

Add-On Sibling Scholarship Form 2010-11 School Year

STEP UP FOR STUDENTS

* This form is **ONLY** for families that have already submitted a COMPLETE 2010-11 application and have additional children in the immediate family they want considered for a scholarship in 10-11.

* **IF YOU HAVE NOT ALREADY MAILED IN A 2010-11 APPLICATION, DO NOT USE THIS FORM.**

* Please include a non-refundable, \$25 processing fee money order payable to SUFS for this additional scholarship application.



A. Parent/Guardian Information (Only those who live in the student(s) household)

- 1st Parent or Guardian's Name: _____
First Name Middle Initial Last Name
- 1st Parent or Guardian's SSN: _____ - _____ - _____ 2010-11 Application Number: _____
Relationship to child (check one): Mother Father Step-Parent Grandparent Other(Explain): _____
- 2nd Parent or Guardian's Name: _____
First Name Middle Initial Last Name
- 2nd Parent or Guardian's SSN: _____ - _____ - _____
Relationship to child (check one): Mother Father Step-Parent Grandparent Other(Explain): _____

B. Add-On Sibling Information (All students on the application must be of the same IMMEDIATE family.)

New Add-on Sibling 1. If this child is entering grades 2 – 12 in August 2010, is/was this child a full time student in a FLORIDA public school from Oct 1, 2009 to Mar 1, 2010? YES NO If no, the child is NOT eligible

5. Student First Name: _____ Middle Initial: _____ Last Name: _____
6. Grade Level as of August 2010: _____ (K5-12 only) 7. Student Social Security #: _____ - _____ - _____
8. Race (optional/check one): African-American Asian Caucasian Hispanic Other(explain): _____
9. Gender: Male Female
10. Date of Birth (MM/DD/YY): ____/____/____ (Child must be 5 years old by Sept 1, 2010) Enclose Birth Certificate
11. Current School: _____ 12. School County: _____
13. School Type (check one): Public Private Charter Lab School Enclose Most Recent 09-10 Report Card

New Add-on Sibling 2. If this child is entering grades 2 – 12 in August 2010, is/was this child a full time student in a FLORIDA public school from Oct 1, 2009 to Mar 1, 2010? YES NO If no, the child is NOT eligible.

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C. Certification Signature

I understand that the elements of the certification agreement that I signed on my original 2010-11 application apply equally to the children on this form.

I understand that the misrepresentation of the information in any way will result in the scholarship being denied or revoked, and may subject me to prosecution under applicable State and Federal laws.

I understand that if my child begins attending private school for the 10-11 year before I receive an award letter I will be responsible for paying all tuition costs incurred before the date of the award letter.

23. 1st Parent/Guardian Signature _____
24. 2nd Parent/Guardian Signature _____
25. Date _____

Parents are encouraged to include ALL prospective scholarship children on their original application. Failure to do so will require an add-on processing fee of \$25 by money order, payable to SUFS for processing the additional children.

For each student entering grade 2-12 include a 09-10 Report Card showing the first three reporting periods.

For each student entering grades Kindergarten or First include a copy of the Birth Certificate.

Mail this form with supporting documentation and \$25 money order to:

**SUFS – Add-On Sibling Scholarship
P.O. Box 54429, Jacksonville, FL 32245-4429**