



## Section I: Basic Information

### Student Information

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_ Gender pronoun preference: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current High School: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Media Profiles: (check the platforms you use and list your handle)

☐ Tiktok \_\_\_\_\_

☐ Instagram \_\_\_\_\_

☐ Facebook \_\_\_\_\_

☐ Twitter \_\_\_\_\_

☐ Other \_\_\_\_\_

Is student a Florida Resident and U.S. Citizen or a Resident Alien? ☐ Yes ☐ No

Social security # (required): \_\_\_\_\_

*If the student is not a U.S. citizen, the student must be a resident alien or the child of a resident alien - proof must be provided.*

The scholarship you are applying for requires proof of Florida residency. Please provide the proper documentation proving student and/or parent/guardian is a Florida resident as marked in your application (one or more of the following):

- Student's most recent report card
- Florida driver's license, for parent or guardian, issued at least one year prior to selection.
- Florida voter's registration card, for the parent/guardian, issued at least one year prior to selection.
- Parent's Military Orders, issued at least one year prior to selection.
- Florida homestead exemption certificate, issued at least one year prior to selection.
- We do accept other forms of residency verification. If you cannot meet one of the forms of proof listed above, please contact [whansford@goodwilljax.org](mailto:whansford@goodwilljax.org) for more information.

Primary Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Section II: Financial Information**

What is your total gross household income? (Before taxes & other deductions)

\$\_\_\_\_\_ (monthly)

\$\_\_\_\_\_ (annually)

Are you eligible to receive the following? (Select all that apply):

☐ Medicaid

☐ SNAP benefits

☐ TANF

☐ HUD "Very Low Income" qualifications (**Based on county income limits**)

☐ Free/reduced lunch program (**Based on individual income qualifications**)

☐ Other \_\_\_\_\_

The scholarship you are applying for requires one of the above financial risk factors for eligibility. Please provide the proper documentation proving you are eligible to receive the government benefits selected above based on individual income.

Please check any risk factors that apply to the student:

- |  |   |
|--|---|
| <input type="checkbox"/> Poor attendance (more than 5 days absent from school during previous school year) | <input type="checkbox"/> Parent was teen parent                             |
| <input type="checkbox"/> Poor academic performance (less than a 2.5 GPA)                                   | <input type="checkbox"/> Student will be first in family to attend college  |
| <input type="checkbox"/> More than three school reports showing behavior or other problems                 | <input type="checkbox"/> Student is first in family to complete high school |
| <input type="checkbox"/> Single parent   | <input type="checkbox"/> English not spoken at home                         |
| <input type="checkbox"/> Incarcerated parent   | <input type="checkbox"/> Migrant worker                                     |
| <input type="checkbox"/> Deceased parent   | <input type="checkbox"/> Loss of employment                                 |
| <input type="checkbox"/> Absent parent (no contact or support)   | <input type="checkbox"/> Home in foreclosure                                |
| <input type="checkbox"/> Poor relations between biological parents   | <input type="checkbox"/> Homeless or living with extended family or friends |
| <input type="checkbox"/> DCF involvement   | <input type="checkbox"/> Serious illness in family                          |
| <input type="checkbox"/> Extended family in home   | <input type="checkbox"/> Disabled student or family member                  |
| <input type="checkbox"/> Student is teen parent  | <input type="checkbox"/> Student is or has been in foster care              |

### **Section III: Student Interest Form**

What is your favorite subject in school? \_\_\_\_\_

Please list your top three hobbies and/or interests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What clubs/organizations do you belong to, if any?

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What is your goal or plan for your future/career?

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## Section IV: Forms and Agreements

\*The "Information Release" form and "Media Release" form, attached on the final pages, must be signed and included with the completed application.

I understand that the information contained in this application is accurate and will be shared with the Get There Faster selection committee and the implementers of the program. I also verify that my child meets the program income requirements. I understand that any false information in this application may result in my child losing his or her eligibility in the program.

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(Student Signature)

(Parent/Guardian Signature)

*\*If any information filled out on this application were to change, please contact Wendy Hansford, [whansford@goodwilljax.org](mailto:whansford@goodwilljax.org)*

## SUBMISSION CHECKLIST

For your application to be considered complete it must include:

- ☐ Student and parent signatures
- ☐ Signed "Information Release" form
- ☐ Signed "Media Release" form
- ☐ Signed "Commitment of Agreements"
- ☐ Documentation proving financial risk (one of the forms of proof mentioned)
- ☐ Documentation proving Florida residency (one of the forms of proof mentioned)
- ☐ One letter of recommendation from a current teacher
- ☐ Proof of 2.7 or higher GPA (transcript/report card)



## Media Release

I hereby authorize Goodwill Industries of North Florida Inc. (Goodwill) to publish any photographs, audiotapes or videotapes taken of me (including my name and likeness) for use in the print, online, social media, television advertisements, and video-based marketing materials Goodwill as well as other publications. This may include sharing the aforementioned materials with news stations and outlets in press releases for publication.

I hereby release and hold harmless Goodwill from any reasonable expectation of privacy or confidentiality associated with the images described above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Goodwill materials, radio advertisements, internet presence, social media, or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Goodwill, its contractors, its employees, and any other third parties involved in the creation or publication of said marketing or other Firm materials from liability for any claims by me or any third party in connection with my participation.

### **Authorized**

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Printed Name of Participant

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Date

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Signature (Parent/Guardian Signature if participant is under 18)



AUTHORIZATION FOR INFORMATION RELEASE FORM  
PARENT/GUARDIAN CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION

In accordance with the Federal Educational Rights and Privacy Act ("FERPA"), and related state law as set forth in FS §1002.22 and FS §1002.221, I hereby consent to the release of my child's educational records, including reports, test scores, and related information, to the program staff at Goodwill to assist with monitoring my child's academic progress in order to help identify any areas of academic need for my child so that it can provide appropriate enrichment programs as needed.

Student's Name	School
Student ID Number	Grade

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date

COMMITMENT OF AGREEMENTS

I understand that funds are contingent on my successful completion of high school and acceptance into a technical college, state college, or state university in Florida. I will maintain the minimum grade point average, remain drug & crime free, and will maintain my eligibility for a certificate, or degree. I agree to maintain regular communication with the Get There Faster program and participate in activities as requested.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to support the requirements of my child and submit the required identification and proof of income verification as outlined in the application.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_