

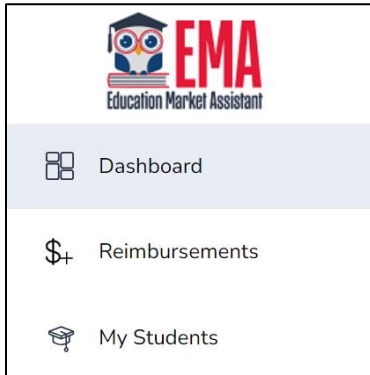
EMA How to Apply for a Scholarship:

FES-UA

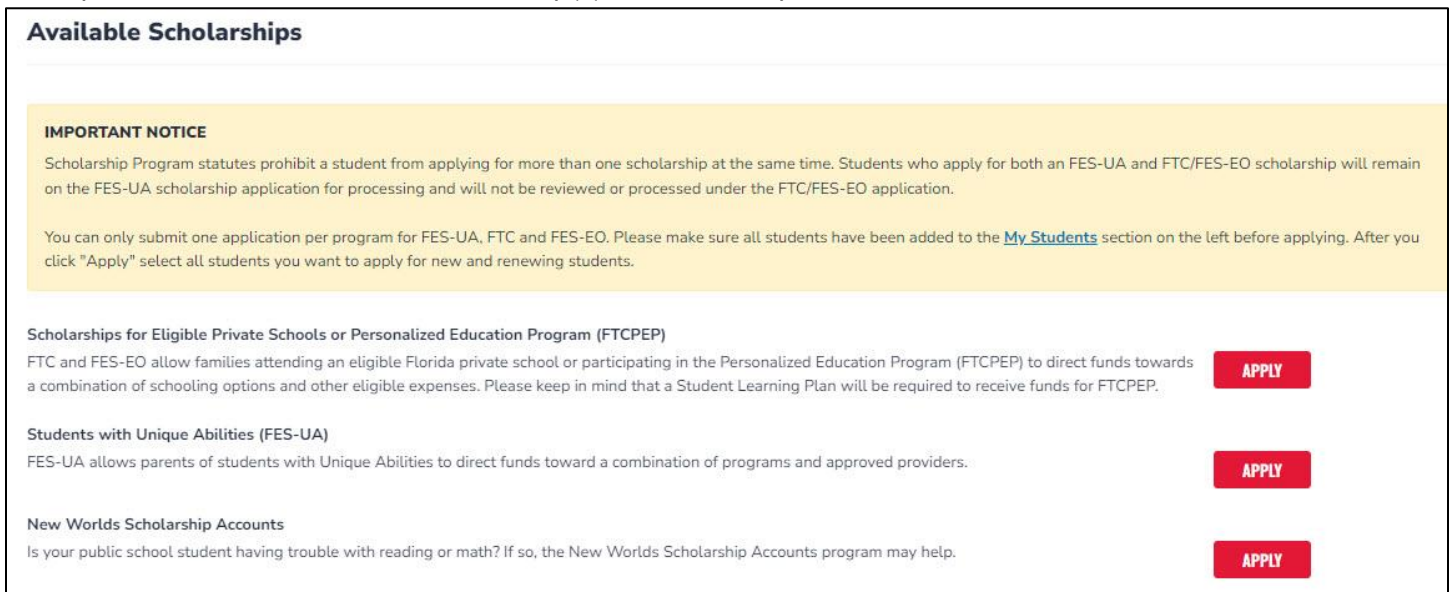
Step 1 – Student Selection

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

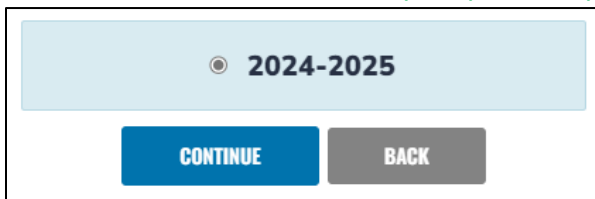
1. Log into your EMA account. Select **Dashboard**.



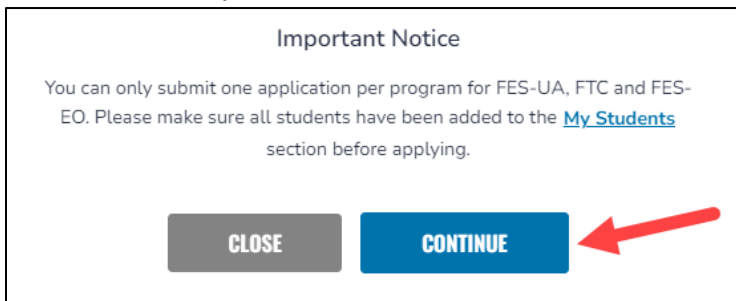
2. From your Dashboard, view the scholarship(s) available for your student.



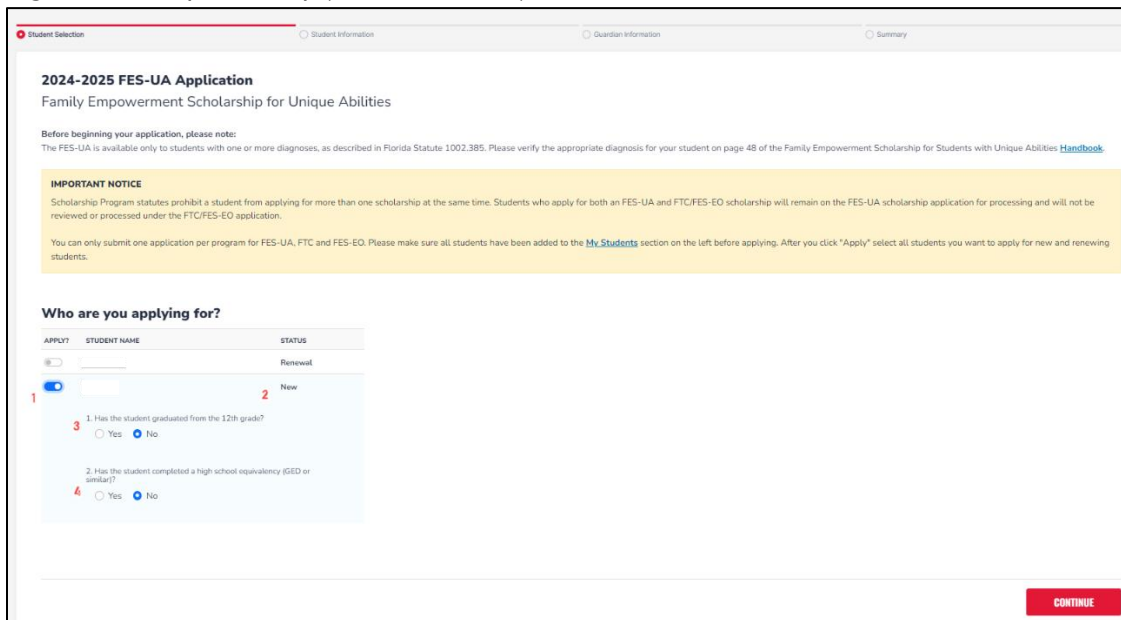
3. Select **APPLY** to begin applying for a scholarship.
4. Select **2024-25** for the school year you are applying for and select **CONTINUE**.



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 SUMBIT ONE application per program. Once you have read the Important Notice, select **CONTINUE**.



5. The application screen (for the FES-UA scholarship you have chosen) displays.
 - a. Toggle the **APPLY** button to the right, so that it turns blue. **1**
 - b. Verify the status is **New**. **2**
 - c. Verify the correct checkbox for **Yes** or **No** is selected to indicate whether your student has graduated from the 12th grade. **3**
 - d. 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**



6. 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

2024-2025 FES-UA Application
Student Information
 Please complete the below information for each student. Social Security numbers are required for all students.

ADD A STUDENT

1.

2. Review and complete the fields as necessary:

Student Selection Student Information Student Information Summary

2024-2025 FES-UA Application
Student Information
 Please complete the below information for each student. Social Security numbers are required for all students.

ADD A STUDENT

1.

First Name	Middle Name <small>(Enter Middle Name)</small>	Last Name	Suffix Select
Date of Birth	Gender Male	Ethnicity Hispanic or Latino	Race American Indian or Alaska Native
Relationship to Guardian*	Student's SSN/ITIN*	Confirm Student's SSN/ITIN*	

Expected School Information

School Year 2024-2025	Type of School* Select...	Grade Level* Select...
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Current School Information

School Year 2023-2024	Type of School* Select...	School Name* Enter School Name	School County* Select...
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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* (use drop-down menu)
- ii. Student's SSN/ITIN*

*means required

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

- i. Type of School* (use drop-down menu)
- ii. Grade Level* (use drop-down menu)

Expected School Information

School Year 2024-2025	Type of School* Select...	Grade Level* Select...
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d. Current School Information. (School Year is prefilled.)

- i. Type of School* (use drop-down menu)
- ii. School Name*

iii. School County* (use drop-down menu)

Current School Information

School Year 2023-2024	Type of School * Select...	School Name* Enter School Name	School County * Select...
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e. Diagnosis:

i. Select at least one:

Diagnosis *

The FES-UA scholarship is available only to students who have one or more of the following disabilities described in Florida Statute 1002.385. Please note "Other Health Impairment" under the Diagnosis section means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems. For more details please see the [Manual](#).

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 current, valid Florida or out-of-state Individual Education Plan (IEP), a diagnosis from a licensed Florida physician, Autonomous Advanced Practice Registered Nurse, or psychologist, or a diagnosis from a physician with an active license issued by another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

File Upload Requirements

- Please ensure that any files you are uploading are **not** password protected.
- If you are uploading more than 1 file, you can upload up to 5 files max.
- Each file cannot exceed 5MB.
- Files types accepted: .jpeg, .jpg, .png, .PDF

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

Enter Document Name **UPLOAD**

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.

File Upload Requirements

- Please ensure that any files you are uploading are **not** password protected.
- If you are uploading more than 1 file, you can upload up to 5 files max.
- Each file cannot exceed 5MB.
- Files types accepted: .jpeg, .jpg, .png, .PDF


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

Enter Document Name **UPLOAD**

SAVE AS DRAFT **CONTINUE**

Step 3 – Guardian Information

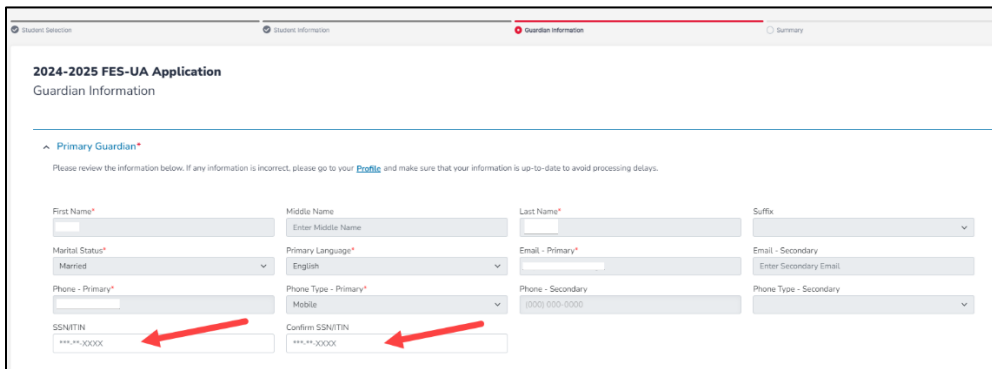
1. From the **Guardian Information** screen, select the **Primary Guardian** drop-down arrow.



2024-2025 FES-UA Application
Guardian Information

Primary Guardian*

2. Review the prefilled fields (grayed out) and enter your **Social Security** number, then confirm it. (It is not required that you provide a Social Security number.)



2024-2025 FES-UA Application
Guardian Information

Primary Guardian*

Please review the information below. If any information is incorrect, please go to your [Profile](#) and make sure that your information is up-to-date to avoid processing delays.

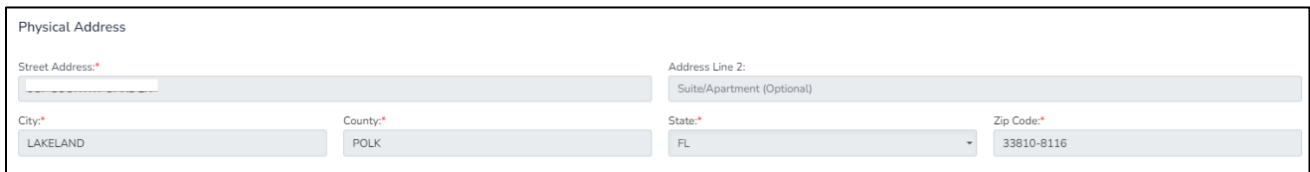
First Name* Middle Name Enter Middle Name Last Name* Suffix

Marital Status* Married Primary Language* English Email - Primary* Email - Secondary

Phone - Primary* Phone Type - Primary* Mobile Phone - Secondary Phone Type - Secondary

SSN/ITIN Confirm SSN/ITIN

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



Physical Address

Street Address* Address Line 2: Suite/Apartment (Optional)

City* LAKELAND County* POLK State* FL Zip Code* 33810-8116

4. Choose which **Proof of Residency** documentation you want to submit, from either Column A or Column B. Proof of Residency can be established with one document from Column A or two different documents from Column B (see below).

Proof of Residency *

Step Up For Students requires detailed Proof of Residency provided by the primary parent/guardian. All documents must be current (less than two months old, if a recurring bill/statement), valid and match the primary parent's/guardian's full name and the current physical street address provided on the application.

Proof of Residence can be established with one document from Column A or two different documents from Column B (see below). Please select the type of document you are submitting, then upload.

You will not be able to continue with the application unless the required documents are uploaded.

COLUMN A (UPLOAD ONE DOCUMENT)	COLUMN B (UPLOAD TWO DIFFERENT DOCUMENTS)
Utility bill (electric, gas, water)	Florida driver's license or state-issued ID*
Mortgage statement or residential lease agreement	Paystub*
Proof of current government benefits: Social Security, Veterans Affairs, Disability, Medicare, Section 8/HUD, TANF, SNAP, DCF correspondence	Automobile insurance statement*
Homestead or Property tax statement/assessment	Health insurance statement*
Permanent change of station (PCS) military orders	Homeowners or renters insurance policy*
Homeless Verification or Certificate	Mortgage acceptance letter*
Migrant Address Verification Letter	
Property deed	

*A secondary document is necessary.

Reminder: The documents must match the primary parent's/guardian's full name and the current physical street address provided on the application.

* means a secondary document is necessary.

5. Once you select the type of document(s) you are submitting, submit it with the **UPLOAD** tool:

File Upload Requirements

- Please ensure that any files you are uploading are **not** password protected.
- If you are uploading more than 1 file, you can upload up to 2 files max.
- Each file cannot exceed 5MB.
- Files types accepted: jpeg, jpg, png, PDF

Proof of Documentation Type

▼

UPLOAD

Must not be more than two months old.

Must include full name and current physical address.

**A secondary document is necessary.*

- a. Use the drop-down to select document type.
- b. Select **UPLOAD**.

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

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

⊕ Spouse/Partner

First Name* <input style="width: 90%; border: none;" type="text" value="Enter First Name"/>	Middle Name <input style="width: 90%; border: none;" type="text" value="Enter Middle Name"/>	Last Name* <input style="width: 90%; border: none;" type="text" value="Enter Last Name"/>	Suffix <input style="width: 90%; border: none;" type="text" value="Select Suffix..."/>
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- a. First Name*
- b. Middle Name
- c. Last Name*

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

SAVE AS DRAFT

CONTINUE

Step 4 – Application Summary

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

STUDENTS	AGE	GRADE	DIAGNOSIS	DOCUMENTATION
1. _____	8	02	A Specific Learning Disability	_____

GUARDIANS	TYPE	DOCUMENTATION
_____	Primary	Utility Bill (electric, gas, water).png
_____	Spouse/Partner	

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

Parent/Guardian Terms & Conditions

By submitting this scholarship application, under the penalties of perjury, I certify the following:


- I certify that I and any applying student meet the residency requirements for the scholarship programs in the State of Florida. Students if either myself or my student move out of the State of Florida while my student is participating in a scholarship program.
- I certify that the information I am providing in the course of the scholarship application and management process is true and accurate. I understand that providing false information in the denial of the scholarship application or revocation of a scholarship award.
- I understand additional information and/or documentation related to my application can/may be requested at any time post application.
- I have read, understand, and agree to the terms, conditions and rules as outlined in the Step Up For Students Parent/Guardian Terms & Conditions. Step Up reserves the right to routinely update, modify, or alter the Parent/Guardian Materials without notifying me of any such updates.

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



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

SAVE AS DRAFT

CONTINUE

- 6. Congratulations! You have submitted your application.
- 7. To verify your application submission, go to the **My Recent Applications** panel of your Dashboard and select the **SUBMITTED** drop-down arrow.



- 8. The **Application Details** screen displays to show you the Application ID, Application Type, and Status for your application.

Application Details		
APPLICATION ID	APPLICATION TYPE	STATUS
.	FES-UA New	Submitted