



SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

2020-2021 Private School Scholarship Application

The K-12 Private School Scholarship the K-12 is to provide each recipient with the opportunity to attend an educational institution valued in academic excellence, integrity and fairness.

Private School Scholarship Include

The K-12 Private School Scholarship covers books (*first time of issuance only*), tuition, admission enrollment fees, lab fees, school ID (*First time of issuance only*), approved school bus transportation to/from school up to \$300 per month for the regular school year (*unless transportation is provided and funded by the school*), school required laptops – Grades 5th -12th (*Documentation is required from the school and must meet the iPad/ Computer Policy*).

SCHOLARSHIP APPLICATION CHECKLIST

INFORMATION YOU MAY NEED WHEN APPLYING FOR THE PRIVATE SCHOOL SCHOLARSHIP	
Private School Scholarship Student Requirements	
Student must have fully completed the prior school year (<i>unless entering Kindergarten</i>)	<input type="checkbox"/>
The student must not be retained or repeating grade level.	<input type="checkbox"/>
The student must have a GPA of 2.5 or higher (<i>for student entering grades 2nd – 12th; exception if student has a documented IEP, 504 Plan, and/or documentation from Psychological service</i>).	<input type="checkbox"/>
The student must not be in violation of the Truancy policy.	<input type="checkbox"/>
Academic Information	
Parent/ Student must provide a copy of the student's most recent Academic report card	<input type="checkbox"/>
Parent/ Student must provide a copy of the student's IEP, 504 Plan, and /or documentation from Psychological Service	<input type="checkbox"/>
Parent/ Student must complete the full academic information section	<input type="checkbox"/>
Miscellaneous Information (All Form must be fully completed to be eligible for the Private School Scholarship)	
Parent must submit a fully completed 2020-2021 Private School Scholarship Application by Friday, March 27, 2020, 5:00PM EST (<i>In person</i>) or by 11:59PM EST (<i>online submission</i>)	<input type="checkbox"/>
Parent/ Student must provide 2020- 2021 Academic Year Authorization for the Release of Information	<input type="checkbox"/>
Parents/ Student must provide a 2020- 2021 Private School Scholarship Parent Agreement	<input type="checkbox"/>

Private School Scholarship Application Due By March 27, 2020

Student Information	
Student Name: _____	DOB: _____
Member Number: _____	
Current School Name: _____	Current Grade Level: _____
Current School Address: _____	
City/State Zip Code: _____	School Phone #: _____



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2020 – 2021 Private School Choice

Please provide the name of the School Choice below. The Private School of Choice must be an accredited, and an approved vendor with the Seminole Tribe of Florida.

School Choice #1

School Name: _____ School Phone Number: _____

School Address: _____

School Choice #2

School Name: _____ School Phone Number: _____

School Address: _____

Parent/Guardian Information

Parent #1 Name: _____ Relationship to Student: _____

Home Address:

Street Apt/Suite City State Zip

Mailing Address:

Street Apt/Suite City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent # 2 Name: _____ Relationship to Student: _____

Home Address:

Street Apt/Suite/Lot City State Zip

Mailing Address:

Street Apt/Box City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/ Guardian Initial: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____



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Academic Information

Please answer each question:

1. Are you interested in your child receiving tutoring service during the 2020 – 2021 school year?
 YES NO
2. Does your child have any accommodations, such as an IEP, learning plan or 504?
 YES NO
3. Will your child need bus transportation for the upcoming school year?
 YES NO

Please share any academic concerns, if applicable.

Signed Consent (Signature Required)

By signing this application, I _____, hereby agree to all
(Parent Full Name)

Seminole Tribe of Florida Center for Student Success and Services K-12 Private School Scholarship application policies and procedures. I, hereby agree to complete a new application each academic year.

Parent/Guardian Signature

Date

Reviewing Advisor Signature

Date



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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.

	Private School Scholarship Parent Agreement(s)	Parent Initial
1.	The Parent/Legal Guardian is responsible to enroll the student into an <i>approved accredited</i> 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 student must not be in violation of the Truancy policy.	
5.	The Parent/Legal Guardian must notify the local Advisor <i>immediately</i> 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 the last Friday of March 2020. 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)	
11.	I have read and understand the K-12 Private School Scholarship policies and procedures.	

Signed Consent (Signature Required)

Parent/Guardian Signature

Date

Reviewing Advisor Signature

Date



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Authorization for the Release of Information

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

Table with 6 columns: BIG CYPRESS, BRIGHTON/FORT PIERCE, HOLLYWOOD/TRAIL, IMMOKALEE/NAPLES, TAMPA, OTHER. Each column contains contact information for that location.

Student: _____
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
• Health and Human Services
• Coordinate education services with school, family and other concerned person(s)
• Emergency/Hazards • Tutoring • SPD • Other (Please specify): _____

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

Information to be released:

- Attendance Information
• Discipline Records/Actions
• Current Report Card
• Psychological Evaluations
• Contact Information to STOF Departments
• Report Cards/Progress Reports
• Standardized Test Information/Results
• Assessments and Evaluations
• Dates and Reasons for Special Program Enrollment/Withdrawals
• ESE Reports
• Current IEP/504 Plan
• Transcripts

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 _____