



Florida Foster Child Scholarship Application 2017-2018 School Year

This form is **ONLY** for guardians applying on behalf of a student who is currently placed, or during the previous state fiscal year was placed, in non-relative foster care as defined in s. 39.01(29) f.s. or out-of-home care placement as defined by s.39.01(48) f.s.. See Page 2 for instructions on how to complete this application.

A. Guardian Information

1. Guardian A Name: _____
(Guardian A must sign each scholarship check) Last Name, First Name Middle Initial
2. SSN: _____ - _____ - _____
3. Relationship to child: Foster Parent Caseworker House Parent/Children's Home Other, Explain: _____
4. Guardian B Name: _____
(Guardian B may not sign each scholarship check) Last Name, First Name Middle Initial or NA
5. SSN: _____ - _____ - _____
6. Relationship to child: Foster Parent Caseworker House Parent/Children's Home Other, Explain: _____
7. Guardian Street Address: _____
8. City: _____ 9. State: FL 10. Zip: _____ 11. County: _____
12. Work Phone: (_____) _____ 13. Cell Phone: (_____) _____
14. Email Address: _____ 15. Student's Primary Language: _____
16. Monthly state support for this student: \$ _____
(Must be less than \$22,311 per year to qualify)
(State income documentation must be provided with this application)

B. Foster Child Information

1. Currently is this child placed in non-relative foster care or out-of-home care? YES NO
2. During 07/01/16 – 06/30/17 was this child placed in non-relative foster care or out-of-home care? YES NO
If no to both question 1 & 2, the child is NOT eligible to use this application. If yes to either/both, provide documentation from the state.
3. Student Name: _____ 4. SSN: _____ - _____ - _____
5. Date of Birth (MM/DD/YY): _____ / _____ / _____ (Child must be at least five years old by September 1, 2017 if entering kindergarten or must be at least six years old by September 1, 2017 if entering first grade, by law.) *Enclose Birth Certificate*
6. Grade Level Student will be entering in August of 2017: _____
(Student must be entering Kindergarten through 12th grade to qualify for this scholarship, by law.)
7. Gender: Male Female 8. Race : Asian Black Hispanic White/Caucasian Multi-Racial Other

C. Certification Signature

Read the following statements, sign this application then mail it with all needed document copies to:

AAA Scholarship Foundation -Application, P.O. Box 15719, Tampa, FL 33684-0719

- / I certify that the information provided on this application and all supporting documentation is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and this student receives a scholarship for which they are not eligible, I can be lawfully punished for fraud and will result in the scholarship being denied or revoked.
- / In applying for a scholarship, I agree to abide by and accept the determination of eligibility made by AAA.
- / 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 other information and/or documentation.
- / I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
- / I understand that AAA does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
- / I authorize AAA to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships. I authorize this form and all attachments to be returned to AAA.
- / I agree to follow the rules and responsibilities as set forth in the Parent Handbook, available online at www.aascholarships.org.
- / I understand if approved this student must take an approved nationally recognized standardized test.
- / I understand if this student is awarded a scholarship for 2017-2018 they are not automatically entitled to a scholarship in following years.
- / I understand that it is the parent/guardian of this student's responsibility to reapply and document the student's eligibility each year.
- / I understand if I enroll this student into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and the student may not qualify for future scholarship funding. I understand funding is not guaranteed.

1st Guardian Signature

2nd Guardian Signature

Date

Florida Foster Child Scholarship Application Instructions

Student Eligibility

A student who is/was placed at any time in foster care or out-of-home care during the current OR previous state fiscal year may be eligible (the state fiscal year runs from July 1 to June 30).

A child in foster care is defined by the following:

"Foster care" means care provided a child in a foster family or boarding home, group home, agency boarding home, child care institution, or any combination thereof, as defined by s. 39.01(29) f.s..

A child in out-of-home care placement is defined by the following:

"Out-of-home" means a placement outside of the home of the parents or a parent, as defined by s. 39.01(48) f.s. which is further defined as the placement of a child in licensed and non-licensed settings, arranged and supervised by the department or contracted service provider, outside of the home of the parent, as defined by DCF Rule: 65C-30.001 Definitions. (91).

Documentation from the state of Florida that validates that the child meets the definition of s.39.01(29) or s. 39.01(48) and specifies the amount of support provided by the state for the benefit of the child must accompany the application for scholarship assistance. Failure to provide this documentation will result in the application being denied.

Children who **DO NOT** meet the above criteria must use the 2017-2018 Florida income-based scholarship application that is available at www.aaascholarships.org and must meet the following criteria for scholarship assistance:

1. Household total income must be at or below 250 percent of the federal poverty level.
2. Student must be at least five years old by September 1, 2017 if entering kindergarten.
3. Student must not have graduated from high school or reached the age of 21, whichever comes first.
4. Guardians must provide documentation of #1 & #2 noted above with their application package.

Application Checklist

Did you:

- Answer every question and fill in every blank or indicate N/A if the question is not applicable?
- Make sure all names are spelled correctly and social security numbers are correct?
- Sign the completed application?
- Make legible copies of required supporting documents? **Do not** send originals, they will not be returned.
- Enclose a **copy** of documentation from the state of Florida that validates the assignment of the child/children to foster or out-of-home care now or during the previous state fiscal year?
- Enclose a **copy** of documentation that indicates the monthly financial support provided for the child by the state of Florida?
- Enclose a **copy** of the student's birth certificate?
- Make a **copy** of the entire application packet for your records?

Mailing Instructions

Mail your completed application package to:

AAA Scholarship Foundation - Application

P.O.Box 15719

Tampa, FL 33684-0719