



SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

2019-2020 Private School Scholarship Application

Student Name: _____ Date: _____

New Application **Renewal Application**

2019-2020 School Applying To: _____

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) unexcused absences 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: _____ **(Not to exceed 10 unexcused)**

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 st Grade	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previously enrolled in Public School	Yes <input type="checkbox"/>	No <input type="checkbox"/>

• PRIVATE SCHOOL SCHOLARSHIP APPLICATION AND SCHOOL APPLICATION MUST BE SUBMITTED BY MARCH 31ST.

• PARENT MUST PROVIDE SIGNED SCHOOL CONTRACT BY MARCH 31ST, 2019.

(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



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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: _____

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: _____

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. Did your child receive tutoring during the 2018-2019 school year? YES NO
4. Does your child have any accommodations, such as an IEP, learning plan or 504? YES NO
5. Will your child need bus transportation for the upcoming school year? YES NO
6. Has your child ever be **denied** a K-12 Private School Scholarship? YES NO

If **YES** on Question 6, 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



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2019-2020 Private School Scholarship Application **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 2.50. _____
4. **The Parent/Legal Guardian is responsible to ensure the student does not have more than ten (10) unexcused absences during the school year. When a student reaches ten (10) unexcused 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. Ten (10) unexcused absences 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 March 31st. 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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Center for Student Success and Services

2019-2020 Private School Scholarship Application

Authorization for the Release of Information

Student: _____
First Middle Last

Date of Birth Tribal Member #

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

- Monitor Education Progress
- Assessments and Referrals
- Recognition and Events
- Family Services
- Coordinate education services with school, family and other concerned person(s)
- CCDT
- REC
- CBH
- Emergency/Hazards
- Tutoring
- Other (Please specify): _____

I hereby request and authorize STOF Center for Student Success and Services: Disclose To Obtain From
 Person/Agency: _____ Phone: _____

TO BE RELEASED TO/REQUESTED FROM: Seminole Tribe of Florida's Center for Student Success and Services

<p>• BIG CYPRESS 31000 Josie Billie Hwy Clewiston, FL 33440 (863)902-3200</p>	<p>• BRIGHTON 650 Harney Pond Rd Ste 112 Okeechobee, FL 34974 (863)763-3572</p>	<p>• HOLLYWOOD/TRAIL/FT. PIERCE 3100 N. 63rd Avenue Hollywood, FL 33024 (954)989-6840 ext 10500</p>	<p>• IMMOKALEE/NAPLES 295 Stockade Road Immokalee, FL 34142 (239)867-5303</p>	<p>• TAMPA 6401 Harney Road Tampa, FL 33610 (813)246-3100</p>
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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
- Contact Information to STOF Departments

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