



# SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

## 2017-2018 Private School Scholarship Application

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

2017-2018 School Applying To: \_\_\_\_\_

**New Application**       **Renewal Application**

To receive a Private School Scholarship, a student must meet the following criteria:

- Student must have **fully completed the prior school year (unless entering Kindergarten)**
- The student must **not be retained or repeating grade level.**
- The student must have **a GPA of 2.5 or higher.** (for student entering grades 2-12)
- The student must have **no more than ten (10) total absences (excused and unexcused) for the school year.**

If the student fulfills **all the above criteria**, the Advisor must complete the information below. **This information will be used to determine the status of the application.** (Approved or denied for renewal applicants)

GPA Term 1: \_\_\_\_\_ GPA Term 2: \_\_\_\_\_ GPA Term 3: \_\_\_\_\_ GPA Term 4: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ **(Must be 2.5 or higher)** Attach transcript/report card(s)

Total Absences for school year: \_\_\_\_\_ **(excused & unexcused combined)** Not to exceed 10 TOTAL.

The exceptions for these requirements are if the student is entering Kindergarten or First Grade or was previously enrolled in a public school.

Entering Kindergarten or 1 <sup>st</sup> Grade	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previously enrolled in Public School	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**(To Be Completed by Local Advisor of the STOF Center for Student Success and Services)**  
**I HAVE PRE-QUALIFIED THE APPLICANT AND THE ABOVE INFORMATION IS CORRECT.**

**Approved**     **Not Approved**    By: \_\_\_\_\_

*Advisor's Signature*
*Date*

- Parent must attach documentation of application submitted to private school by January 31<sup>st</sup>.
- Parent must provide the **original private school acceptance letter** to the local Advisor of the Center for Student Success and Services within **five (5) days** of receipt before final approval of application.



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ACADEMIC EVALUATION MAY BE REQUIRED FOR "NEW" OR "TRANSFER" FROM PUBLIC SCHOOL STUDENTS

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Name of Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Applying To: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt/Ste/Lot City State Zip

Mailing Address: \_\_\_\_\_  
Street Apt/Box City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### TWO (2) EMERGENCY CONTACTS: REQUIRED *(Not parent/guardian listed above)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIBLINGS

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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### PREVIOUS SCHOOL/ACADEMIC INFORMATION

Please answer each question:

- 1. Did your child attend private school last year?  YES  NO
- 2. Is your child attending the same private school this year?  YES  NO
- 3. Has your child ever be **denied** a K-12 Private School Scholarship?  YES  NO

If **YES** on Question 3, please state why: \_\_\_\_\_

### AGREEMENT (you must complete a new application each academic year)

By signing this application, I hereby agree to the K-12 Private School process and all applicable policies and procedures.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reviewing Advisor Signature*

\_\_\_\_\_  
*Date*

**Approved**     **Not Approved**

\_\_\_\_\_  
*Director or Designee*

\_\_\_\_\_  
*Date*

### ===== Office Use Only =====

- This student performed at a level consistent with private school success in all academic areas.
- This student is recommended for tutoring to ensure private school success.
- Formal Academic Evaluation/Assessment is required.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Private School Scholarship Parent Agreement

Please read and initial each number of the Parent Agreement to ensure the continuation of the support and services provided by the Center for Student Success and Services.

1. The Parent/Legal Guardian is responsible to enroll the student into an approved accredited private school. (List of approved accredited K-12 schools may be obtained from your local Advisor).
2. The Parent/Legal Guardian is responsible for all school expenses not covered by the scholarship, including but not limited to: school uniforms, lunch/food, after school care, lost and damaged textbooks, and other fees.
3. The Parent/Legal Guardian is responsible to ensure the student maintains a minimum GPA of 2.5.
4. **The Parent/Legal Guardian is responsible to ensure the student does not have more than ten (10) absences (excused and unexcused) during the school year. When a student reaches ten (10) absences, the parent/legal guardian must supply a medical note from the student’s doctor to the school and the Center for Student Success and Services within three (3) school days. Seven (7) unexcused absences in any ninety (90) day period will result in a referral to the Truancy Coordinator.**
5. The Parent/Legal Guardian must notify the local Advisor *immediately* should it be necessary to withdraw a student from school, or if the student is suspended or expelled from school. The scholarship will be revoked if a student is expelled from school or withdrawn without notice to the Center for Student Success and Services.
6. If a student is transferred to another private school during the school year, the parent/legal guardian will be responsible for any balance remaining at the previous school and all costs incurred at the new school.
7. The Parent/Legal Guardian will be responsible for transporting students to and from school that have been suspended or expelled from the bus or transportation provided by the Center for Student Success and Services.
8. **The Parent/Legal Guardian is responsible to ensure all report cards are submitted to the Center for Student Success and Services within two weeks following the end of the grading period. Failure to provide the report cards may jeopardize all future scholarships.**
9. The Parent/Legal Guardian is responsible to reapply annually for the scholarship. Applications for the new school year must be submitted no later than January 31<sup>st</sup>. Funding will not be provided until the application has been approved.
10. The Parent/Legal Guardian must sign an “Authorization for the Release of Information” form to ensure that the Center for Student Success and Services receives information including but not limited to grades, attendance and discipline reports from the school. (*Authorization form attached*)

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reviewing Advisor Signature*

\_\_\_\_\_  
*Date*



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### Authorization for the Release of Information

Student: \_\_\_\_\_  
First Middle Last Date of Birth

Address: \_\_\_\_\_  
Street Apt/Box/Ste City State Zip

**The signature below authorizes the release of records and information as indicated for the purpose of:**

- Monitor education progress
- Assessments and referral
- Incentive Awards
- Family Services
- Coordinate education services with school, family and other concerned person(s)
- CCDT
- REC
- CBH
- Other (Please specify): \_\_\_\_\_

**TO BE RELEASED TO/REQUESTED FROM:**

**Seminole Tribe of Florida's Center for Student Success and Services**

**Attention of:** \_\_\_\_\_ (CSSS Representative)

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Information to be released:**

- Attendance Information
- Report Cards/Progress Reports
- ESE Reports
- Discipline records/ actions
- Standardized Test Information/Results
- Current IEP/504 Plan
- Current Report Card
- Assessments and evaluations
- Transcripts
- Psychological Evaluations
- Dates and reasons for special program enrollment / withdrawals

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Center for Student Success and Services. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature until the student graduates from high school or until it is revoked by my written consent.

**I have been informed and understand my rights regarding the release of these records.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date