



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.

- 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*.

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

Select the County in which you attend school

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County*
Collier - Champions for Learning ▼ required



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

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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

- 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**.

CONTINÚA...

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



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

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 to learn about alternative eligibility documentation options).

File Upload 1: Upload Proof of Income Eligibility *

Add File...

Student Headshot Photo

Add File...

Please attach additional documents here:

Attachment 1

Add File...

Attachment 2

Add File...

Attachment 3

Add File...

- **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.**

I understand that the information contained in this application is accurate and will be managed and implemented by

(Legal Entity)

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 Local partner ("Local Partner"), and the employees, teachers, volunteers, and members of TSIC or its Local Partner. 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 Local partner (collectively, the "Take Stock in Children Organization"), may be shared with the local partner 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 *

☒ I agree

Student Name/Signature*

Parent/Guardian Name/ Signature*

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

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.

If you have any questions about this applications or don't receive an email, please contact

(Contact/Telephone/Email2)

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

☐ Save for Later

☐ Submit Completed Application

*- required

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