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.

Available Scholarships	
IMPORTANT NOTICE	
Scholarship Program statutes prohibit a student from applying for more than one scholarship at the same time. Students who apply for both an FES-UA and FTC/FES-E on the FES-UA scholarship application for processing and will not be reviewed or processed under the FTC/FES-EO application.	O scholarship will remain
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 b click "Apply" select all students you want to apply for new and renewing students.	pefore applying. After you
Scholarships for Eligible Private Schools or Personalized Education Program (FTCPEP)	
FTC and FES-EO allow families attending an eligible Florida private school or participating in the Personalized Education Program (FTCPEP) to direct funds towards a combination of schooling options and other eligible expenses. Please keep in mind that a Student Learning Plan will be required to receive funds for FTCPEP.	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
New Worlds Scholarship Accounts	
Is your public school student having trouble with reading or math? If so, the New Worlds Scholarship Accounts program may help.	APPLY

- 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**

nt Selection	Student Information	Guardian Information	O Summary
024 2025 EEC 114	Application		
amily Empowermer	nt Scholarship for Unique Abilities		
anny Empowermer	The Schotarship for Onique Abilities		
efore beginning your application he FES-UA is available only to s	ion, please note: students with one or more diagnoses, as described in Florida Statute 1002	385. Please verify the appropriate diagnosis for your student on page 48	8 of the Family Empowerment Scholarship for Students with Unique Abilities Handt
IMPORTANT NOTICE			
Scholarship Program statutes p reviewed or processed under th	prohibit a student from applying for more than one scholarship at the same the FTC/FES-EO application.	time. Students who apply for both an FES-UA and FTC/FES-EO scholar	rship will remain on the FES-UA scholarship application for processing and will not I
You can only submit one applic students.	cation per program for FES-UA, FTC and FES-EO. Please make sure all stu	lents have been added to the <u>My Students</u> section on the left before app	plying. After you click "Apply" select all students you want to apply for new and ren
Who are you applyi	ing for?		
Who are you applyi	ing for?		
Who are you applyi	ing for? Status Reneval		
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Who are you applyi UNX7 STUDENT NAME S 1. Hes the student graded S 2. Hes 2. student comple C Yes No	ing for? storus Renewal Ren		
Who are you applyi	Ing for? Status Reason		

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 FE	S-UA Application
Student Inform	nation
Please complete the be	low information for each student. Social Security numbers are required for all students.
ADD A STUDENT	

2. Review and complete the fields as necessary:

Selection	Student Information	 Guardian Information 	 Summary 	
024-2025 FES-UA Applica	ation			
udent Information				
are complete the balancief remation for ea	ch student. Social Security combers are remained for all students			
O KEG K STODENT				
A 1.				
First Name	Middle Name	Last Name	Suffix	
	Enter Middle Name		Select	
Date of Birth	Gender	Ethnicity	Race	
	Male	 Hispanic or Latino 	 American Indian or Alaska Native 	
Relationship to Guardian*	Student's SSNITIN*	Confirm Student's SSNITIN*		
Select	v 000-00-0000	000-00-000		
Expected School Information				
Polyard Marco	Trans of Fahrend B	Control and B		
2024-2025	Select	Select		
1014 1013	2004.0	•		
Current School Information				
School Year	Type of School *	School Name*	School County *	

- 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	Type of School *		Grade Level *	
2024-2025	Select	-	Select	~

- 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	Type of School *	School Name*	School County *
2023-2024	Select ~	Enter School Name	Select

- 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:				
A Specific Learning Disability	High-Risk Child	Prader-Willi Syndrome		
Anaphylaxis	Hospital or Homebound	Rare Diseases		
Autism Spectrum Disorder	Intellectual Disability	Speech Impairment		
Cerebral Palsy	Language Impairment	Spina Bifida		
Down Syndrome	Muscular Dystrophy	Traumatic Brain Injured		
Dual Sensory Impaired	Orthopedic Impairment	Visually Impaired		
Emotional or Behavioral Disability	Other Health Impairment	Williams Syndrome		
Hearing Impaired	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 Roc.
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 "(frou may upload up to 5 files) Enter Document Name

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

Additional monthadon If you answere "Yes to any of the following questions, you are required to upload supporting documentation to avoid processing delays. Is this student adopted? • • • • • • • • • • • • • • • • • •	Additional Information	
If you answer "Yes" is any of the following questions, you are required to upload supporting documentation to avoid processing delays. Is this student adopted? • • • • • • • • • •	Additional information	
Is dis student adopted?	If you answer "Yes" to any of the following questions, you are required to upload supporting documentation to avoid processing delays.	
 Yes ● No He this student been in foster care in the last two calendar years? Yes ● No It is student the dependent child of a member of the United States Armed Forces? *Sections Yes ● No It is student the dependent of a law enforcement officer? *Sections Yes ● No It you answered "Yes" to any of the questions above, you are required to upload supporting documentation to avoid processing delays. Fle Upload Requirements *Rease ensure that any fifes you are uploading are not password protected. *Fle uploading more than 1 file, you can upload up to 5 files. Enter Document Name UPLOA 	Is this student adopted?	
He this student been in foster care in the last two calendar years? ''ts: No Is this student the dependent of lat onember of the United States Armed Forces? ''sisk More ''No Is this student the dependent of a law enforcement officer? ''sisk More ''Yes: No If you answered "Yes" to any of the questions above, you are required to upload supporting documentation to avoid processing delays. Field Upload Requirements Prease ensure that any files you are uploading are not password protected. Prease ensure that any files you are uploading are not password protected. Each Me cannot exceed SMB. Else types accepted; jpes jpe. np. PDF Document Name UPINDD	○ Yes ● No	
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No No Is this student the dependent of a law enforcement officer? *See Mare Yes ● No If you answered "Yes" to any of the questions above, you are required to upload supporting documentation to avoid processing delays. FIE Upload Requirements • Please ensure that any files you are uploading are not password protected. • Please ensure that any files you can upload up to 5 files max. • Each file cannot exceed 5MB. • Files types accepted; jog; jog; png; POF Documentation Type(You may upload up to 5 files) Enter Document Name UPLAD SNE KS DEAT CONTINUE	*See More	
Is this student the dependent of a law enforcement officer? Set More Set More No 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 Person to any files you are uploading are not password protected. File stypes accepted: jpe; jpg, png, PDF Documentation Type(You may upload up to 5 files) Enter Document Name UPLAD	○ Yes ♥ No	
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Ne Solution State Sta	*See More	
If you answered "Yes" to any of the questions above, you are required to upload supporting documentation to avoid processing delays. Fle Upload Requirements • Please ensure that any files you are uploading are not password protected. • Java exploading more than 1 file, you can upload up to 5 files max. • Each file cannot exceed 5M8. • Files Types accepted; jpe; jpg, png, PDF Documentation Type(You may upload up to 5 files.) Enter Document Name UPLOD	○ Yes O No	
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If you are uploading more than 1 file, you can upload up to 5 files. Entire Stypes accepted: jseg, jpg, png, PDF Documentation Type(You may upload up to 5 files.) Enter Document Name UPLOAD SNE AS BEAT CONTINUE	Please ensure that any files you are uploading are not password protected.	
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Enter Document Name UPLOAD SAVE AS DRAFT CONTINUE	Documentation Type (You may upload up to 5 files.)	
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SAVE AS DRAFT CONTINUE		
		SAVE AS DRAFT CONTINUE

Step 3 – Guardian Information

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



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.)

	Student Information	Guardian Information	🔿 Summary	
024-2025 FES-UA Appli uardian Information	cation			
 Primary Guardian* 				
Please review the information below.	If any information is incorrect, please go to your Profile and make s	ure that your information is up-to-date to avoid processing delays.		
First Name*	Middle Name	Last Name*	Suffix	
First Name*	Middle Name Enter Middle Name	Last Name*	Suffix	
First Name*	Middle Name Enter Middle Name Primary Language*	Last Name*	Suffix Email - Secondary	
First Name* Marital Status* Married	Middle Name Enter Middle Name Primary Language* © English	Last Name*	Suffix Email - Secondary Enter Secondary Email	
First Name* Marital Status* Marited Phone - Primary*	Middle Name Eriter Middle Name Prinsry Language* English Phore Type - Prinary*	Last Name* Email - Primary* Phone - Secondary	Suffix Email - Secondary Enter Secondary Email Phone Type - Secondary	
First Name* Marital Status* Marited Phone - Primary*	Middle Name Enter Middle Name Prinsiry Language* ♥ English Phone Type - Prinsiry* Moble	Last Nome* Email - Primary* V Phone - Secondary 1003 050-0005	Suffix Email - Secondary Enter Secondary Email Phone Type - Secondary	
First Name* Marital Status* Married Phone - Primary*	Middle Name Enter Middle Name Prinnry Language* V English Prione Trae - Prinnry* Meble Confers 59/UTN	Last Nome* Email-Primary* Phone - Secondary y 2003 000-0000	Suffix Email - Secondary Enter Secondary Email Phone Type - Secondary	

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

Physical Address			
Street Address:*		Address Line 2:	
		Suite/Apartment (Optional)	
City:*	County:*	State:*	Zip Code:*
LAKELAND	POLK	FL *	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	*A secondary document is necessary.		
Property deed			
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:

 Please ensure that any files you are uploading If you are uploading more than 1 file, you can uploading 	are not pa	ssword pro o 2 files ma	tected. x.
Each file cannot exceed 5MB.			
 Files types accepted: jpeg, jpg, png, PDF 			
Proof of Documentation Type	\sim		
Proof of Documentation Type	\bigcirc		
Proof of Documentation Type Select type of document		UPLOAD	
Proof of Documentation Type Select type of document Aust not be more than two months old.	Ĵ	UPLOAD	-
Proof of Documentation Type Select type of document Aust not be more than two months old. Aust include full name and current physical address.	Ĵ	UPLOAD	-

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*	Middle Name	Last Name*	Suffix	
Enter First Name	Enter Middle Name	Enter Last Name	Select Suffix	~
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
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Step 4 – Application Summary

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

🔊 Stud	Int Selection		Student Informatio	on		Ouardian Information		Summary
	2024-2025 FES-UA Application Summary Replication Summary	ation n missing and can cont	tinue with the a	application proces	is by clicking submit.			
	STUDENTS	AGE	GRADE		DIAGNOSIS			DOCUMENTATION
	1	8	02		A Specific Learning Disability			
	GUARDIANS			TYPE			DOCUMENTATION	
	Prim		Primary	imary		Utility.bill.(electric.gas.water).eng		
	Sp		Spouse/Partner	artner				

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



- 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.



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

SAVE AS DRAFT	CONTINUE
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- 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 FES-UA New	status Submitted