



Student Name: _____

School: _____ Grade Level: _____

Checklist for Completion of
EPIC Foundation Scholarship Application

Please refer to checklist to ensure each piece of information is enclosed before submitting application to the EPIC Foundation office.

_____ Completed Application with *all* areas filled out and *all* forms signed

_____ Recent Federal Income Tax (1040, 1040A, 1040EZ)* Form for all Wage Earners in the Home; or proof of receiving current unemployment or disability benefits

*(Student must be listed as a dependent on the front page Form 1040, 1040A, or 1040EZ)

_____ Completed Teacher Recommendation Form (*if applicable*)

_____ Copy of Social Security Card (*signed by parent/guardian on copy page*)

_____ Completed Photography & Videography Permission Page (*providing EPIC the opportunity to surprise the candidates if awarded*)

All documents mentioned above must be scanned in .pdf format and emailed to Info@EpicSouthFlorida.org or faxed to **1-866-969-5222**.

If any questions or concerns, please contact us 1-844-303-7356.



Scholarship Application

SECTION A: Student Identification Information

Student Name _____

Student ID # _____

Social Security # _____

Grade _____ Date of Birth _____

Are you a U.S. Citizen? yes no

School _____

Note: The qualified beneficiary must be either a United States citizen or a resident alien. Students must have a permanent social security number and not a temporary ID.

Student E-mail _____

Parent/Guardian Email _____

Student Phone # _____

Parent/Guardian Phone # _____

Home Address _____

(Street, building and apt. number)

(City, state, zip)

Gender: Male
 Female

Race / Ethnicity: Black/African American
 Hispanic / Latin American
 American Indian/Alaska Native
 Hawaiian Native/Pacific Islander
 Asian
 White

SECTION B: Household Information

Mother _____

(Last)

(First)

(MI)

Date of Birth _____

Last Grade Completed in School _____

Father _____

(Last)

(First)

(MI)

Date of Birth _____

Last Grade Completed in School _____

Applicant lives with:

- Mother Stepmother Grandmother Guardian
 Father Stepfather Grandfather Other _____

Number of brothers _____

Number of sisters _____



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

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Last Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Independent siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Brother/Sister</u> (Check one)	<u>Currently</u> <u>Attending School</u>	<u>Last Grade</u> <u>Completed</u>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	yes no	_____

SECTION C: Employment Information

Parent/Guardian's Current Employer

Name _____

Employer _____

Occupation _____

Address _____

Number of years with Current Employer _____ Monthly Salary _____

Parent/Guardian's Current Employer

Name _____

Employer _____

Occupation _____

Address _____

Number of Years with Current Employer _____ Monthly Salary _____



SECTION D: Financial Information

What is your household income? \$ _____

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

Please check the services you currently receive:
 Welfare Food Stamps Medicaid

Are you currently receiving assistance from your local Workforce Development Office? Yes No

Do you receive income from any other source for this student/applicant? (Social Security, child support, etc.?)
 Yes No

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

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? \$ _____

*****Please attach a recent federal income tax statement*****

****Proof of income is required in order to be considered for any financial aid****

Other proof of income may be accepted under limited circumstances.



Section E: Additional Student Information

Has the student participated, or currently participates, in any of the following programs (check all that apply):

- Boys and Girls Club
- Big Brothers, Big Sisters
- Girl Scouts
- Boys Scouts
- Other(s): _____

SECTION F: Student Information

(To be completed by student)

What is your favorite subject in school? _____

Why? _____

What is your least favorite subject? _____

Why? _____

When and where do you do your homework?

Who helps you with your homework?

How often do you turn your homework in on time?
 Never Sometimes Most of the time Always

List any extra-curricular activities in which you participate, including clubs and sports:

Please tell us about any hobbies or interests that you might like to talk or learn more about:

What chores do you do at home?



List any awards you have received in school or other activities:

What is your career goal?

How do you plan to achieve this?

Who is someone you look up to?

Why? _____

Describe your personality.

Tell us at least one thing you like about yourself and you are proud of:

Upon acceptance into the EPIC Foundation Program, you will be required to meet with a mentor at least twice a each week. A mentor is a caring adult volunteer who can become a friend and role model to help guide you through your high school years. How do you feel about having an adult to speak with each week?

What activities would you like to do with your mentor? (i.e.: homework, career research, games, puzzles, talk about things going on in my life)

Do you already have a mentor? No Yes If yes, name: _____

Is there anyone you know who is a good role model, besides your parent/ guardian that we should consider to be your mentor? No Yes



If you answered yes to either of the above questions, please tell us his/her name and telephone number so we can invite him/her to mentor you through the EPIC Foundation program if you are selected:

Please indicate any scholastic programs in which you are currently involved:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> CROP | <input type="checkbox"/> AP |
| <input type="checkbox"/> AVID | <input type="checkbox"/> ROTC |
| <input type="checkbox"/> Magnet Program: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IB | |
| <input type="checkbox"/> Dual Enrollment | |

In your own words, tell us about your goals, aspirations and hopes for your future. Tell us what you would like to be when you grow up and what you would like to accomplish. (Attach another sheet if needed).

SECTION G: 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 check any special family situations that might be relevant to school success.

- | | |
|---|---|
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Extended family in home |
| <input type="checkbox"/> Bus ride more than 30 minutes to school | <input type="checkbox"/> Serious illness in household |
| <input type="checkbox"/> Incarcerated parent* | <input type="checkbox"/> Extended family raising student |
| <input type="checkbox"/> English not spoken in home | <input type="checkbox"/> Disabled student or family member |
| <input type="checkbox"/> Deceased parent | <input type="checkbox"/> Student applicant is a teen parent |
| <input type="checkbox"/> Migrant worker | <input type="checkbox"/> Student applicant is or has been in foster care |
| <input type="checkbox"/> Absent parent (no contact or support) | <input type="checkbox"/> Parent was a teen parent |
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Family has received TANF benefit from State of Florida |
| <input type="checkbox"/> Poor relations between biological parents | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home is in foreclosure | _____ |
| <input type="checkbox"/> DCF involvement | _____ |
| <input type="checkbox"/> Homeless or living with extended family or friends | |

Statement of Authenticity and Entirety

I, the undersigned parent or legal guardian of _____ (name of minor child), hereby authorize the EPIC Foundation, Inc., or their designees, including volunteers, teachers, and mentors, 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, disciplinary history, extracurricular activities, and psychological test reports of the minor. I understand that the information contained in this application is accurate and will be shared with the **EPIC Foundation** selection committee and the implementers of the program. I also certify that my child meets the program income requirements. I understand that any false information in this application may result in my child losing his or her eligibility in the program.

Student Signature

Date

Parent/Guardian Signature

Date

For Official Use Only:

- | | | |
|---|---|---|
| <input type="checkbox"/> Applicant Information Reviewed by E.P.I.C. Staff | <input type="checkbox"/> Eligible for Aid | <input type="checkbox"/> Not Eligible for Aid |
| <input type="checkbox"/> Income Eligibility Confirmed by E.P.I.C. Staff | | |

Staff Signature

Staff Title

Date



Student's Name: _____
Teacher's Name: _____
School: _____
GPA: _____
FCAT Scores # (if applicable): _____

EPIC Foundation TEACHER RECOMMENDATION FORM

Please consider the student's skills and aptitudes and rate them relative to your experiences with him/her by circling the appropriate word.

Academic Motivation	Average	Good	Excellent	Outstanding
Leadership	Average	Good	Excellent	Outstanding
Self-Confidence	Average	Good	Excellent	Outstanding
Warmth of Personality	Average	Good	Excellent	Outstanding
Sense of Humor	Average	Good	Excellent	Outstanding
Concern for Others	Average	Good	Excellent	Outstanding
Energy	Average	Good	Excellent	Outstanding
Emotional Maturity	Average	Good	Excellent	Outstanding
Personal Initiative	Average	Good	Excellent	Outstanding
Reaction to Setbacks	Average	Good	Excellent	Outstanding
Respected by Faculty	Average	Good	Excellent	Outstanding

*Why do you feel this student would be a good candidate for the EPIC Foundation Program?
(Use additional pages if necessary)*

Signature of Recommending Teacher _____



Permission for Unrestricted Use

Of Photography and Videography of Minor Child

In regard to the photography and videography of _____, my minor child, I do grant to **the EPIC Foundation, Inc.** the absolute and irrevocable right and unrestricted permission -- concerning any photographs and video segments that agent and agent's contracted photographers and videographers have taken -- to use, reuse, publish, and republish the photographs and videos in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my child's name and comments in connection with any use. I release and discharge **the EPIC Foundation, Inc.** from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. I also waive any right to inspect or approve finished photographs, audio, video, multimedia or advertising, recordings, and copy or printed matter or computer generated scanned images and other electronic media that may be used in conjunction with the photography and videography. I am a legally competent adult and a parent or legally appointed guardian of the minor child, and I have every right to contract for the minor in the above regard. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

SIGNATURE _____

PRINT NAME _____

MINOR CHILD'S NAME _____

TODAY'S DATE _____



Permission for Unrestricted Use Photography and Videography

I, _____, do grant to the **the EPIC Foundation**, the absolute and irrevocable right and unrestricted permission -- concerning any photographs and video segments that agent and agent's contracted photographers and videographers have taken -- to use, reuse, publish, and republish the photographs and videos in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name and comments in connection with any use. I release and discharge **the EPIC Foundation** from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. I also waive any right to inspect or approve finished photographs, audio, video, multimedia or advertising, recordings, and copy or printed matter or computer generated scanned images and other electronic media that may be used in conjunction with the photography and videography. I am a legally competent adult and the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

SIGNATURE _____

PRINT NAME _____

TODAY'S DATE _____