

STATE OF FLORIDA – DEPARTMENT OF CHILDREN AND FAMILIES  
"ROAD TO INDEPENDENCE SCHOLARSHIP" APPLICATION

SECTION A: APPLICANT CERTIFICATION

The information I am supplying in this application is true, complete and correct. To the best of my knowledge and belief, I am eligible for this program as defined under Florida law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTICE: If you purposely give false information on this form, you may be subject to fine or imprisonment or both under Section 837.06, Florida Statutes.

SECTION B: Demographic Information – The Department of Children and Families will communicate with you based on information you supply in this portion of your application. It is your responsibility to keep this information current. Should your contact information change please contact \_\_\_\_\_ at \_\_\_\_\_.

Questions marked with an asterisk (\*) require a response

1. \*Social Security Number \_\_\_\_\_
2. \*First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Last Name \_\_\_\_\_
3. Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. \*Street Address/PO Box \_\_\_\_\_ Apt # \_\_\_\_\_
6. \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*County \_\_\_\_\_ \*Zip Code \_\_\_\_\_
7. \*Is Florida your state of legal residence? Yes \_\_\_\_\_ No \_\_\_\_\_
8. \*Are you a U.S. citizen or eligible non-citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
9. \*At the time of your 18<sup>th</sup> birthday will you be or were you adjudicated dependent and in the legal custody of the State of Florida? (Documentation attached)  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. \* Did you spend or will you have spent at least 6 months living in foster care before reaching your 18<sup>th</sup> birthday?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. \* Date of Birth: \_\_\_\_\_

12. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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### SECTION C: Academic Background

#### Questions marked with an asterisk (\*) require a response

12. \*Please indicate if you meet one of the following criteria: (Supporting documentation must be attached.)

- a. I have earned a standard high school diploma or its equivalent as described in F.S. 232.246 or 229.814, and I have been admitted for full-time\* enrollment in an eligible post-secondary education institution as defined in F.S. 240.40204;
- b. I am enrolled full time\* in an accredited high school, am within 2 years of graduation, and have maintained a grade point average of at least 2.0 on a scale of 4.0 for the two semesters preceding the date of this application; or
- c. I am enrolled full time\* in an accredited adult education program designed to provide me with a high school diploma or its equivalent, am making satisfactory progress in the program as certified by the program, and am within 2 years of graduation.

\*Those persons with a documented disability will provide documentation that part-time attendance is a necessary accommodation.

I have provided the following documentation:

- a. \_\_\_\_\_ A copy of my diploma and proof of enrollment in a post-secondary education institution are attached.
- b. \_\_\_\_\_ A copy of my report cards for the two semesters preceding this application is attached.
- c. \_\_\_\_\_ A written certification from my program indicating that I am making satisfactory progress is attached.

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9. \*High School name/County \_\_\_\_\_

10. \*High School graduation date (if not graduated, projected date): \_\_\_\_\_

11. \*My current academic level:

- |  |  |
|--|--|
| _____ Less than high school senior               | _____ Vocational school                                |
| _____ High school senior                         | _____ College sophomore; no previous bachelor's degree |
| _____ College freshman; no previous college work | _____ College junior; no previous bachelor's degree    |
| _____ College freshman; previous college work    | _____ College senior; no previous bachelor's degree    |

12. \*Name of the last post-secondary institution attended (ex. University, community college, vocational school):

\_\_\_\_\_

13. \*Post-secondary institution you are planning to attend (if different from #12 above):

\_\_\_\_\_

Mail or Hand deliver this completed application to \_\_\_\_\_

at \_\_\_\_\_

**Certification of Award:**

This application for the "Road to Independence" Scholarship has been reviewed and the award has been:

\_\_\_\_\_ APPROVED for the term of one year or until the recipient's next birthday, which ever comes first, subject to the continued eligibility requirements being met and funds being available. You must renew your scholarship during the 90-day period prior to the one-year term or the 90-day period prior to your next birthday, which ever comes first.

\_\_\_\_\_ NOT APPROVED due to \_\_\_\_\_

\_\_\_\_\_  
Reviewing Authority Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Administrator (if different from above)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Appeals Process**

(a) Informal appeal. An applicant who believes that the department has made an error in determining the applicant's eligibility or continuing eligibility to receive services through the

programs described in this section shall first seek to resolve the matter by contacting the Program Administrator of the Family Safety Program Office in the District. The Program Administrator shall respond in writing to the applicant within 30 days of receipt of the contact, either granting or denying eligibility, and, if eligibility is denied, advising the applicant that he or she has 30-days from the issue date of the decision to appeal.

(b) If the applicant is not satisfied with the response received from the District Family Safety Program Administrator, the applicant may file a formal written appeal of the decision using the following procedure:

1. The appeal shall be made to the Director of the Office of Family Safety, 1317 Winewood Boulevard, Tallahassee, Florida 32399. The written appeal must fully describe the nature of the error the applicant believes has been made and must contain documentation, which supports the applicant's claim of eligibility. A copy of the response of the District Program Administrator of the Family Safety Program Office must be attached to the written appeal.

2. The appeal must be postmarked within thirty (30) days of the issue date of the response of the District Program Administrator of the Family Safety Program Office. An applicant who fails to file a timely appeal waives the right of appeal.

3. The Director must respond to the applicant in writing within thirty (30) days of receiving the appeal. The response will either deny or grant the appeal. If the appeal is denied, the applicant must be notified that he or she has 30-days from the issue date to file a further appeal.

4. An applicant who wishes to appeal the decision of the Director may request further review by the Secretary of the Department, stating in writing the reason for the request and providing documentation to support the appeal. This appeal must be made within thirty (30) days of the issue date of the decision of the Director of the Family Safety Program. An applicant who fails to file a timely appeal waives the right of appeal.

5. The Secretary, after reviewing all documents provided, will issue a Final Order either finding the applicant eligible or ineligible for the requested services. If the order finds the applicant ineligible, it will contain language advising the applicant of the right to appeal pursuant to the provisions of s. 120.68, Florida Statutes.