



# Step Up For Students 2008-2009 Scholarship Application



Step Up For Students is an initiative of the Corporate Tax Credit (CTC) Scholarship and is administered by Children First Florida Scholarship Funding Organization

## Are You Eligible for a Scholarship?

**Student Requirements:** If your children are NOT Renewal students who were funded by our scholarship program in 2007-2008 then you must be able to answer YES to all of the following statements for your child(ren) to be eligible:

1. The child(ren) you are applying for are entering K-12th grade for the 2008-2009 school year.
2. The child(ren) you are applying for were born before September 1st, 2003.
3. The child(ren) you are applying for attended a Florida public school for the entire 2007-2008 school year. (This statement does not apply to students entering kindergarten or first grade.)

**Income Requirements:** Use 'New Applicant' income if you had no children that received scholarship payments in 2007-2008. Use the 'Renewal Applicant' if you had a child that received payment from our scholarship program in 2007-08.

**These requirements are determined by Florida law.**

Household size	New Applicant Maximum Income	Renewal Applicant Maximum Income
2	\$25,900	\$28,000
3	\$32,560	\$35,200
4	\$39,220	\$42,400
5	\$45,880	\$49,600
6	\$52,540	\$56,800
7	\$59,200	\$64,000
8*	\$65,860	\$71,200

See instructions for section (D) to determine your household size.  
\*For additional members over 8, new families add \$6,600 per member, renewal families add \$7,200 per member

Please read the instructions for each section carefully!

### **AN INCORRECT OR INCOMPLETE APPLICATION WILL DELAY PROCESSING!**

This application is separated into several sections, lettered A through M. To fill out each section properly, please read the section of instructions with the matching letter. Use "0" or "N/A" to mark answers that don't apply to you and don't leave blank answers because this may cause delays in processing your application.

**THE MAXIMUM POSSIBLE SCHOLARSHIP AWARD IS \$3,750 PER STUDENT, PER YEAR.**

**If you have access to the Internet,** you are strongly encouraged to use the online SmartAp. SmartAps take an average of 30 days to process, hand completed applications take an average of 60 days to process. To begin the SmartAp application, visit [www.ScholarshipFunding.org](http://www.ScholarshipFunding.org) and click on the Children First Florida logo.

- All applications are required to:**
1. **Mail in a completed and signed application.**
  2. **Include** a non-refundable \$25 money order for applications completed online and mailed; a non-refundable \$30 money order for hand completed applications.

**The following mailing deadlines apply** for SmartAp **AND** hand completed applications to be processed before school starts:

**Renewal Applications** — April 30, 2008

**New Applications** — June 30, 2008

Scholarships are awarded on a first-come, first-served basis. The sooner you apply the better your chance of funding. Average application processing time **after** your mailed application package reaches the processing office is 6-8 weeks.

**DO NOT ENROLL YOUR CHILD(REN) IN A PRIVATE SCHOOL BEFORE YOU HAVE RECEIVED YOUR SCHOLARSHIP AWARD LETTER – FUNDING IS NOT GUARANTEED.**

**IF YOU ENROLL YOUR CHILD(REN) IN PRIVATE SCHOOL AND ARE NOT AWARDED A SCHOLARSHIP, YOU WILL BE RESPONSIBLE FOR ALL FEES.**

**When submitting your application, please make a copy of your completed application AND all other documents to keep for your records.**

You may check the processing status of your application online [www.ScholarshipFunding.org](http://www.ScholarshipFunding.org) within 7 - 10 days after mailing. If you choose to hand complete your application instead of using the online SmartAp system, please allow 10-14 days for your application to be registered in the system.



# Application Instructions

## Sections A-E



### SECTION A+B

#### Parent or Guardian

This scholarship application should be completed by the parent(s) or guardian(s) the student lives with.

- If the parent or guardian is divorced or separated, only the person with legal custody should be listed on the form.
- If the parent is single, divorced or separated, answer all questions in Section (E).
- If the parent is divorced and remarried, list information for the parent the child lives with and the new spouse.
- If the "Relationship to Children" is Foster Parent refer to Section (J) instructions now.
- **The individual listed as Parent A will be required to sign each scholarship check.**

### SECTION C

#### Housing Information

- Check all boxes that apply for your housing arrangement.
- List the total monthly cost of housing including any assistance received and then list the amount you are personally responsible for paying. If the total monthly cost is ZERO for whatever reason, please explain this in Section (L) to avoid processing delays.
- List the monthly amount that is paid by other sources as assistance toward your housing payment. If you receive agency assistance you must include a copy of your Section 8 or HUD housing letter. If you have a room mate provide a Statement of Non-Support available at [www.scholarshipfunding.org/en/documentation.php](http://www.scholarshipfunding.org/en/documentation.php)

### SECTION D

#### Household Information

A "household" is a family unit including all adults living in the home that make financial contributions to the support of the household AND children of that family unit that live in the home. Someone who only shares housing cost and is not part of the immediate family unit OR does not contribute financially to the household in **any** other way is not considered part of the household.

- Enter total number of individuals in the "household" living at your residence, including parents or guardians, children and any others that are part of the family unit such as boyfriend/girlfriend, aunt/uncle, grandparents, etc. Do not include children who have moved out of the home.
- Please identify the primary language spoken in your household.
- Check the box(es) that indicate the **current** marital/relationship status of the person listed in Section A.

### SECTION E

#### Single, Divorced/Remarried, Separated Parent/Guardians

If the child's parent is single, divorced/remarried, separated or living with boyfriend/girlfriend, the parent the child lives with must provide the information requested in Section (E) about the parent the child does not live with.

For separated parents/guardians only: Documentation verifying a separate address is REQUIRED. Acceptable documentation from the separated spouse includes:

- A signed notarized Statement of Separation (available at [www.scholarshipfunding.org/en/documentation.php](http://www.scholarshipfunding.org/en/documentation.php)).
- A utility bill dated in 2007 showing a separate address.
- A 2007 Federal 1040 Tax Transcript showing a separate address.



# Step Up For Students Scholarship Application

## Sections A-E

**IMPORTANT!** Do not leave any spaces blank! Use "N/A" or "0" on items that do not apply to your situation.

### (A) Primary Parent or Guardian

This individual lives with the student and **MUST** sign each scholarship check.

\_\_\_\_\_  
First Name MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Relationship to child(ren)

\_\_\_\_\_  
Current Employer

( ) ( )  
Home/Cell Phone Work Phone

\_\_\_\_\_  
Home Address (Must be a street address, a PO Box is not acceptable) Apt. City

\_\_\_\_\_  
State Zip Code County

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Mailing Address (if different than your Home Address)

### (B) Secondary Parent or Guardian

This individual lives with the student and **DOES NOT** sign any scholarship checks.

\_\_\_\_\_  
First Name MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Relationship to child(ren)

\_\_\_\_\_  
Current Employer

( ) ( )  
Home/Cell Phone Work Phone

Application Type:

**Renewal\***: At least one of my children used this scholarship to attend private school in 2007-2008.

**Repeat**: I have previously applied for this scholarship but had no child that used the scholarship in 2007-2008.

**New**: This is the first time I am applying for the scholarship.

\*If you are a renewal applicant, who funded your children?  Children First  Florida Pride  Meek  I don't know

### (C) Housing Information from 2007

Do you rent or own your residence?  Rent  Own

Live with boyfriend/girlfriend  Live with other adult

The total monthly housing payment \$ \_\_\_\_\_ per month If zero explain in Section (L)

The amount YOU are responsible for paying \$ \_\_\_\_\_ per month

Amount paid by other sources (HUD, Sec. 8, roommate, etc) \$ \_\_\_\_\_ per month See Section (C) instructions

### (D) Household Information

1. The number of people in your household:

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
Parents/Guardians Children Other

2. Primary language spoken in your household: \_\_\_\_\_

3. Current martial/relationship status:

- Single, never married\*  Married
- Divorced\*  Widowed
- Re-married\*  Separated\*
- Living with boyfriend/girlfriend\*
- Other \_\_\_\_\_

\* You must complete Section (E).

### (E) Single, Divorced/Remarried, Separated Parent/Guardian (Complete for entire household)

1. Date of Separation (Month/Year): \_\_\_\_\_

2. Date of Divorce (Month/Year): \_\_\_\_\_

3. Non-custodial Parent Name:  
\_\_\_\_\_  
Last First MI

4. Does the household ...  
a. receive child support?  Yes  No  
b. have a divorce/separation agreement?  Yes\*  No

\*if you answered "YES" to #4b, provide a copy of the agreement to show custody status of student(s).

**SECTION  
F**

**Household Clarification**

- List all individuals who lived in the household during 2007. See Section (D) Instructions for definition of household
- Identify the relationship to the students applying, the age of the individual, and indicate by writing "yes" or "no" if they filed a 2007 1040 tax return.
- List their total income and how long they lived in the household during 2007. All 2007 income documentation for each income earning household member must be provided with application.
- Indicate if the individual is listed as a taxpayer or dependent on a 1040 tax return in the application package. If the answer is "No" or if no tax return was filed, you will be required to provide documentation that you have custody or other evidence that they live with you.

**SECTION  
G**

**Income**

- If your 2007 1040 tax return was prepared by a professional (HR Block, etc.) please include a copy of the complete return with your application.
- If you prepared your own 2007 1040 tax return, please call the IRS at 1-800-829-1040 and request a 2007 tax transcript be mailed to you. Make a copy of this document and include it with your application.
- If you did not file a 2007 1040 tax return you will need to request a transcript of non-filing from the IRS. You can get Form 4506T from our website ([www.scholarshipfunding.org/en/documentation.php](http://www.scholarshipfunding.org/en/documentation.php)) or call our office at 904-685-2382 to have one mailed to you. Submit a notarized statement of non-file in your application package to indicate you have requested a Transcript of Non-File from the IRS.

1. Enter total adjusted gross income as reported on your 2007 IRS Form 1040, 1040A or 1040EZ. Include all pages and schedules of the 2007 1040 tax return for each individual living in the household that filed a 2007 tax return.
2. Enter total yearly amount of Social Security Benefits, SSI, and/or Disability income received during 2007. Include official year-end award letters/statements verifying total amounts received for each type of income for each individual living in the household.
3. Enter total yearly amount of child support received during 2007. Include documentation verifying total amounts received for each individual living in the household. A copy of the court order, Dept of Revenue or County statement of child support activity or a copy of child support checks received is acceptable. If total received differs from court ordered amount, list only the total received.
4. If you received income from any other sources NOT reported on your tax return or in the categories listed above, please list and provide supporting documentation.

**SECTION  
H**

**Additional Financial Resources Used For Living Expenses**

- Fill out all sources of additional assistance for living expenses you received in 2007, including public assistance (cash assistance, etc.), housing assistance (Section 8, HUD, etc.), and student loans/grants received for the parent's continued education. You must provide a COPY of the year-end statement for any of these which may apply to you.
- If you received assistance from family or friends in order to support your household, please provide a Statement of Support for each individual who provided financial assistance to you. This form is available at [www.scholarshipfunding.org/en/documentation.php](http://www.scholarshipfunding.org/en/documentation.php).



# Step Up For Students Scholarship Application

## Sections F-H

Primary Parent/Guardian Name \_\_\_\_\_

Primary Parent/Guardian SSN \_\_\_\_\_

**IMPORTANT!** Do not leave any spaces blank! Use "N/A" or "0" on items that do not apply to your situation.

### (F) Household Clarification

Please list everyone who lived in the household during 2007

You must provide 2007 income documentation for the adults listed below. (Form 1040 Federal Tax Return, W-2, 1099/1099R, Social Security Income, etc.) List any additional household members on a separate sheet, if necessary. If any individual has moved out of the home or there is a change in the current situation, please explain in Section (L).

Name	Relationship to Student(s)	Age	Did You File 2007 1040?	Total 2007 Income	Months in Household in 2007	Taxpayer or dependent on 1040 Yes/No

### (G) Income

(Include all 2007 income by all household members)

Income Source <small>Please provide YEARLY amounts only!</small>	Primary Parent/Guardian	Secondary Parent/Guardian	Other <small>(All adults and children)</small>
<b>1</b> Reported Adjusted Gross Income from 2007 <i>Document with a copy of your 2007 1040</i>			
<b>2</b> Social Security Benefits / SSI / Disability <i>Document with your year-end award letter/statement</i>			
<b>3</b> Child Support <i>Document with your court order or DOR statement</i>			
<b>4</b> Additional Income From Other Sources <i>Provide supporting documentation</i>			

#### **!! BEFORE CONTINUING THE APPLICATION !!**

Make sure you have included documentation of all your income and have written the social security number of the primary parent or guardian on all documents. *Failure to complete this step may cause a delay in processing your application.*

### (H) Additional Financial Resources Used For Living Expenses in 2007

Gifts from relatives/friends*                   \$ _____	Public assistance (cash assist, food stamps, etc) \$ _____ <i>Must provide year-end (01/01/07-12/31/07) documentation.</i>
Loans from relatives/friends*               \$ _____	Housing assistance (HUD, Sec. 8, etc)               \$ _____ <i>Must provide year-end (01/01/07-12/31/07) documentation.</i>
Student Loans/Grants                           \$ _____	Other income or assistance                               \$ _____ <i>If you had other income or assistance that helped you pay your household bills please explain in Section (L)</i>
Home equity used                                 \$ _____	
Personal savings/investments accounts   \$ _____	
Credit card debt                                 \$ _____	

*\*Must provide Statement of Support*

**In order to process your application, you must provide all information regarding income in your household. Not doing so could delay processing or cause your application to be denied.**

SECTION

I

### Student Applicant Information

- Fill in a student section for each child you would like to apply for a scholarship. If you only have one student then only enter their name once. If you are applying for more than four students then photo-copy the Student Application Information page as needed for additional children.
- **Students MUST be entering K through 12th grade in 2008-09 AND their birth date must be on or before September 1, 2003.**
- By law, **students entering grades 2nd through 12th** who did not use our scholarship to attend private school in 2007-08 **must have attended a Florida public school for the entire 2007-2008 school year.**
- **If the child is entering kindergarten or 1st grade**, a copy of their birth certificate is required.
- **If the student is entering 2nd through 12th grade and did not use our scholarship in 2007-08** a report card from a Florida public school showing three consecutive grading periods (must include 1st grading period) is required. If your student's school does not give report cards, provide (for each student) their birth certificate, three consecutive progress reports, and a letter from the school indicating how long your student has been attending and what grade they are currently in for the 2007-2008 school year. *This letter must be signed by a school official and be on the school's letterhead.*
- **Student Applicant Types:**
  - Renewal: You signed scholarship checks for this student for the 2007-08 school year.
  - Add-on: You signed 2007-08 scholarship checks for another student in your household and you are adding this child for the 2008-09 school year
  - New: You have never applied for a scholarship.
  - Repeat: You have previously applied for this program but did not use the scholarship during the 2007-08 school year.

**If you did not claim this child** on your 2007 tax return, please provide proof of residence or custody; a birth certificate if this is your child, a custody order if this is not your child.

SECTION

J

### Foster Parents

- **Relative assigned guardians are not considered Foster Parents therefore this section DOES NOT APPLY to guardians who are related in any way to the children on the application.**
- If you are a registered foster parent to **ALL** students you are applying for, you must show a statement from the state attesting to the income received from the state for that child. If you do not currently receive support from the state you will need a statement from the caseworker as to the validity of the foster parent situation. True foster children will be validated based on the income generated from the state alone and not the foster parent's income, therefore, if all students being applied for meet the legal definition of foster child and you are their foster parent, you must only complete sections (A), (B), (I), (K) and (M) of the application.



# Step Up For Students Scholarship Application

## Section I

Primary Parent/Guardian Name

Primary Parent/Guardian SSN

**IMPORTANT!** Do not leave any spaces blank! Use "N/A" or "0" on items that do not apply to your situation.

If you are applying for more than four students, please make copies of this page. Maximum possible scholarship award per student is \$3,750.

### (I) Student Applicant Information

**First Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Date of Birth Social Security Number  Male  Female

Relationship to Primary Parent/Guardian  
 Child/stepchild  Grandchild  Foster Child  
 Niece/Nephew  Other (explain): \_\_\_\_\_

Was this child claimed on your 2007 taxes?  Yes  No  
 [if "no" see instructions for Section (I)]

Race (Optional)  
 White  Hispanic  Multi-Racial  
 Black  Asian  Other

Applicant Type: (See Section (I) instructions for definition of applicant type)  
 New  Renewal  Add-on  Repeat

School Attended in 2007-08 \_\_\_\_\_ County School Located In \_\_\_\_\_  
 School Type: \_\_\_\_\_  
 Public  Private  Charter  Home

K	1	2	3	4	5	
6	7	8	9	10	11	12

Circle grade student entering in August

**Second Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Date of Birth Social Security Number  Male  Female

Relationship to Primary Parent/Guardian  
 Child/stepchild  Grandchild  Foster Child  
 Niece/Nephew  Other (explain): \_\_\_\_\_

Was this child claimed on your 2007 taxes?  Yes  No  
 [if "no" see instructions for Section (I)]

Race (Optional)  
 White  Hispanic  Multi-Racial  
 Black  Asian  Other

Applicant Type: (See Section (I) instructions for definition of applicant type)  
 New  Renewal  Add-on  Repeat

School Attended in 2007-08 \_\_\_\_\_ County School Located In \_\_\_\_\_  
 School Type: \_\_\_\_\_  
 Public  Private  Charter  Home

K	1	2	3	4	5	
6	7	8	9	10	11	12

Circle grade student entering in August

**Third Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Date of Birth Social Security Number  Male  Female

Relationship to Primary Parent/Guardian  
 Child/stepchild  Grandchild  Foster Child  
 Niece/Nephew  Other (explain): \_\_\_\_\_

Was this child claimed on your 2007 taxes?  Yes  No  
 [if "no" see instructions for Section (I)]

Race (Optional)  
 White  Hispanic  Multi-Racial  
 Black  Asian  Other

Applicant Type: (See Section (I) instructions for definition of applicant type)  
 New  Renewal  Add-on  Repeat

School Attended in 2007-08 \_\_\_\_\_ County School Located In \_\_\_\_\_  
 School Type: \_\_\_\_\_  
 Public  Private  Charter  Home

K	1	2	3	4	5	
6	7	8	9	10	11	12

Circle grade student entering in August

**Fourth Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Date of Birth Social Security Number  Male  Female

Relationship to Primary Parent/Guardian  
 Child/stepchild  Grandchild  Foster Child  
 Niece/Nephew  Other (explain): \_\_\_\_\_

Was this child claimed on your 2007 taxes?  Yes  No  
 [if "no" see instructions for Section (I)]

Race (Optional)  
 White  Hispanic  Multi-Racial  
 Black  Asian  Other

Applicant Type: (See Section (I) instructions for definition of applicant type)  
 New  Renewal  Add-on  Repeat

School Attended in 2007-08 \_\_\_\_\_ County School Located In \_\_\_\_\_  
 School Type: \_\_\_\_\_  
 Public  Private  Charter  Home

K	1	2	3	4	5	
6	7	8	9	10	11	12

Circle grade student entering in August



# Application Instructions

## Sections K-M



### SECTION K

#### How Did You Hear About This Scholarship?

Please let us know how you originally heard about this program. If you are a first time applicant and were referred by a friend or family member in our scholarship program, please include their name and 07-08 or 08-09 application number so that we can credit their outreach efforts in our "Each One Reach One" campaign.

### SECTION L

#### Explanations

If you need to give us more information about any of your answers or if your situation has changed since 2007 please write a brief explanation in this space. If you need more space please use an additional sheet of paper.

### SECTION M

#### Certification Signature(s)

**You must sign the application.** Your signature authorizes FPS, the processing organization, to release the application and required documentation to Children First Florida.

By signing the application, you also certify that the information submitted is true, correct, and complete.

**This application cannot be processed without the appropriate signature(s).**

#### Did You? (Please check each box that applies to your situation)

- Answer every question and fill in every blank?
- Make sure all names are spelled correctly and social security numbers are correct?
- Sign your completed application and second page of your tax return?
- Enclose all the pages of the application? **(Please do not staple or fold. Use 9x12 envelope)**
- Make readable copies of supporting documents? **DO NOT** send originals, they will not be returned.
- Enclose a **copy** of all 2007 1040 tax return or transcripts as required in Section (G) Instructions.
- Enclose a **copy** of all W-2's and/or 1099 form/s for 2007?
- Enclose a **copy** of all social security/SSDI statements or award letters?
- Enclose a **copy** of your AFDC statement or award letter?
- Enclose a **copy** of your Section 8 or HUD housing letter?
- Enclose a **copy** of your child support documentation?
- Enclose a **copy** of the **Florida** public school report card, showing at least the first three semesters for 2007-08 school year, for **each** student (except those entering K or 1st grade and those who were in private school on our scholarship) ?
- Enclose a **copy** of the birth certificate for all children entering kindergarten or 1st grade?
- Enclose a **copy** of proof of custody for **all** children not claimed on your tax return?
- Enclose your non-refundable \$25 (if you used online SmartAp) or non-refundable \$30 money order (if you hand completed app) made payable to FPS? **DO NOT SEND CHECK or CASH, only money orders are accepted.**
- Make sure the envelope is at least 9x12 and has the correct amount of postage?
- Make a copy of the **entire** application packet for your records?

**DO NOT SEND APPLICATIONS OVERNIGHT OR SIGNATURE REQUIRED FOR DELIVERY.**  
**They will not be accepted.**

#### Mailing Instructions

Mail your completed application package to:

**Scholarship Application – FPS**  
**PO Box 54429**  
**Jacksonville FL 32245-4429**

For more information or assistance with this application, please call: 904-685-2382

[www.scholarshipfunding.org](http://www.scholarshipfunding.org)

Step Up For Students Scholarship Instructions 2008-09

### FINAL CHECK LIST

### Mailing



# Step Up For Students Scholarship Application

## Sections K-M

Primary Parent/Guardian Name \_\_\_\_\_

Primary Parent/Guardian SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**IMPORTANT!** Do not leave any spaces blank! Use "N/A" or "0" on items that do not apply to your situation.

### (K) How did you first hear about our program?

- Another scholarship parent. His/her name and application number is: \_\_\_\_\_
- Referred by friend, family or work associate not on scholarship (This information is required for " Each One Reach One" Campaign Credit)
- Referred by private school     At an event in my community     State Agency     Employer communication
- Flyer, brochure or poster     Newspaper ad or article     Radio Ad     Contacted at my home

### (L) Explanations Use this space to explain any answer or document change of situation — use extra paper if needed

---



---



---



---



---

### (M) Certification Signature(s)      SIGNATURE REQUIRED, DO NOT LEAVE BLANK!

- **I certify** that the information provided on this application and all supporting documentation is true, correct and complete and that ALL household income has been reported.
- **I certify** that no parent/guardian of a child on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school.
- **I understand that** if I misrepresent information, give information that is not true, or if I withhold information and my children receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and may have a scholarship denied or revoked as a result.
- **I understand** the information I provide will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide additional documentation.
- **I authorize** FPS and Children First Florida to use personal, financial and educational information for the purpose of determining eligibility.
- **I understand that** Children First Florida does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
- **I authorize** FPS and Children First Florida to make this form, and the information it contains, available to Step Up for Students and to the appropriate state agencies and their representatives as required by the law governing the scholarships.
- **I authorize** this form and all attachments to be returned to Children First Florida.
- **I agree to** follow the rules and responsibilities as they apply to the program as set forth in the Parent Handbook.
- **I understand that** my child(ren) must take an approved national norm-reference standardized test.
- **I understand that** if I am found eligible and am awarded a scholarship for 2008-2009, that I am not automatically entitled to a scholarship in following years.
- **I understand that** it is my responsibility to reapply in a timely manner and document my eligibility each year if I accept a scholarship.
- **I understand that** if my child begins attending private school for the 2008-2009 year before I receive an Award Letter I am responsible for all tuition costs incurred before the date of the Award Letter.

\_\_\_\_\_  
Primary Parent/Guardian Signature

\_\_\_\_\_  
Secondary Parent/Guardian Signature

\_\_\_\_\_  
Date

**THIS SECTION MUST BE SIGNED BY ALL PARENT/GUARDIANS LISTED IN SECTIONS A & B IN ORDER TO PROCESS THE APPLICATION.**



# Examples of Financial Documentation Required

Copies of your 2007 1040, 1040A or 1040EZ (entire return)

**1040** U.S. Individual Income Tax Return 2007

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0047

Form 1040 (2007)

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address number and street, if you have a P.O. box, see page 12. Apt. no. You must enter your SSN(s) above

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. Checking a box below will not change your tax or refund.

**Filing Status**

1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 13) if the qualifying person is a child but not your dependent, enter the child's name here. 5 Qualifying widow(er) with dependent child (see page 16).

**Exemptions**

6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (i) First name Last name (ii) Dependent's social security number (iii) Dependent's relationship to you (iv) If you are the parent of the dependent, check this box.  Yes  No. If you are not the parent, check this box.  Yes  No. Do not file with you due to divorce or separation (see page 16). Dependents on file not entered above.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8 Taxable interest. Attach Schedule B if required. 9 Tax-exempt interest. Do not include on line 9a. 10 Ordinary dividends. Attach Schedule B if required. 11 Qualified dividends (see page 18). 12 Taxable refunds, credits, or offsets of state and local income taxes (see page 20). 13 Alimony received. 14 Business income or (loss). Attach Schedule C or C-EZ. 15 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 16 Other gains or (losses). Attach Form 4797. 17 IRA distributions. 18a Taxable amount (see page 21). 18b Rollovers and annuities. 19a Taxable amount (see page 22). 19b Rollovers and annuities. 20 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 21 Farm income or (loss). Attach Schedule F. 22 Unemployment compensation. 23 Social security benefits. 24a Taxable amount (see page 24). 24b Taxable amount (see page 24). 25 Other income. List type and amount (see page 24). 26 Add the amounts in the far right column for lines 7 through 25. This is your total income.

**Adjusted Gross Income**

27 Educator expenses (see page 20). 28 Certain business expenses of nonresidents, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 29 Health savings account deduction. Attach Form 8889. 30 Moving expenses. Attach Form 3903. 31 One-half of self-employment tax. Attach Schedule SE. 32 Self-employed SEP, SIMPLE, and qualified plans. 33 Self-employed health insurance deduction (see page 28). 34 Penalty on early withdrawal of savings. 35 Alimony paid. 36 Recipient's SSN. 37 IRA deduction (see page 27). 38 Student loan interest deduction (see page 30). 39 Tuition and fees deduction. Attach Form 8817. 40 Domestic production activities deduction. Attach Form 8803. 41 Add lines 27 through 39 and 40 through 41. 42 Subtract line 40 from line 41. This is your adjusted gross income.

Form 1040 (2007)

Copies of all 2007 W-2 forms FROM ALL EMPLOYERS

**W-2** Wage and Tax Statement 2007

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0047

Form W-2 (2007)

1 Employer identification number (EIN) 2 Pages, 10a, other compensation 3 Federal income tax withheld

4 Employer's name, address, and ZIP code 5 Social security wages 6 Social security tax withheld

7 Medicare wages and tips 8 Medicare tax withheld

9 Social security tips 10 Allocated tips

11 Advance EIC payment 12 Dependent care benefits

13 Nonqualified plans 14a See instructions for line 12 14b 14c 14d

15 Employee's first name and initial Last name Suffix 16 Employee's address and ZIP code

17 State tax 18 State wage, 10a, etc. 19 State income tax 20 Local wages, 10a, etc. 21 Local income tax 22 Local option tax

Form W-2 (2007)

Copies of all 2007 1099 forms (if applicable to your household)

**1099-MISC** Miscellaneous Income 2007

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0115

Form 1099-MISC (2007)

1 Payer's name, street address, city, state, ZIP code, and telephone no. 2 Recipient's name

3 Payer's federal identification number 4 Recipient's federal identification number

5 Recipient's address (including apt. no.) 6 City, state, and ZIP code

7 Account number (see instructions) 8 Other proceeds paid to an attorney

9 State Section 408A deferrals 10 State Section 408A income 11 State tax withheld 12 State/Payer's state no. 13 State income

14 Rents 15 Royalties 16 Other income 17 Federal income tax withheld

18 Fishing boat proceeds 19 Voided and null (see page 2)

20 Nonemployee compensation 21 Substitute payments in lieu of dividends or interest

22 Payer made direct sale of \$5,000 or more of consumer products to a large inventory by mail 23 Crop insurance proceeds 24 Gross proceeds paid to an attorney

25 Excess golden parachute payments 26 Gross proceeds paid to an attorney

Form 1099-MISC (2007)

**Social Security Administration Supplemental Security Income Notice of Change in Payment**

Date: November 27, 2005  
Claim Number: D1

AIH

KISSIMMEE FL 34741

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

(if applicable to your household)  
Copy of Social Security Award (shown above)  
OR copy of 2007 SSA-1099 (shown below)

**2007** FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Part of your Social Security benefits shown in boxes B, C, and D may be taxable income. See the reverse for more information.

Box 1: Name  
Box 2: Beneficiary's Social Security Number

Box 3: Benefits Paid in 2007  
Box 4: Benefits Reported to SSA in 2007  
Box 5: Net Benefits for 2007 (also see box 6)

DESCRIPTION OF AMOUNT IN BOX 3 DESCRIPTION OF AMOUNT IN BOX 4

Box 6: Voluntary Federal Income Tax Withholding  
Box 7: Address  
Box 8: Claim Number (use the number if you need to contact SSA)

Form SSA-1099-SM (1-2005) DO NOT RETURN THIS FORM TO SSA OR IRS

(if applicable to your household)  
Copy of your 2007 or current AFDC Award Letter

**STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**

AE01 PG 2 01/10/2006

FS 01

Your FOOD STAMPS APPLICATION dated 12/06/2005 has been APPROVED. You are eligible to receive Food Stamp benefits from 02/01/2006 through 06/30/2006. Your regular monthly benefit will be \$10.00. You must re-apply before 07/01/2006. If you have a pending cash benefit that is approved, your food stamp benefit could change without advance notice.

**Certification ending/consequences**  
Your certification will end 06/30/2006. You must re-apply, be interviewed, provide all needed verifications and be determined eligible before 07/01/2006 in order to continue receiving food stamps without a break in benefits.

The Lifeline Assistance Program provides a discount on basic monthly phone service for qualified individuals. To qualify, the individual, who has a telephone in his/her name, must be eligible for one of the following programs: Medicaid, Food Stamps, Supplemental Security Income, Temporary Cash Assistance, Low Income Home Energy Assistance Program, or Federal Public Housing (Section 8). If you live on a federally recognized tribal land and are eligible for benefits through the Bureau of Indian Affairs for Tribal TANF, Head Start Subsidy or the National School Lunch Program, you may qualify for Lifeline assistance. Contact your local telephone company for lifeline availability. Provide this letter as proof of eligibility.

The following individuals are members of this assistance group:  
W (ELIGIBLE) D (ELIGIBLE)  
Reason: ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET

**Approval Information:**  
The following GROSS income and expenses were used to calculate your monthly Food Stamp benefit:

Assets	\$
Income	\$
Household Size	2
Dependent Care	\$0.00
Medical Expenses	\$0.00
Shelter Cost	\$
Utilities	\$

The only change you must report is when your household's monthly gross income is more than your income limit listed below.

Your 'income limit' is:  
You must report this change within 10 days following the end of the month the change happens.

These food stamp rules do not change the reporting requirements for other programs such as Medicaid and Temporary Cash Assistance. If your household is receiving Medicaid or Temporary Cash Assistance, you must still report all changes in your household's circumstances within 10 days.

If you self-prepared your 2007 tax return you must contact IRS at 1-800-829-1040 and request a 2007 tax transcript to submit with your application package. If you did not file a tax return you must request a transcript of non-file from IRS.