

ChairScholars Scholarship Application

For students with **physical disabilities and academic abilities!**



The ChairScholars Scholarship is designed to serve low-income students who are physically challenged, but academically talented. Disabilities include, but are not limited to physical, muscular, hearing loss, blindness, amputee, and paralysis. Go to www.polkeeducationfoundation.org and click on the Take Stock in Children link for a list of qualifying disabilities and the application, which can be printed out. Applications are accepted year round. Recipients will be selected after the first nine weeks of each school year. All applications received after that time will be held until the following year.

Eligibility:

- Students must attend a Polk County public high school and qualify for free or reduced lunch.
- For academic scholarships students must be in 9th, 10th or 11th grade. The student will graduate with a standard high school, having met all graduation requirements to do so.
- Vocational awards are available to graduating seniors who have a qualifying disability, and a minimum 2.0 GPA. Vocational scholarships are for vocational/technical schools only and based on money available from the donor.
- Certification/explanation of student's disability from physician must be included.

Applications are accepted year round.

Recipients will be selected after the first nine weeks of each school year.

Administered by the
Polk Education Foundation

1530 Shumate Drive Bartow, FL 33831

863-519-8076 (office hours coincide with school schedule)

Students selected as ChairScholars will be served in the Take Stock in Children scholarship-mentoring program. For more information, email Teresa Choquette at tchoquette@polk-fl.net

The **ChairScholars National Scholarship Program** provides eligible high school seniors above the free/reduced lunch income guide, and college freshmen with qualifying disabilities up to \$20,000 for tuition to attend the college or university of their choice.

Go to: <http://www.chairscholars.org/scholarships.html> for more information.

Part 1 - Application

For office use only: Application Essay Photo Income Tax Report Card Interview

Full Name _____ Student ID # 5300 _____

Social Security Number _____ US Citizen ___ yes ___ no

A copy of the student's Social Security card must be included with the application.

Mailing Address _____ City _____ Zip _____

Student Email Address _____

Parent/legal guardian Email Address _____

Home/Cell Phone _____ Student cell _____

Date of Birth ____/____/____ Ethnicity _____ Race _____ Gender M F

School you attend _____ Current grade _____ Graduation Year _____

Father/legal guardian's name _____ Position/Job _____

Place of employment _____ Yearly Salary _____

Mother/legal guardian's name _____ Position/Job _____

Place of employment _____ Yearly Salary _____

Step-parent's name _____ Position/Job _____

Place of employment _____ Yearly Salary _____

Applicant lives with - check all that apply.

- Mother Step-mother Grand-mother Guardian Parent's live-in partner
- Father Step-father Grand-father Ward of Court
- Sibling(s) Other: _____

Names, ages and relationship to applicant of all persons living in the home: (Use additional paper if necessary)

Name Age Relationship Attending College Working

ChairScholars Applicant's Name: _____

Please check all family situations that apply and will affect your student's educational performance. Add any other circumstances not listed in the space below.

- | | |
|--|---|
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Bus ride more than 30 minutes to school |
| <input type="checkbox"/> Applicant receives Social Security payments | <input type="checkbox"/> English not spoken in the home |
| <input type="checkbox"/> Deceased parent | <input type="checkbox"/> Migrant Worker |
| <input type="checkbox"/> Absent parent (no contact or support) | <input type="checkbox"/> Head of household unemployed/loss employment |
| <input type="checkbox"/> Poor relations between biological parents | <input type="checkbox"/> Home is in or has been foreclosed |
| <input type="checkbox"/> DCF involvement | <input type="checkbox"/> Homeless or living with extended family or friends |
| <input type="checkbox"/> Extended family living in student's home | <input type="checkbox"/> Serious illness in household |
| <input type="checkbox"/> Extended family raising student | <input type="checkbox"/> Disabled student or family member |
| <input type="checkbox"/> Student applicant is a teen parent | <input type="checkbox"/> Student applicant has been or is in foster care |
| <input type="checkbox"/> Parent of applicant was a teen parent | <input type="checkbox"/> Applicant's family receives assistance |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Recent death of immediate family or close friend |
| <input type="checkbox"/> Parent that didn't graduate high school | <input type="checkbox"/> Guardian is retired and/or receiving Social Security |
| <input type="checkbox"/> Incarcerated parent | <input type="checkbox"/> Other: _____ |

STUDENT ESSAY

Write or type maximum two-page essay telling us anything you would like us to know about you and why you deserve this scholarship. You can share information about your family situation, things you like to do, why you need this scholarship, and what you researched about the ChairScholar Foundation program. Limit essay to two pages. If typed, double-space and use minimum 10 point print. If hand written, print on lined paper in blue or black ink. Scholarship recipients are determined by the essay so let your personality and need come through.

PARENT STATEMENT

Apart from financial considerations, how could this program benefit your child's future? Please include your goals, aspirations and hopes for your child's future. Print clearly or type and attach.

ChairScholars Applicant's Name: _____

PARENTAL CONFIDENTIAL FINANCIAL INFORMATION

Once you have determined your eligibility from the State guidelines, you **MUST** include one of the following:

a copy of the latest Tax Return/Form 1040 (W-2 forms are NOT sufficient documentation of income) showing adjusted gross income. Copy of the 1040 income tax must show student as a dependent. If the student is not listed on parent's 1040 listing adjusted gross income and dependents, the 1040 for the person(s) claiming the student must ALSO be included with a letter of explanation.

Adjusted Gross Income from parent/guardian's current 1040 Income Tax Return \$ _____

Or if you had no income in the last fiscal year, you must submit a copy of your official non-filing statement, an SSI award letter for all household recipients, welfare benefits award letter, section 508 housing allowance award letter, or other form of federal or state-sanctioned income verification.

Benefits received in the past 12 months

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Cash benefit from State | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Section 508 Housing | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Other _____ |

---If custodial parent is unemployed, please explain circumstances - why, how long, etc.

---If custodial parent is unemployed, is he/she in training or rehabilitation to become employed? Y N
Explain: _____

Are you buying your own home?	Y N	Mortgage amount \$	_____
Are you renting your home?	Y N	Rent amount \$	_____
Are you living mortgage/rent free?	Y N	Explain	_____
How long at current address?	Years _____	Months _____	

Does the student and/or the parent/guardians have a savings account, 401(k), rental property or other types of assets or investments? Yes No Total approximate value: \$ _____

Does student applicant already have a Florida Prepaid or other tuition scholarship? Y N

I understand that information from this application and the required documentation will be shared with outside sources for determining scholarship recipients.

Parent Signature: _____

Part 3 - Documents check list for items that must be attached.

- Income verification documents. (Tax form, federal or state aid)
- Documentation of applicant's disability from his/her doctor.
- A copy of student's last report card.
- A clear recent photo of student to give to the donor

ChairScholars Applicant's Name: _____

- Parent Statement and Student Essay
- The ChairScholars Application Agreement signed by both student and parent.

CHAIRSCHOLARS FOUNDATION APPLICATION AGREEMENT

I certify that all information on this application is true to the best of my knowledge. I understand that this application is for consideration in the selection process of the ChairScholar scholarship. I give permission to have the applicant's academic and medical information attached to this application and understand that all information contained in or then attached to this application shall be seen by PEF staff and the scholarship selection committee. I agree that a copy of this application and attached documentation may be given to the scholarship committee. Take Stock staff will review applicant's academic, attendance and behavioral information. As a recipient, applicant will be required to meet with a volunteer mentor. Applicant's name and photograph may be publicized as a scholarship recipient. Students selected as ChairScholars become part of the Take Stock in Children program administered by the Polk Education Foundation and will be required to follow the policies of that program which will be explained after the selection process. Staff may meet with student prior to signing actual contract.

I understand the above information and agree to abide by it.

Parent/Guardian Signature

Applicant's signature

This scholarship program includes a volunteer mentoring component. Mentors, who meet with their assigned student 20-30 minutes each week on campus, will be screened and trained prior to the first meeting. If there is an adult already in applicant's life that they would like us to invite to serve as their mentor, please list his/her contact information below. This person cannot be a relative and should be selected by the student. Coaches, youth pastors, scout leaders, former teachers, etc., can serve as mentors. Not all candidates who are invited to participate are able to volunteer due to family or job restrictions, travel or other reasons. If the person you suggest is unable to serve at this time, our staff will find a person at school or in the community who will meet with you. Mentoring is required to be a recipient in this program.

Name: _____ Phone: _____

Applications accepted year round. Recipients selected after the first nine weeks of each school year. Applications received after that time will be held until the following selection period.

Mail or Deliver to:

Take Stock in Children/Polk Education Foundation
1530 Shumate Drive, Bartow, FL 33831-0391

(We are located in the old MidFlorida Credit Union building next to Bartow High School's football field)
Use the night drop on the porch if no one is in the office. PCSB use Courier Route E.

Call Teresa at 863-519-8076 (office hours coincide with school schedule)

Or email: tchoquette@polk-fl.net for more information.

Application and eligibility available at www.polkeducationfoundation.org/tsic

Check the box by the award for which you are applying.

#1. ChairScholars College/Technical Scholarships for students 9th through 11th grade:

Sponsors: ChairScholars Foundation, Inc.
The Florida Prepaid Tuition Foundation
Polk Education Foundation

Amount: 2 Year and 4 Year Tuition Scholarships for Community College and Technical School

Applicants: Students in grades 9-11 in Polk County Public Schools with a severe physical disability

Minimum Qualifications:

- *Physical Disability (physical, muscular, hearing, blindness, amputee, paralysis, etc.)
- *Students must be eligible for the free or reduced school lunch program
- *Minimum GPA 2.5 in math, science social studies and English
- *Must sign an agreement to stay in school while remaining drug and crime free
- *Agree to meet each week at school with an assigned mentor as available
- *Be eligible for a standard high school diploma and able to complete college or technical level course work. Be accepted into a college or technical school after graduation.

Selection: The ChairScholars scholarship committee will make the final selections

#2. ChairScholars Vocational/Technical Scholarship (Grade 12 only)

Sponsor: ChairScholars Foundation, Inc.
Polk Education Foundation

Amount: Various cash awards (based on available funds)

Applicants: Disabled Polk County public school senior for purpose of attending vocational or technical school

Minimum Qualifications:

- *Physical Disability (physical, muscular, hearing, blindness, amputee, paralysis, etc.)
- *Students must be eligible for the free or reduced school lunch program
- * Minimum GPA 2.0
- *Be accepted into a vocational training program after graduation.

Selection: The ChairScholars scholarship committee will make final selections