

EMA How to Apply for a Scholarship: New Student



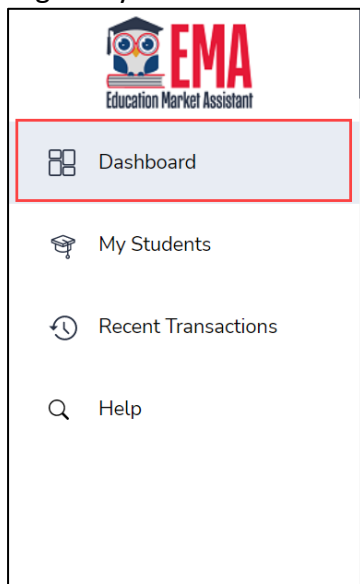
How to Apply for a Scholarship in EMA

New Student - FES-UA

Step 1 - Student Selection

Note: You must first add a student via your EMA guardian account to be able to apply for a SUFS scholarship.

1. Log into your EMA account. Select **Dashboard**.



2. From your dashboard, view the scholarship(s) available for your student.

Available Scholarships

IMPORTANT NOTICE

You can only submit one application per program for FES-UA, FTC and FES-EO. Please make sure all students have been added to the [My Students](#) section on the left before applying. After you click "Apply" select all students you want to apply for new and renewing students.

New Worlds Reading Scholarship Accounts

Is your public school child having trouble reading? If so, the New Worlds Reading Scholarship Accounts can help.

APPLY

Students with Unique Abilities (FES-UA)

FES-UA allows parents of students with Unique Abilities to direct funds toward a combination of programs and approved providers.

APPLY

Scholarship for Private Schools and Transportation

FTC and FES-EO give families a choice between private school tuition and fees, or transportation costs to attend a public school different than the one they are assigned to.

APPLY

3. Select  to begin applying for a scholarship.

Note: You will be prompted to ensure that you have added all students you wish to apply for before proceeding, as well as given notice that you can ONLY SUBMIT ONE application per program. Once you have read the **Important Notice**, select **CONTINUE**.

Important Notice

You can only submit one application per program for FES-UA, FTC and FES-EO. Please make sure all students have been added to the [My Students](#) section before applying.

CONTINUE

CLOSE

4. The **New Application** screen displays.
- Toggle the **APPLY** button to the right, so that it turns blue. **1**
 - Verify the status is **New**. **2**
 - Verify the correct checkbox for **Yes** or **No** is selected to indicate whether your student has graduated from the 12th grade. **3**
 - Verify the correct checkbox for **Yes** or **No** is selected to indicate whether your student has completed a high school equivalency (GED or similar). **4**

Student Selection
 Student Information
 Guardian Information
 Summary

New Application

Family Empowerment Scholarship for Unique Abilities

Before beginning your application, please note:
 The FES-UA is available only to students with one or more diagnoses, as described in Florida Statute 1002.385. Please verify the appropriate diagnosis for your student on page 48 of the Family Empowerment Scholarship for Students with Unique Abilities [Handbook](#).

IMPORTANT NOTICE

You can only submit one application per program for FES-UA, FTC and FES-EQ. Please make sure all students have been added to the [My Students](#) section on the left before applying. After you click "Apply" select all students you want to apply for new and renewing students.

Who are you applying for?

APPLY?	STUDENT NAME	STATUS
1 <input checked="" type="checkbox"/>		2 New

3 1. Has the student graduated from the 12th grade?
 Yes No

4 2. Has the student completed a high school equivalency (GED or similar)?
 Yes No

CONTINUE

5. Select CONTINUE.

Step 2 - Student Information

1. The **Student Information** screen displays. Select the drop-down arrow next to the student's name to begin entering their information.

Student Selection
 Student Information
 Guardian Information
 Summary

Family Empowerment Scholarship for Unique Abilities

Student Information

Please complete the below information for each student. Social Security numbers are required for all students.

ADD A STUDENT

1.

SAVE AS DRAFT **CONTINUE**

2. Review and complete the fields as necessary:

1.

First Name
 Middle Name Enter Middle Name
 Last Name
 Suffix Select

Date of Birth
 Gender Male
 Ethnicity Non-Hispanic or Latino
 Race White

Relationship to Guardian*
 Student's SSN / ITIN* 000-00-0000

Expected School Information

School Year 2023-2024
 Type of School* Select...
 Grade Level* Select...

Current School Information

School Year 2022-2023
 Type of School* Select...
 School Name* Enter School Name
 School County* Select...

- a. These fields are prefilled:
 - i. First Name
 - ii. Middle Name
 - iii. Last Name
 - iv. Date of Birth (mm/dd/yyyy)
 - v. Gender
 - vi. Ethnicity
 - vii. Race
- b. Complete these fields:
 - i. Relationship to Guardian*
 - ii. Student's SSN / ITIN*

*means required

c. Expected School Information. (School Year is prefilled.)

i. Use the drop-down menus to select:

- Type of School*
- Grade Level*

Expected School Information
School Year: 2023-2024
Type of School *: Select...
Grade Level *: Select...

d. Current School Information. (School year is prefilled.)

- Type of School* (use drop-down menu)
- School Name*
- School County* (use drop-down menu)

Current School Information
School Year: 2022-2023
Type of School *: Select...
School Name *: Enter School Name
School County *: Select...

e. Diagnosis:

i. Select at least one.

You must make at least one selection:

<input type="checkbox"/> A Specific Learning Disability	<input type="checkbox"/> High-Risk Child	<input type="checkbox"/> Prader-Willi Syndrome
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Hospital or Homebound	<input type="checkbox"/> Rare Diseases
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Traumatic Brain Injured
<input type="checkbox"/> Dual Sensory Impaired	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Emotional or Behavioral Disability	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Williams Syndrome
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Phelan-McDemid Syndrome	

f. Diagnosis Related Documentation:

i. Enter the document name and select **UPLOAD**.

Diagnosis Related Documentation

To document your child's disability, you will be required to submit a copy of the student's Individual Education Plan (IEP) or doctor's diagnosis from a licensed medical doctor, osteopathic physician, psychologist, or an autonomous Advance Practice Registered Nurse.

Documentation Type*(You may upload up to 5 files.)
Enter Document Name

g. Additional Information

- Select the correct **Yes** or **No** buttons to the four questions.
- If you answered Yes to any, enter the title of any documents (supporting documentation is required) and select **UPLOAD**.
- If complete, select **CONTINUE**. (If not complete, select **SAVE AS DRAFT**.)

Additional Information

If you answer "Yes" to any of the following questions, you are required to upload supporting documentation to avoid processing delays.

Is this student adopted? *

Yes No

Has this student been in foster care in the last two calendar years? *

Yes No

Is this student the dependent child of a member of the United States Armed Forces? *[See More](#)

Yes No

Is this student the dependent of a law enforcement officer? *[See More](#)

Yes No

If you answered "Yes" to any of the questions above, you are required to upload supporting documentation to avoid processing delays.

Documentation Type(You may upload up to 5 files.)

Enter Document Name

UPLOAD

SAVE AS DRAFT

CONTINUE

3. The **Guardian Information** Screen displays.

Step 3 - Guardian Information

1. From the Guardian Information screen, select the **Primary Guardian** drop-down arrow.

Student Selection Student Information Guardian Information Summary

Family Empowerment Scholarship for Unique Abilities

Guardian Information

Primary Guardian*

Spouse/Partner

SAVE AS DRAFT CONTINUE

2. Review the prefilled fields (grayed out) and enter your Social Security number.

First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text" value="Enter Middle Name"/>	<input type="text"/>	<input type="text"/>
Marital Status*	Primary Language*	Email - Primary*	Email - Secondary
<input type="text" value="Married"/>	<input type="text" value="English"/>	<input type="text" value="@gmail.com"/>	<input type="text" value="@gmail.com"/>
Phone - Primary*	Phone Type - Primary*	Phone - Secondary	Phone Type - Secondary
<input type="text"/>	<input type="text" value="Mobile"/>	<input type="text" value="(000) 000-0000"/>	<input type="text"/>
SSN / ITIN			
<input type="text" value="***-**-XXXX"/>			

3. Review the prefilled (grayed out) **Physical Address** fields.

Physical Address

Street Address:* Address Line 2:

City:* County:* State:* Zip Code:*

4. Use the drop-down menu to select your **Proof of Residency Documentation**.

Proof of Residency *

You must provide Proof of Residency documentation. Please select the type of document that you are submitting and then click upload.

Proof Documentation Type

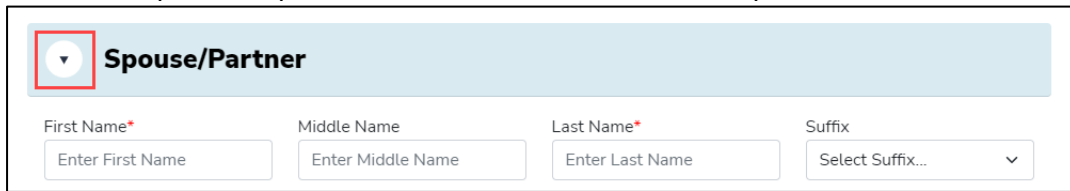
*Must not be more than two months old.
Must include current name and address.*

a. Acceptable documentation includes:

- Utility Bill (water and/or electric)
- Florida Drivers License
- Statement from VA
- Mortgage, monthly mortgage statement, residential lease agreement
- Deed
- Statement from SSI
- Current S8/HUD Lease
- SNAP Statement
- Statement from TANF
- Paystubs
- Medical or health care benefits or enrollment statement
- Homeowner's or renter's insurance policy or bill
- Automobile insurance policy or bill

Note: Documentation must not be more than two months old and must include current name and address.

5. To enter a spouse or partner's information, select the drop-down menu.



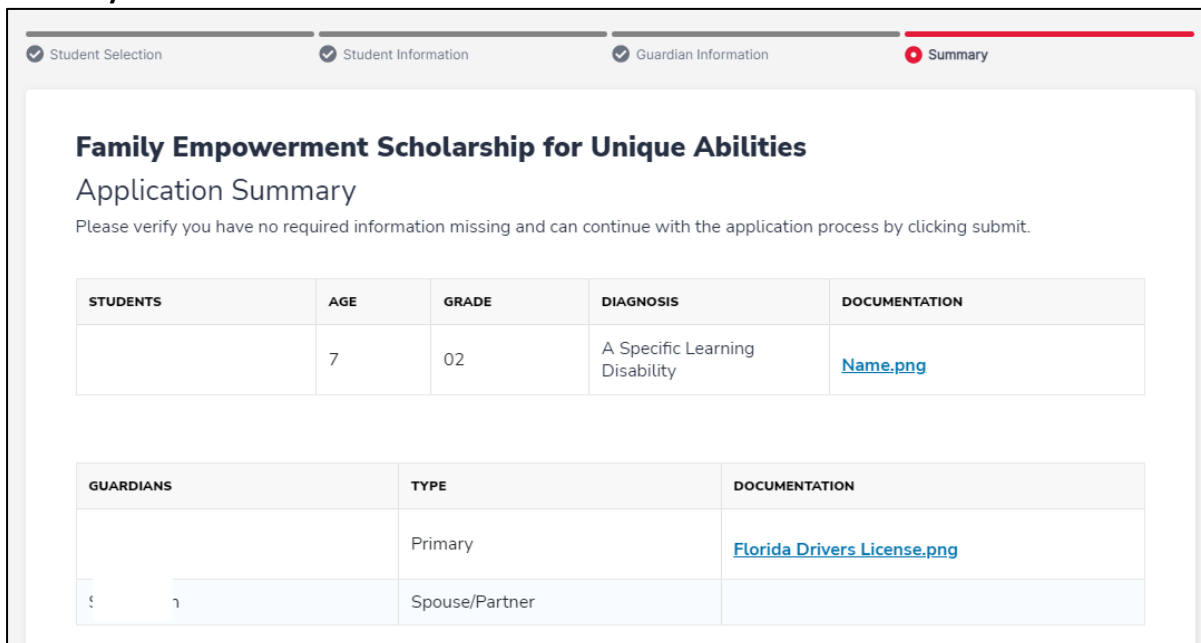
- i. First Name*
- ii. Middle Name*
- iii. Last Name*

6. When completed, select **CONTINUE**. (If not completed, select **SAVE AS DRAFT**.)

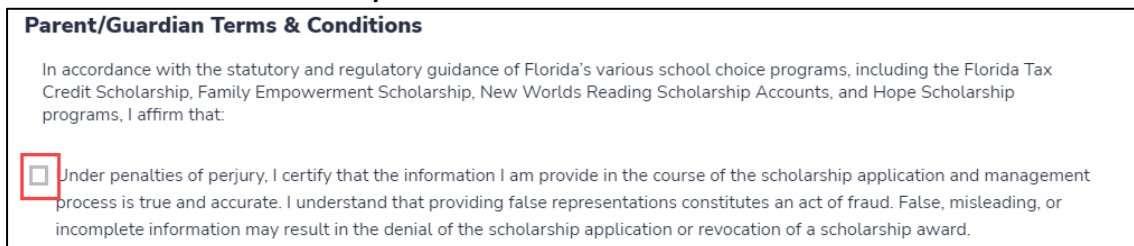


Step 4 - Application Summary

1. Verify that no information is missing from the guardian, spouse, or student information in the **Application Summary**.



2. Check the boxes for the **Parent/Guardian Terms & Conditions**.



3. Read the **Sworn Compliance Statement (SCS)**.

Sworn Compliance Statement

Under the Family Empowerment Scholarship program statute (s. 1002.394, Florida Statutes (Chapter No. 2018-2, Laws of Florida)), there are parent/guardian and student responsibilities for program participation. Pursuant to Section 1002.394(10), F.S., I affirm that:

- I will enroll the student in a parochial, religious, or denominational school; private school; or a home education program that meets regular school attendance requirements as required by s.1003.01(13)(b), (c) or (d), Florida Statutes, as provided for in the Family Empowerment Scholarship program statute.
- I will use the Family Empowerment Scholarship Program for Students with Unique Abilities (FES-UA) funds only for authorized purposes serving the student's educational needs, as described in the Family Empowerment Scholarship program statute. (s.1002.394 (4)(b), F.S.)

4. Check the box to acknowledge having read the SCS and sign in the signature space, then select **KEEP**.

I have read and agree to the compliance statement

Please Sign Here
Signature Of *



KEEP CLEAR

5. Next, select SUBMIT. (If your application is not complete to your satisfaction, select SAVE AS DRAFT.)

SAVE AS DRAFT **SUBMIT**

6. Congratulations! You have submitted your application. The **My Applications** panel of your dashboard will show you the **School Year**, **Application ID** (this one is redacted), and **Application Status** for your FES-UA application.

My Applications

FES-UA [VIEW ALL →](#)

School Year	Application ID	Application Status
2023-2024		Submitted

