Su estudiante puede ser elegible para una beca universitaria!



Escaneame para una aplicacion

Para ser considerado para un TSIC College Scholarship (beca), su estudiante debe:

- Tener un número de Seguro Social (U.S. Social Security number)
- Estar inscrito en grados 6—9 en una escuela en el condado de Monroe
- Tener grados de A, B, y C en todas las clases
- Tener puntajes de aprobación de calificaciones en las evaluaciones estatales (FAST & EOC)
- Cumplir con los requisitos financieros establecidos por el programa de TSIC (ver tabla abajo)
- Firmar un contrato aceptando permanecer libres de crimen, drogas, atender a la escuela regularmente, mantener un GPA de 2.5 y reunirse con un mentor una vez por semana.

Las califications escolares de el 2023—2024 serán observado con la aplicación.

Por favor observe las calificaciones financieras a continuacion.

Tamaño del Hogar (personas en la familia)	Ingreso Annual ¹						
2	\$62,034						
3	\$69,834						
4	\$77,553						
5	\$83,769						
6	\$89,984						
7	\$96,200						
8	\$102,375						

Se require la Declaracion de impuestos 2023 presentado por los padres o guardians reclamando al estudiante como dependiente para verificar la elegibilidad de ingresos.

NOTA

Tenga en cuenta que los ingresos familiares **no pueden superar** los niveles que se muestra en la tabla anterior.

Federal Income Tax Returns **2023** con la aplicación es necesario.

Las familias solo pueden calificar para el nivel de ingresos más alto con la documentación de SNAP actual. Pautas de ingresos proporcionadas por el Florida Prepaid College Foundation.

Pongase en contacto con su Take Stock in Children College Success Coach (entrendador) de su escuela mas cercana para obtener mas informacion y una solicitud:

Lower Keys

Ms. Lynne Casamayor 305-293-1400 Ext: 53303

Mr. David Henriquez 305-293-1400 Ext: 65441

Marathon

Ms. Traci Wittenwiler-Driscoll 305-289-2480 Ext: 55418

Upper Keys

Ms. Marlene Sun-Sternberg 305-853-3222 Ext: 56313



Director Ejecutivo

Ms. Autumn Hager Supervisor de servicios a estudiantes

Mr. Chuck Licis-Masson



Take Stock in Children Monroe PO Box 2561, Key West, FL 33045 305-293-1546 or

TakeStock@MonroeCountyEdFound.com





Se Requiere La Forma de income tax 1040 Del IRS del ano pasado 2023 con la applicacion de la beca TSIC

1040		ritment of the Treasury—Internal Revenue Servi 5. Individual Income Ta x		ırn	202	23	DMB No. 1545	-0074	IRS Use Only	y—Do not	write or staple in this space.							
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning , 2023, ending , 20						See s	eparate instructions.	-										
Your first name	and mi	nd middle initial Last name Your social se							social security number									
If joint return, spouse's first name and middle initial Last name Spouse's so								e's social security numb	er									
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your																		
City, town, or post office. If you have a foreign address, also complete s										to go	e if filing jointly, want \$3 to this fund. Checking a elow will not change							
Foreign country			Fo	oreign pr	ovince/state				ign postal code	your to	ax or refund. You Spous	e						
Filing Status		Single				L	Head of he	ousel	nold (HOH)									
Check only		Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)																
one box.		Married filing separately (MFS)			16						latination and a signal of			Stuc	dent appl	ican	t's nai	me
	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: must appear on the tax return.																	
Digital Assets	exch	y time during 2023, did you: (a) reco ange, or otherwise dispose of a digi	tal asset	(or a fin	ancial inte	erest in a	a digital asse				l, Yes No	_						
Standard Deduction	A STATE OF THE PERSON NAMED IN	eone can claim:	Change and Change and		MARKAGO SAMARGANA		dependent					_						
Age/Blindness	You:	Were born before January 2, 1	959	Are bli	nd Sp	pouse:	☐ Was bor	n be	fore January	2, 1959	☐ Is blind							
Dependents					ocial securi	ity	(3) Relationsh	ip ((4) Check the b									
If more	(1) Fi	rst name Last name			number		to you		Child tax of	redit	Credit for other dependen	ts						
than four dependents.											<u> </u>							
see instructions								_			<u> </u>	- 2						
and check	1—							_				-0						
here												_						
Income	1a b	Total amount from Form(s) W-2, be	100			140 40		100			la lb	-						
Attach Form(s)	C	Household employee wages not re Tip income not reported on line 1a				* *				-	lc	_						
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	N. STATES OF STATES			inetruct	ione)	(5)			ld	-						
W-2G and	e	Taxable dependent care benefits f			The second second	HISHUCI					le	-						
1099-R if tax was withheld.	f	Employer-provided adoption bene				9					1f	- 0	_					
If you did not	g	Wages from Form 8919, line 6 .									lg	_						
get a Form	h	Other earned income (see instructi	ons) .	2 2							lh		- 1	Tot	al family	inco	me ca	annot
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			1i					-	- 1					
	z	Add lines 1a through 1h								. 1	Iz		- 1	ex	ceed inc	ome	eligib	ility.
Attach Sch. B	2a		2a			b Tax	able interest	t			2b							
if required.	3a		3a				linary divide			_	Bb							
Standard	4a		4a				able amoun				lb							
Deduction for-	5a	N. CAMPAGNAM TREAMS INCOME AND ACT AND	5a				able amoun			-	5b	-						
Single or Married filing	6a	DECEMBER AND PROPERTY OF THE P	6a		ala a ala la		able amoun	τ.		. 6	Bb	-						
separately, \$13.850	С 7	If you elect to use the lump-sum elect to us						36		= .	7							
Married filing iointly or	8	Additional income from Schedule		25		quirea, C	HECK HEFE	•			8	-						
Qualifying	9												•					
surviving spouse, \$27,700	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income																	
Head of household,	11 Subtract line 10 from line 9. This is your adjusted gross income 11																	
\$20,800	12 Standard doduction or itemized deductions (from Schodule A)																	
If you checked any box under	ed																	
Standard Deduction,	14 Add lines 12 and 13																	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -	0 This is	your tax	xable incom	e		. 1	15							
For Disclosure,	Privacy	Act, and Paperwork Reduction Act N	otice, see	e separat	e instruction	ons.		Cat.	No. 11320B		Form 1040 (202	3)						

Mandatorio

Forma de Income Tax 1040 del pasado ano 2023

- El estudiante debe aparecer como dependiente
- Income total (table 9) no puede exceder las pautas de eligibilidad de ingresos enumeradas por tamano de hogar en la tabla de la derecho
- Eligibilidad actual para almuerzos gratis o redveidos
- SNAP, TANF, o HUD segun sea necesaria

Familias pueden calificar con la actual documentacion SNAP Pautas de ingresos Proporcionadas por Florida Prepaid College Foundation.

Tamaño del Hogar (personas en la familia)	Ingreso Annual ¹
2	\$62.034
3	\$69,834
4	\$77,553
5	\$83,769
6	\$89,984
7	\$96,200
8	\$102,375

W-2 STATEMENTS OR PAYROLL STUBS ARE **NOT** ACCEPTED







