

SECTION D: Parent/Guardian Financial Information

What is your **Annual Household** Income?
(before taxes and deductions) *

$

Are you eligible to receive any social service? (TANF, SNAP, Medicaid, etc.)*

Yes No

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

Do you or the student/applicant have a savings account?*

Yes No

Do you own your home?*

Yes No

Do you rent?*

Yes No

CONTINÚA…

- Las respuestas deben basarse en el Formulario de Impuestos 1040 del año 2024.

Student Application: Información del Estudiante, Declaración del Padre/Madre y Factores del Hogar

SECTION E: Student Information (To be completed by student)

KONTINYE…

- Complete todas las preguntas.
- La pregunta de ensayo será evaluada y forma parte del proceso de selección.

Student Statement - Please tell us about your goals, aspirations, and hopes for your future. (Recommended word count 100-150 words.)*

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. (Recommended word count 100-150 words.)*

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.) (Recommended word count 100-150 words.)*

CONTINÚA…

- Los padres DEBEN completar todas las preguntas de la Sección F.

SECTION G: Student/Parent/Household Factors (To be completed by parent(s)/guardian(s))

The factors listed below are used to determine the student applicant's eligibility. Please check all that apply.

Absent parent (no contact or support)*
Yes No

Attends low-performing school (D or F rated school)*
Yes No

Deceased parent Household*
Yes No

Department of children and families Involvement*
Yes No

Student with disability*
Yes No

English not spoken in home*
Yes No

Extended family in home*
Yes No

Extended family raising student*
Yes No

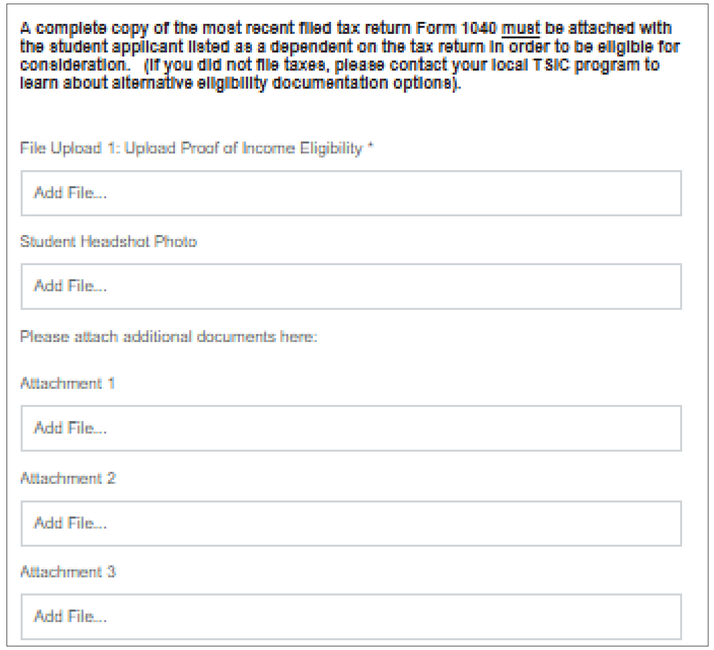
Family has received TANF(Temporary Assistance for Needy Families) benefits within the last year*
Yes No

CONTINÚA…

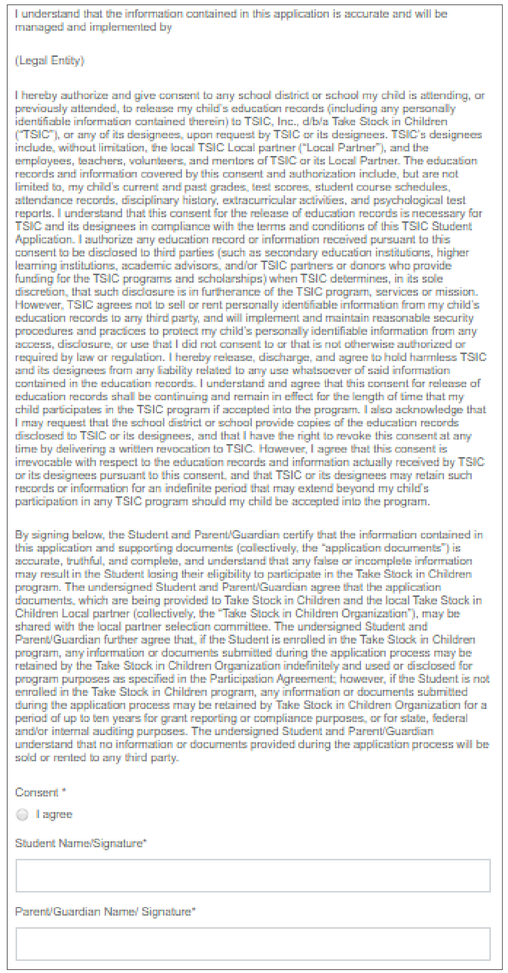
- SELECCIONE TODAS LAS OPCIONES QUE CORRESPONDAN

Student Application:

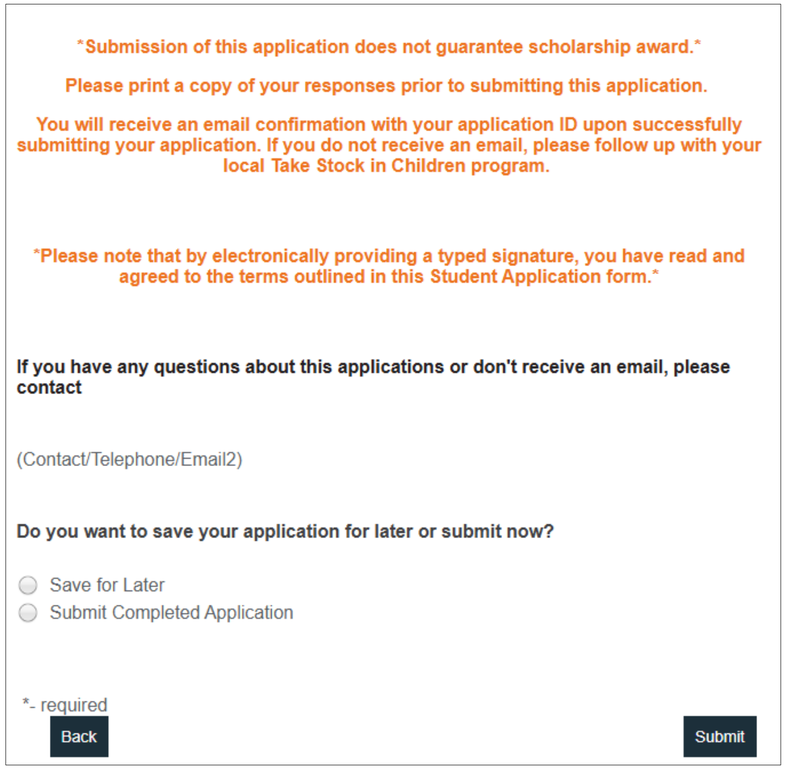
Carga del Formulario de Impuestos, Formulario de Consentimiento y Guardar el Formulario



- Requerimos el Formulario de Impuestos 1040 del año 2024.
- El nombre, apellido y número de Seguro Social del estudiante deben estar visibles e incluidos.
- Cargue aquí documentación adicional para verificar la elegibilidad: Tarjeta de Seguro Social y Prueba de Ciudadanía.



- Es obligatorio para verificar la elegibilidad. Brídenos acceso a las calificaciones del estudiante.



- Guardar el archivo le permitirá regresar a su solicitud con todos los datos guardados.