



Get There Faster Scholarship Program 2022-2023 Student Application

The GET THERE FASTER SCHOLARSHIP is a 1-Year Florida Prepaid College Plan. The 1-Year Florida College Plan prepays tuition, registration fees, and local fees.

Section I: Basic Information

Section II: Financial Information

Section III: Student Interest Form

Section V: Forms and Agreements

To be eligible for consideration of the GET THERE FASTER SCHOLARSHIP, the student must:

1. Attend a public or charter high school in St. John's or Putnam Counties
2. Must participate in Career Development Workshops by FCTC
3. Be a resident of Florida for 12 consecutive months
4. Have a GPA of 2.7 or above
5. Must be 20 years old or younger
6. Agree to remain drug-free [This means not being convicted of, or adjudicated delinquent for, any violation of chapter 893 after being designated a recipient of a Florida Prepaid College Foundation In-Demand Scholarship.]
7. Agree to remain crime-free [This means not being convicted of, or adjudicated delinquent for, any felony or first-degree misdemeanor as defined in ss. 775.08 and 775.081 after being designated a recipient of a Florida Prepaid College Foundation IN-Demand Scholarship.]
8. Be a US citizen or resident alien with a valid SSN
9. Qualify for free/reduced public school lunch program
10. Be seeking a college degree/certification in Florida
11. Agree to submit an Annual Online Student Survey once scholarship is in use

Deadlines:

November 1st

June 1st

Student must enroll and attend the first available opening for their program

A completed application packet must be emailed to **Wendy Hansford** at whansford@goodwilljax.org



Section I: Basic Information

Student Information

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ Current Grade: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Age: ____ Gender pronoun preference: _____ Ethnicity: _____

Current High School: _____

Student Cell Phone: _____ Home Phone: _____

Social Media Profiles: (check the platforms you use and list your handle)

- ☐ Tiktok _____
- ☐ Instagram _____
- ☐ Facebook _____
- ☐ Twitter _____
- ☐ Other _____

Is student a Florida Resident and U.S. Citizen or a Resident Alien? ☐ Yes ☐ No

Social security # (required): _____

If the student is not a U.S. citizen, the student must be a resident alien or the child of a resident alien - proof must be provided.

The scholarship you are applying for requires proof of Florida residency. Please provide the proper documentation proving student and/or parent/guardian is a Florida resident as marked in your application (one or more of the following):

- Student's most recent report card
- Florida driver's license, for parent or guardian, issued at least one year prior to selection.
- Florida voter's registration card, for the parent/guardian, issued at least one year prior to selection.
- Parent's Military Orders, issued at least one year prior to selection.
- Florida homestead exemption certificate, issued at least one year prior to selection.
- We do accept other forms of residency verification. If you cannot meet one of the forms of proof listed above, please contact whansford@goodwilljax.org for more information.

Primary Parent/Guardian Information

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Relationship to student: _____

Section II: Financial Information

What is your total gross household income? (Before taxes & other deductions)

\$_____ (monthly)

\$_____ (annually)

Are you eligible to receive the following? (Select all that apply):

☐ Medicaid

☐ SNAP benefits

☐ TANF

☐ HUD "Very Low Income" qualifications (**Based on county income limits**)

☐ Free/reduced lunch program (**Based on individual income qualifications**)

☐ Other _____

The scholarship you are applying for requires one of the above financial risk factors for eligibility. Please provide the proper documentation proving you are eligible to receive the government benefits selected above based on individual income.

Please check any risk factors that apply to the student:

- | | |
|--|---|
| <input type="checkbox"/> Poor attendance (more than 5 days absent from school during previous school year) | <input type="checkbox"/> Parent was teen parent |
| <input type="checkbox"/> Poor academic performance (less than a 2.5 GPA) | <input type="checkbox"/> Student will be first in family to attend college |
| <input type="checkbox"/> More than three school reports showing behavior or other problems | <input type="checkbox"/> Student is first in family to complete high school |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> English not spoken at home |
| <input type="checkbox"/> Incarcerated parent | <input type="checkbox"/> Migrant worker |
| <input type="checkbox"/> Deceased parent | <input type="checkbox"/> Loss of employment |
| <input type="checkbox"/> Absent parent (no contact or support) | <input type="checkbox"/> Home in foreclosure |
| <input type="checkbox"/> Poor relations between biological parents | <input type="checkbox"/> Homeless or living with extended family or friends |
| <input type="checkbox"/> DCF involvement | <input type="checkbox"/> Serious illness in family |
| <input type="checkbox"/> Extended family in home | <input type="checkbox"/> Disabled student or family member |
| <input type="checkbox"/> Student is teen parent | <input type="checkbox"/> Student is or has been in foster care |

Section III: Student Interest Form

What is your favorite subject in school? _____

Please list your top three hobbies and/or interests:

1. _____
2. _____
3. _____

What clubs/organizations do you belong to, if any?

What is your goal or plan for your future/career?

Section IV: Forms and Agreements

*The "Information Release" form and "Media Release" form, attached on the final pages, must be signed and included with the completed application.

I understand that the information contained in this application is accurate and will be shared with the Get There Faster selection committee and the implementers of the program. I also verify 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)

(Parent/Guardian Signature)

**If any information filled out on this application were to change, please contact Wendy Hansford, whansford@goodwilljax.org*

SUBMISSION CHECKLIST

For your application to be considered complete it must include:

- ☐ Student and parent signatures
- ☐ Signed "Information Release" form
- ☐ Signed "Media Release" form
- ☐ Signed "Commitment of Agreements"
- ☐ Documentation proving financial risk (one of the forms of proof mentioned)
- ☐ Documentation proving Florida residency (one of the forms of proof mentioned)
- ☐ One letter of recommendation from a current teacher
- ☐ Proof of 2.7 or higher GPA (transcript/report card)



Media Release

I hereby authorize Goodwill Industries of North Florida Inc. (Goodwill) to publish any photographs, audiotapes or videotapes taken of me (including my name and likeness) for use in the print, online, social media, television advertisements, and video-based marketing materials Goodwill as well as other publications. This may include sharing the aforementioned materials with news stations and outlets in press releases for publication.

I hereby release and hold harmless Goodwill from any reasonable expectation of privacy or confidentiality associated with the images described above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Goodwill materials, radio advertisements, internet presence, social media, or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Goodwill, its contractors, its employees, and any other third parties involved in the creation or publication of said marketing or other Firm materials from liability for any claims by me or any third party in connection with my participation.

Authorized

Printed Name of Participant

Date

Signature (Parent/Guardian Signature if participant is under 18)



AUTHORIZATION FOR INFORMATION RELEASE FORM
PARENT/GUARDIAN CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION

In accordance with the Federal Educational Rights and Privacy Act ("FERPA"), and related state law as set forth in FS §1002.22 and FS §1002.221, I hereby consent to the release of my child's educational records, including reports, test scores, and related information, to the program staff at Goodwill to assist with monitoring my child's academic progress in order to help identify any areas of academic need for my child so that it can provide appropriate enrichment programs as needed.

Student's Name	School
Student ID Number	Grade

Parent/Guardian Name

Signature of Parent/Guardian

Date

COMMITMENT OF AGREEMENTS

I understand that funds are contingent on my successful completion of high school and acceptance into a technical college, state college, or state university in Florida. I will maintain the minimum grade point average, remain drug & crime free, and will maintain my eligibility for a certificate, or degree. I agree to maintain regular communication with the Get There Faster program and participate in activities as requested.

Student Signature _____ Date _____

I agree to support the requirements of my child and submit the required identification and proof of income verification as outlined in the application.

Parent Signature _____ Date _____