## Your child may be eligible for a **TAKE STOCK IN CHILDREN College Scholarship Opportunity!**

#### **Application Requirements— Student must:**

- Have a U.S. Social Security number
- Be enrolled in an approved Monroe County School in grades 6-9
- Have earned As, Bs, and Cs in all classes with a minimum 2.0 GPA
- Have passing scores on State standardized tests
- Meet financial eligibility requirements established by the TSIC Program (see chart below)
- Sign a contract agreeing to remain crime and drug free, attend school regularly, • maintain a 2.5 GPA, and meet with a mentor once a week

#### The applicant's 2023—2024 academic records will be reviewed prior to application approval. Please review the financial gualifications below:

2023 Federal Income Tax Return filed by parent(s) or guardian(s) claiming student as a dependent is required to verify income eligibility.

#### NOTE

Family income **cannot** exceed the levels shown in the chart.

Applicant must provide a copy of his or her parent(s)/guardian(s) 2023 tax return or equivalent proof of income. W2 earning statements, payroll stubs, or bank statements are not accepted.

Income guidelines provided by Florida Prepaid College Foundation.

#### Household Annual Size Income 2 \$ 62,034 3 \$ 69,834 4 \$77,553 5 \$ 83,769 \$ 89,984 6 7 \$ 96,200 8 \$ 102,375

### Contact the Take Stock in Children College Success Coach nearest you for more information and an application:

#### Lower Keys

Ms. Lynne Casamayor Mr. David Henriquez 305-293-1400 Ext: 53303

305-293-1400 Ext: 65441

MC--

Monroe County Education Foundation



#### Marathon

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

#### Mr. Chuck Licis-Masson **Executive Director**

Ms. Autumn Hager **Supervisor Student Services** 

Take Stock in Children Monroe PO Box 2561, Key West, FL 33045 305-293-1546 or TakeStock@MonroeCountyEdFound.com

Request and submission of a completed application does not ensure a scholarship award.

#### Upper Keys

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







SCAN ME FOR AN APPLICATION

# Last year's (2023) IRS Form 1040 tax return <u>required</u> with TSIC scholarship application

| Computer State         Compute |   |   |  | -Do not write or staple in this space.<br>See separate instructions.  |  |         |              |                |
|--|---|---|--|---|--|---------|--------------|----------------|
| Your first name  | and middle initial  | Last name   |  |   | Your social security number  |         |              |                |
| fioint return sc   | ouse's first name and middle initial  | Last name   |  |   | Spouse's social security number  |         |              |                |
|  |   | and the second |  | ř   | opouse 3 social security number  |         |              |                |
| ome address (  | number and street). If you have a P.O. box, see   | e instructions.   |  | Apt. no.  | Presidential Election Campaign<br>Check here if you, or your                 |         |              |                |
| City, town, or post office. If you have a foreign address, also complete spaces below. State   |   |   | ZIP code   | spouse if filing jointly, want \$3<br>to go to this fund. Checking a<br>box below will not change   |  |         |              |                |
| Foreign country name Foreign p   |   | Foreign province/state  | /county  | Foreign postal code   | your tax or refund.<br>You Spouse  |         |              |                |
| ing Status   |   |   | Head of h  | ousehold (HOH)  |  |         |              |                |
| eck only<br>e box.   | Arried filing jointly (even if only one had income)<br>Married filing separately (MFS)<br>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<br>qualifying person is a child but not your dependent: |   |  |   |  |         |              |                |
| gital<br>sets  | At any time during 2023, did you: (a) rec<br>exchange, or otherwise dispose of a dig  |   |  |   |  |         |              |                |
| andard<br>eduction   | Someone can claim: Vou as a de Spouse itemizes on a separate retur  | ependent 🗌 Your spous   | e as a dependent   | .,  |  |         |              |                |
| e/Blindness  | You: 🗌 Were born before January 2, 1  | 1959 🗌 Are blind Sp   | ouse: 📃 Was bor  | m before January  |  |         |              |                |
| pendents   | (see instructions):<br>(1) First name Last name   | (2) Social securit<br>number  | y <b>(3)</b> Relationsh<br>to you                            | hip (4) Check the b<br>Child tax o  | ox if qualifies for (see instructions):<br>redit Credit for other dependents |         |              |                |
| nore<br>n four   | (1) First name Last name  | number  | to you   | Child tak o   | Credit für öther dependents  |         |              |                |
| endents,<br>instructions   |   |   |  |   |  |         |              |                |
| check  |   |   |  |   |  |         |              |                |
| ∘⊔<br>come   | 1a Total amount from Form(s) W-2, b   |   |  |   | . 1a   |         |              |                |
| ach Form(s)<br>? here. Also<br>ich Forms<br>?G and<br>9-R if tax<br>s withheld.  | b         Household employee wages not ro           c         Tip income not reported on line 13           d         Medicaid waiver payments not reported           rg         Taxable dependent care benefits 1           f         Employer-provided adoption benefits     | a (see instructions)<br>ported on Form(s) W-2 (see<br>from Form 2441, line 26   |  | N         N         N         N         N           1         1         1         1         1           1         1         1         1         1           1         1         1         1         1           1         1         1         1         1           1         1         1         1         1 | 1b           1c           1d           1e           1f                       |         |              |                |
| ou did not<br>a Form<br>2, see   | g Wages from Form 8919, line 6  |   |  |   |  |         |              |                |
| tructions.   | i Nontaxable combat pay election (<br>z Add lines 1a through 1h   | (see instructions)  | <u>  1</u> i   |   | . 1z   |         | exceed incom | e eligibility. |
| ach Sch. B   | 2a Tax-exempt interest  | 2a  | b Taxable interest   | t   | . 2b   |         |              | <u> </u>       |
| equired.   |   | 3a  | b Ordinary divide  |   | . 3b   |         | /            |                |
| dard   |   | 4a<br>5a  | <ul> <li>b Taxable amoun</li> <li>b Taxable amoun</li> </ul> |   | . 4b<br>. 5b   |         |              |                |
| iction for—  | Carde to constructions of the production of the second  | 6a  | b Taxable amoun  |   | . 5D<br>. 6b   |         |              |                |
| ried filing<br>arately,  | c If you elect to use the lump-sum e  |   |  |   |  |         |              |                |
| ,850<br>ried filing  | 7 Capital gain or (loss). Attach Sche   |   | uired, check here  | [   | 7  |         |              |                |
| tly or   | 8 Additional income from Schedule 1, line 10  |   |  |   |  |         |              |                |
| lifying<br>ving spouse,<br>700   | 9         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9           10         Adjustments to income from Schedule 1, line 26         10  |   |  |   |  |         |              |                |
| d of<br>sehold.  | 11 Subtract line 10 from line 9. This is  |   | me   |   | . 11   |         |              |                |
| ,800<br>bu checked T   | 12 Standard deduction or itemized   | deductions (from Schedule   | ∋A)  | * * * * *   | . 12   |         |              |                |
| box under  | 13 Qualified business income deduct   | tion from Form 8995 or Forn   | n 8995-A   | ····  | . 13   |         |              |                |
| instructions.  | <ul> <li>Add lines 12 and 13</li> <li>Subtract line 14 from line 11. If zer</li> </ul>  | roorless enter -0- This is :  |  |   | . <u>14</u><br>. 15  |         |              |                |
| Disclosure, I  | Privacy Act, and Paperwork Reduction Act N  |   |  | Cat. No. 11320B   | Form <b>1040</b> (2023)  |         |              |                |
| <u>**REQUIRED**</u>  |   |   |  |   |  |         | Household    | Annual         |
| <b>2023 U.S. Income Tax Form 1040</b>  |   |   |  |   |  |         | Size         | Income         |
| Student must be listed as a dependent  |   |   |  |   |  |         | 2            | \$62.034       |
| • Total income (line 9) cannot exceed the income eligibility guidelines listed by  |   |   |  |   |  |         |              |                |
| 1010   | n meonie (inie 9) ca  |   |  | e engion  | ity guidennes n  | sicu by | 2            | ¢(0 021        |

- household size in the chart to the right ⇒ Current Free or Reduced Lunch eligibility letter from Monroe County Schools
- $\Rightarrow$  SNAP, TANF, or HUD documentation as needed

Families may qualify with current SNAP documentation. Income guidelines provided by the Florida Prepaid College Foundation.

| Household<br>Size | Annual<br>Income |
|-------------------|------------------|
| 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

