



TAKE STOCK IN CHILDREN SCHOLARSHIP APPLICATION CHECKLIST



- COMPLETED & SIGNED APPLICATION**
(ALL sections, including student and parent essays)
- U.S. INCOME TAX STATEMENT 2020—Form 1040**
And two preceding income tax returns (2018 and 2019)*
- STATE of FL DCF - SNAP, MEDICAID, TANF or HUD Eligibility**
(if applicable)
- COPY OF STUDENT’S SOCIAL SECURITY CARD**
- SIGNED CONSENT FOR RELEASE OF EDUCATION RECORDS**
- SIGNED TSIC COVID –19 WAIVER**
- SIGNED IN PERSON—VIRTUAL MENTORING RELEASE**

***APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO
THE TAKE STOCK IN CHILDREN OFFICE
BY***

SEPTEMBER 20, 2021

****REQUIRED****

2020 U.S. Income Tax Form 1040

- ⇒ *Student must be listed as a dependent.*
- ⇒ *Total income (line 9) cannot exceed the income eligibility guidelines listed by household size in the chart to the right.*
- ⇒ *U.S. income tax forms for 2018 and 2019 must also be submitted.*

Household Size	Annual Income
2	40,300
3	45,350
4	60,000
5	Up to 62,080 ¹
6	Up to 71,160 ¹
7	Up to 80,240 ¹
8	Up to 89,320 ¹

If you have any questions, please contact

**Mrs. Autumn Hager
College Success Coach
CSHS**

305-853-3222, ext. 56313

Autumn.Hager@keysschools.com

¹Families may only qualify for highest income level with current SNAP documentation. Income guidelines provided by the Florida Pre-paid College Foundation.



**THIS FORM IS AN EXAMPLE ONLY
PROVIDED 2020 IRS FORM 1040 FOR EACH PARENT OR GUARDIAN IN THE HOME**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial		Last name	Your social security number	
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below.		State		ZIP code
Foreign country name		Foreign province/state/county		Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student applicant name must appear in dependents section

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1		
	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>		7
	8 Other income from Schedule 1, line 9			8
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income			10c
	11 Subtract line 10c from line 9. This is your adjusted gross income			11
	12 Standard deduction or itemized deductions (from Schedule A)			12
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13
	14 Add lines 12 and 13			14
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15

Total Income

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here

b Routing number: _____ **c** Type: Checking Savings

d Account number: _____

36 Amount of line 34 you want **applied to your 2021 estimated tax**

Amount You Owe

For details on how to pay, see instructions.

37 Subtract line 33 from line 24. This is the **amount you owe now**

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name: _____ Phone no.: _____ Personal identification number (PIN): _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN



2021-2022 Student Application

DIRECTIONS FOR APPLICATIONS AND PROGRAM REQUIREMENTS:

Student must attend a Florida Public School or Florida Public School of Choice (Florida Virtual, Local Florida Public School District Virtual, or Florida Public Charter School.)

Parent(s)/Guardian must submit the most recent, completed taxes.

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 in **Florida**.

- **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 to College.

Date application is due: _____

Please contact Bridget Flores at (telephone/email) 305-293-1546
if you have any questions about this application.

EQUAL OPPORTUNITY POLICY

Take Stock in Children is an equal opportunity organization and complies with all applicable federal, state, and local non-discrimination laws. Take Stock in Children strictly prohibits and does not tolerate discrimination against students, mentors, applicants, or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender (including gender nonconformity and gender identity), marital status, age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law. All Take Stock in Children employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. Take Stock in Children will reasonably accommodate qualified individuals with a disability as required by law. Take Stock in Children will also, where appropriate, provide reasonable accommodations for an individual's religious beliefs or practices. Finally, no one will be subject to, and Take Stock in Children prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.

Take Stock in Children Application

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.

SECTION A: Student Identification Information

Student ID # _____

School _____

Student Name _____ Social Security # **(Mandatory)** _____
(First, Last, MI)

Grade: _____ Date of Birth _____

Student Phone: _____ Student E-mail: _____

Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

Check if Student Mailing Address is same as home address listed above. If not, enter Mailing Address below:

Mailing Address: _____ Apt. # _____
(Street)

City _____ State _____ Zip Code _____

How do you (the student) identify?

Gender: Female Male Gender Diverse

Student Race: American Indian/Native American Asian Black/African-American
 Multiracial Pacific Islander/Hawaiian White
 Other _____

Student Ethnicity: Is the student of Hispanic, Latino, or Spanish origin? Yes No

The Florida Prepaid College Foundation Scholarship Requirements:

Does the student have a Social Security #? Yes No

Is the student a U.S. Citizen? Yes No

Is the student a resident aliens? Yes No

Does the student have a Florida Prepaid College Foundation Scholarship Plan? Yes No

SECTION B: Household Information

Parent/Guardian (1) _____ Social Security # (Optional) _____
 (First, Last, MI)

Parent (1) Phone #: _____ Parent (1) E-mail: _____

Date of Birth _____ Last Grade Completed in School _____

Parent/Guardian (2) _____ Social Security # (Optional) _____
 (First, Last, MI)

Parent (2) Phone #: _____ Parent (2) E-mail: _____

Date of Birth _____ Last Grade Completed in School _____

Applicant lives with: Mother Stepmother Grandmother
 Guardian Father Stepfather Grandfather
 Ward of Court Other _____

Number of brothers _____ Number of sisters _____

Please list all persons living in the home other than student/applicant:

Name	Age	Relationship	Highest Level Of Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

Name	Age	Relationship	Currently Attending School (Check One)	Last Grade Completed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

SECTION C: Employment Information

Parent/Guardian's Current Employer

Name of Parent/Guardian (1): _____

Employer: _____

Occupation: _____

Address of Employer: _____
(street, city, zip)

Number of years with Current Employer: _____ Gross Monthly Salary _____
(Before taxes and deductions)

Parent/Guardian's Current Employer

Name of Parent/Guardian (2): _____

Employer: _____

Occupation: _____

Address of Employer: _____
(street, city, zip)

Number of years with Current Employer: _____ Gross Monthly Salary _____
(Before taxes and deductions)

SECTION D: Financial Information

What is your household income? \$ _____

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

Please check the services you currently receive:

Welfare/TANF Food Stamps/SNAP Medicaid

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

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

Do you or the student/applicant have a savings account? Yes No

Approximate balance: \$ _____

Do you own your own home? Yes No

If yes, what is amount of your monthly payment? _____

If yes, how much did your house cost? \$ _____

Do you rent? Yes No

If yes, what is amount of your monthly payment? \$ _____

How long at current address? _____

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).

Student Statement

Please tell us about your goals, aspirations and hopes for your future (attach another sheet if needed).

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 (attach another sheet if needed).

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.).

Factors are used to determine your eligibility, please check all that apply:

- Student attends low-performing school (D or F rated school)
- Single parent
- Incarcerated parent
- Deceased parent
- Absent parent (no contact or support)
- Poor relations between biological parents
- Department of Children and Families involvement
- Extended family in home
- Extended family raising student
- Student applicant is teen parent
- Parent was teen parent
- Family has received TANF (Temporary Assistance for Needy Families) benefits within last year
- First generation college student
- Student is first in the family to complete high school
- Migrant worker
- English not spoken in home
- Loss of employment
- Home in foreclosure
- Homeless or living with extended family or friends
- Serious illness in household
- Disabled student or family member
- Student is or has been in foster care
- Other (please specify) _____

I understand that the information contained in this application is accurate and will be managed and implemented by the Local TSIC Lead Agency/TSIC Program and shared with the Local Lead Agency selection committee. I also certify that all information in this application is truthful and accurate and that I understand that any false information in this application may result in my child losing his or her eligibility in the program.

Student Signature

Parent/Guardian Signature

Date

Date

Submission of this application does not guarantee scholarship award

For TSIC Program Official Use only:

Application Reviewed

Meets TSIC Programmatic Eligibility

Does Not Meet TSIC Programmatic Eligibility

Meets TSIC Income Eligibility

Does Not Meet TSIC Income Eligibility

Local Program Staff Signature

Title

Date



2021-2022 Consent for Release of Education Records

I, the undersigned parent or legal guardian of _____ (name of minor child), hereby represent and warrant that I am of legal age and have all necessary legal capacity to contract for and on behalf of my child and hereby authorize TSIC, Inc., D/b/a Take Stock in Children ("Take Stock in Children") employees and its designees, including, without limitation, volunteers, teachers, and mentors (collectively, "Designees"), to have access to the scholastic records of the minor child named above. This information includes, but is not limited to: current and past grades, test scores, student course schedules, attendance records, disciplinary history, extracurricular activities, and psychological test reports of the minor.

I hereby release, discharge, and agree to hold harmless Take Stock in Children, and its Designees from any liability related to any use whatsoever of said information contained in the scholastic records. I understand that this release is valid for the length of time that my child remains in the Take Stock in Children Program and is irrevocable with respect to the information provided. I understand that I have the right not to consent to the release of my child's education records. I have the right to inspect any written records released pursuant to this consent, and I have the right to revoke this consent at any time by delivering a written revocation to Take Stock in Children.

Child/Student – Printed Name

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian's – Printed Name

Address



2021-2022 Release of Liability and Indemnification – COVID Waiver

FOR PARENTS/LEGAL GUARDIANS OF TAKE STOCK IN CHILDREN STUDENTS:

The novel coronavirus disease, also referred to as “severe acute respiratory syndrome coronavirus 2,” “SARS-CoV-2,” COVID-19, and/or any mutation or variation thereof (collectively, “COVID-19”), is extremely contagious and is believed to spread mainly from person to person, through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Not all people who are infected with COVID-19 have symptoms and some infected people are unaware that they have COVID-19 and can spread the infection to others.

I, _____, (Name of Parent) certify, represent and warrant that I am the parent of
_____ (Name of Child).

I, on behalf of myself and my child, understand and acknowledge that I and/or my child may be exposed to COVID-19 if I and/or my child engages in in-person Take Stock in Children mentoring activities, attends in-person events related to Take Stock in Children or visits a Take Stock in Children office. I, on behalf of myself and my child, further understand and acknowledge that participation in such in-person activities increases the risk that I and/or my child may become infected with or contract COVID-19 and that, as a result of the contagious nature of this disease, I and/or my child may then further spread the disease to family members, and/or others with whom I and/or my child has close contact. I **voluntarily assume the risk** that I and/or my child may be exposed to or infected with COVID-19 as a result of participation in in-person activities through Take Stock in Children; that such exposure or infection could result in personal injury, illness, permanent disability, and/or death; and that such exposure or infection may be caused by the **actions, omissions, or negligence** of myself, my child or others, including, but not limited to, Take Stock in Children representatives, staff, volunteers, students or others.

By signing this Waiver, Release of Liability and Indemnification, I, on behalf of myself and my child, agree to not participate or allow my child to participate, in any Take Stock in Children in-person activity or event if I and/or my child have been diagnosed with, tested positive for, demonstrated any symptoms of or have in any way been exposed to COVID-19 within the thirty (30)-day period prior to such in-person activity or event. In consideration for my and/or my child’s participation in any Take Stock in Children program, activity or event, I hereby irrevocably assume all risks in connection with my and/or my child’s participation in any Take Stock in Children, in-person, activity or event and irrevocably **waive, release, covenant not to sue, discharge, and hold harmless** Take Stock in Children, Inc., TSIC, Inc. d/b/a Take Stock in Children (“TSIC”), its affiliates and each of its and their respective officers, directors, representatives, staff, volunteers, students, mentors, licensees or others related to TSIC or participating in any Take Stock in Children in-person activity or event, as well as their successors and assigns (collectively, the “Released Parties”), from any and all liabilities, claims, actions, damages, costs or expenses (including, without limitation, attorney’s fees and other legal expenses) (collectively, “Claims”) of any kind arising out of, associated with or resulting from my and/or my child’s exposure to or infection with COVID-19, including, but not limited to, Claims based on the actions, omissions, or negligence of any of the Released Parties. I further agree to indemnify and hold harmless each of the Released Parties from all Claims of any third party arising out of or relating to my and/or my child’s exposure to or infection with COVID-19.

This Waiver, Release of Liability and Indemnification shall be governed by, construed and enforced in accordance with the internal laws of the State of Florida.

I, ON BEHALF OF MYSELF AND MY CHILD, ACCEPT AND AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION.

Print Student Name

Print Parent(s)/Guardian Name

Date

Parent(s)/Guardian Signature



2021-2022 In-Person and Virtual Mentoring Name and Likeness Recording and Usage Consent and Release

FOR PARENTS/LEGAL GUARDIANS OF CHILDREN:

In an effort to continuously serve the Take Stock in Children (“TSIC”) community, we provide in-person as well as distance-based, virtual mentoring programs, events and activities for students, through which Take Stock in Children participating mentors will facilitate program activities and mentoring meetings, whether in person or through online platforms. In-person programs, events and activities may involve use of your child’s name and likeness, such as, for example, in photographs taken in connection therewith. For online programs, events and activities such as virtual mentoring, third party platforms, software, tools and applications will be accessed and used by participating students, parents/guardians and/or mentors, and such online activities may be monitored or recorded for quality control, record-keeping, security and other purposes in furtherance of Take Stock in Children’s mission.

Your consent is requested for your child’s participation in such in-person and virtual programs, events and activities, including, without limitation, consent for your child to utilize such software, tools and applications for distance-based, virtual mentoring purposes.

1. **Online Video Conferencing.** Please be aware that each online videoconferencing platform or application (e.g., Zoom, TSIC Mentor App, GoToMeeting, Microsoft Teams, Webex, etc.) collects different information about its users and has its own privacy terms and conditions to which members must adhere. For example, according to Zoom’s terms and conditions, only individuals 16 years old or older may create a Zoom account. Individuals under the age of 16 should only be using Zoom as participants through their parent’s/guardian’s account. It is your responsibility to access and review such terms, conditions and policies on the applicable platform, software or application. Please review them carefully. TSIC mentoring program participants, including mentors, yourself and your child, must exercise caution to ensure a safe and secure virtual mentoring experience, including disabling participant recording, disabling screen sharing by participants, disabling participant-to-participant private chat features, and saving a chat log locally to their computers to ensure a comprehensive audit trail. Regardless, no online communication is completely secure. Virtual mentoring activity may be subject to information and content collection, such as third-party screen capture or recording, and anonymous third-party entry into sessions. TSIC and participating mentors shall not be responsible in any way for any such information collection or information access by any third party, and by signing the below consent, you confirm, acknowledge and agree that you understand the inherent risks associated by use of such platforms. Please familiarize yourself and use the applicable platform’s tools for a safe and secure education and mentoring experience. For example, for Zoom, see Zoom’s guide at:

<https://zoom.us/docs/doc/Comprehensive%20Guide%20to%20Educating%20Through%20Zoom.pdf>.

2. **FERPA.** The Family Educational Rights and Privacy Act, or “FERPA,” is a U.S. federal law that protects the privacy of student educational records. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends school beyond the high school level. TSIC may, from time to time, disclose student education records to third parties, including such student’s secondary education institution, higher learning institutions, and/or academic advisors. When participating in virtual mentoring, please make sure that the platform you use complies with FERPA. For example, Zoom is utilized by school providers to connect with their students virtually and is FERPA compliant; more information can be found at <https://zoom.us/docs/doc/FERPA%20Guide.pdf>. Other platforms may or may not be FERPA compliant. It is your responsibility to check and confirm whether they are FERPA compliant.

3. **COPPA.** The Children’s Online Privacy Protection Act, or “COPPA,” protects the online privacy of children under the age of 13 and requires web-based service providers to obtain parental consent prior to the collection, use, and disclosure of that child’s personal information. In order to use virtual mentoring services, certain electronic personal information, such as your child’s computer IP address, internet log data, in addition to your child’s name and date of birth and other personal information must be collected. We may collect additional personal information to the extent you or your child provide such information during virtual mentoring activities. By signing below, you certify and agree that you consent to the collection, use and/or disclosure of your child’s personal information above.

Parental Consent

I, the undersigned, certify, represent and warrant that I am the parent or legal guardian of _____.

(Name of Child)

My child is under the age of 13.

My child is at least 13 years of age

I have read and understand the above description of information collection and use. As the parent or legal guardian of the above-referenced child:

1. I hereby irrevocably authorize my child to participate in TSIC’s in-person and online programs, events and activities, including, without limitation virtual mentoring provided by TSIC participating mentors. I authorize and consent to in-person and online collection and use of the above-mentioned child’s personal information, as described above. I further authorize TSIC and each of their respective representatives, licensees, successors and assigns and those acting with authorization from the TSIC (collectively, the “TSIC Program Providers”) to transfer educational records under FERPA to secondary education institutions, higher learning institutions and/or academic advisors in connection with providing TSIC program assistance to your child, and if applicable, the online platforms used for virtual mentoring in connection therewith.

2. I authorize the TSIC Program Providers to monitor, record and store virtual mentoring sessions and activities that my child participates in for record-keeping, safety and security purposes as well as film, videotape, photograph and/or record my child, and statements made by my child during the course of in-person and online programs, events and activities, including, without limitation, virtual mentoring programs, and I irrevocably grant the right and authorize each of them to store, reproduce, edit and create derivative works based upon such film, videotape, photography and/or recording (collectively, the “Works”), as well as display, publicly, distribute, transmit or otherwise use the Works and my child’s voice, name and likeness, in whole or in part, either alone or in conjunction with other material in or in connection with Take Stock in Children Program’s events, products and services, as well as in advertising and promotion thereof in any form or format which may be reproduced, distributed, transmitted, exhibited and/or otherwise exploited, in whole or in part, alone or in conjunction with other material in perpetuity throughout the world in any and all manner or media now known or hereafter devised including, without limitation, all forms of television, radio, print and the Internet. I acknowledge and agree that as between myself, my child and the TSIC Program Providers, the TSIC Program Providers shall exclusively own any and all rights in the Works and all elements thereof including, without limitation, all rights of attribution, moral rights and copyrights throughout the world in perpetuity. For avoidance of doubt, I hereby irrevocably assign to the TSIC Program Providers any and all rights I or my child may have in and to the Works as well as any results and proceeds of such Works or my child’s appearance in the Works. I agree not to use, reproduce, distribute or otherwise exploit the Works myself or authorize others to do so without the TSIC Program Providers’ prior written consent.

3. I hereby irrevocably release the TSIC Program Providers from, and agree not to assert, any and all claims I or my child have or may have in the future, known or unknown arising for such use including, without limitation, claims of invasion of privacy, violation of right of publicity, defamation, false light, moral rights, royalties or other compensation or any other claims and waive any and all equitable or injunctive relief with respect thereto. The TSIC Program Providers shall not be obligated to make any payment to me or my child or on my child’s behalf for the use of my name, likeness, appearance, voice or other attributes in the Works or their exploitation, to produce or exploit the Works or to include my child’s appearance therein and neither I nor my child shall have any right to review or approve any of Works or their use. I certify and acknowledge that my child’s appearance is not governed under the provisions of any collective bargaining agreement.

4. I represent and warrant that I am over eighteen (18) years of age and have all necessary capacity, power and authority to grant the authorizations granted hereunder and the consents and releases given hereby and that no consent or authorization is required to be obtained from any third party in order for me to grant such authorizations, consents and releases. I agree to indemnify and hold the TSIC Program Providers harmless from and against any claim, liability or obligation of any kind arising from the statements made by my child in the Works, my child’s appearance in the Works, use of my child’s name, voice, likeness and the rights granted herein, or any a breach of any of the representations and warranties made hereunder. This grant is irrevocable, perpetual, worldwide, transferable and licensable to others. This Consent and Release is governed by Florida law and contains the entire understanding of the parties, may not be changed or terminated except by an instrument signed by the TSIC Program Providers and me.

Print Student Name

Parent/Guardian Signature

Print Parent/Guardian Name

Date: _____