

For Students New Application Process

Florida Tax Credit (FTC) Scholarship, Family Empowerment Scholarship for Educational Options (FES-EO),the Personalized Education Program (PEP) and the Hope Scholarship

We empower Florida students with personalized PreK3-12 education scholarships.

## Important Notice: FTC/FES-EO and FTCPEP Application

### A few tips before your get started on your new FTC/FES-EO and FTCPEP application ...

- Click the link or scan the QR code here to review the required application documents.
- Per new legislation families can only apply for ONE scholarship per student.
- Each time you log onto the EMA platform, you must complete a multi-factor authentication. Please ensure you use a cell phone or phone number that does not answer as a recording as the phone number in your account.
- It can take up to 6 weeks for applications to be processed. You will receive updates via email when your application review is complete.



### Important Notice: FTC/FES-EO and FTCPEP Application

### **Additional information:**

Your schools will need your student(s) "Award ID" for enrollment. You only need your student's "Award ID" to enroll them through EMA.

To view your students' scholarship status ...

- 1. Click on the "My Students" tab within their EMA account
- 2. Click view next to your active student's name
- 3. Scroll down to see the Award ID under the "Scholarship Status" section

<u>**Tip:**</u> Families, you may take a screenshot of your student's "Award ID" number and award status. To print the screen on a desktop or laptop computer, they may use "Ctrl + P" (for Windows PC) or "Command + P (for Apple Mac).

*Important:* Please note that the current amounts displayed will be updated once new award amounts are published by the State.

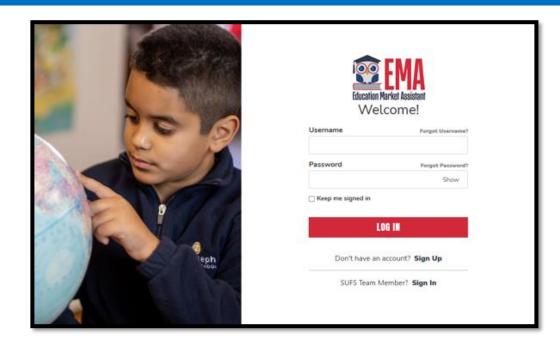
### Very Important!

You will ONLY able to locate your students' Award ID number once the application status is "Complete" and they are awarded!



# **New Family**

### Completing an FTC/FES-EO and FTCPEP Application for New Students



Please go to stepupforstudents.org to apply for the Florida Tax Credit (FTC) Scholarship, Family Empowerment Scholarship for Educational Options (FES-EO), and the Personalized Education Program (PEP).

If you <u>have</u> an EMA account, please enter your username and password.

If you <u>do not</u> have an EMA account, please click **"Sign Up."** 





#### Welcome to EMA

For added security, we will send a One-Time Password (OTP) to your email. Please enter a valid email address and verify the code.

#### Email Address

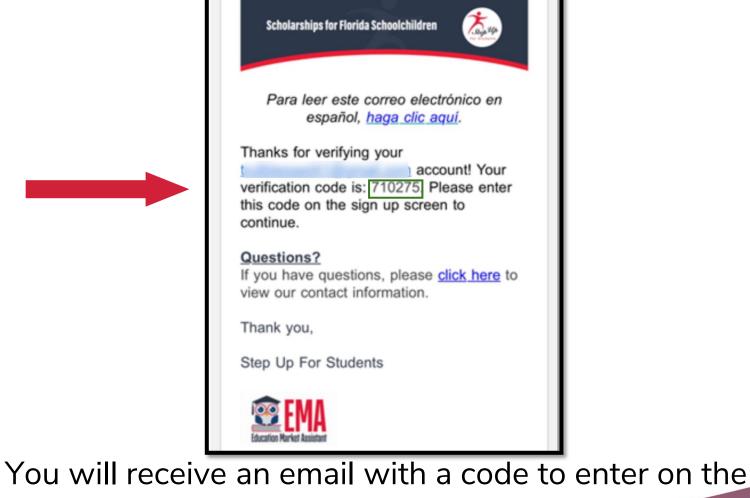
Email Address

SEND CODE	
Back to Sign In	

By signing up, you agree to EMA Privacy Policy

### New Users

Please provide your email address and then click on the **"Send Code"** button.



signup screen to continue.



/elcome to	EMA

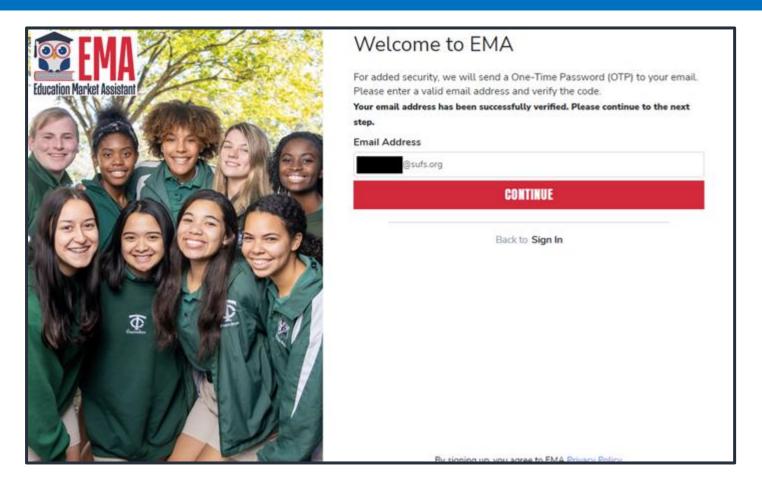
For added security, we will send a One-Time Password (OTP) to your email. Please enter a valid email address and verify the code.

Verification code has been sent to your inbox. Please copy it to the input box

CONFIRM	
${\boldsymbol \mho}$ Resend verification code	
Back to Sign In	
	ථ Resend verification code

Please enter the code received via email in the verification code box and then click **"Confirm."** 

By signing up, you agree to EMA Privacy Policy



### Click "Continue."

#### Create an Account

All of the following details are required to complete your account sign up.

GUARDIANS: Please enter Your Legal First and Legal Last Name as it should appear on the account profile and scholarship applications (not your student's name). The names provided must match your Proof of Residency documentation. You cannot manually change this information once you click Continue.

#### ACCOUNT TYPES:

Parent/Guardian: The person designated to administer or manage a scholarship student's account.

Service Provider: A person or organization authorized to provide services to scholarship students.

Email		
-		
Select Account Type		
Parent/Guardi	an	~
Username		
Legal First Name		
Legal First Name		
Legal Last Name		
Logal Last Name		
Create Password		
		Show
Confirm Password		
		Show
<ul> <li>Lowencase characters</li> <li>Uppercase characters</li> </ul>	<ul> <li>Numbers (2-9)</li> <li>Symbols</li> </ul>	
	CONTINUE	
By signing a	p. you agree to EMA Privacy Policy	

Please fill out all open boxes

- <u>Account Type</u>: is Parent/Guardian
- <u>Username</u>: will be your login username (Your email address is preferred)
- Legal First Name and Legal Last Name: is the Parent/Guardian name
- **<u>Password</u>:** This along with username will be how you access the system

Answer	
Security Question	
Security Question	•
Answer	
Security Question	
Security Question	~
Answer	

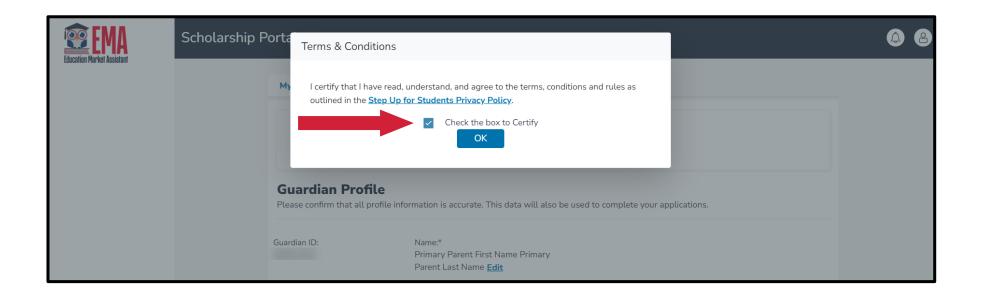
Please select **3** security questions and corresponding answers. The answers to the security questions will be used to verify your identity when you contact Step Up For Students.

Education Market Assistant Two-Step Verification
For added security, we will send a One-Time Password (OTP) to your phone.
<ul> <li>Text me</li> </ul>
○ Call me
Country Code
United States (+1)
Phone Number
Phone number
Send Code
If you have any issues, please contact us at 1-877-735-7837.
Standard messaging and data rates may apply.
Return to <u>Log In</u>
United States (+1)  Phone Number Phone number Send Code If you have any issues, please contact us at 1-877-735-7837. Standard messaging and data rates may apply.

Now you will be prompted to complete the 2-step verification process.

### The Primary Phone Number listed must be multifactor authentication compatible.

We recommend you use a cell phone or phone number that does not answer as a recording.



Please click on the link for terms, conditions, and rules. Once you have read and agreed to the terms, conditions, and rules, select the check box to certify and click **"OK."** 

<b>EMA</b>	Scholarship Portal							
EDUCATION PIAPRET ASSISTANT		My Profile						
		NOTE: It appears that you have not yet completed your profile information. Please review and update the information below, and then click "SAVE".						
		Guardian Profile Please confirm that all profile information is accurate. This data will also be used to complete your applications.						
		Guardian ID: 20000150	Name:* Parent FN Test Parent LN Test <u>Edit</u>					
		Marital Status:*		Primary Language:*				
		Select	-	English	•			
		Mailing Address						
		Street Address:*	Street Address:* Address Line 2:					
		Start Typing		Suite/Apartment (Optional)				
		City:*	County:*	State:*	Zip Code:*			
		Enter City	Enter County	Select -	Enter Zip			
		Check to use same address for	both Physical and Mailing addresses					
		Physical Address						
		Street Address:*		Address Line 2:				
		Start Typing		Suite/Apartment (Optional)				
		City:*	County:*	State:*	Zip Code:*			
		Enter City	Enter County	Select -	Enter Zip			

The next step is to complete your Guardian Profile, a onetime step. This is where you will come if information, such as your address, needs to be updated.

If you want to change the language to Spanish, please select Primary Language as Spanish.

Contact Informa	ation				
Primary Phone:*	Phone Type - Primary:*	Secondary Phone:	Phone Type - Secondary		
(000) 000-0000	Select type of phone	• (000) 000-0000	Select type of phone 👻		
Primary Email:*		Secondary Email:			
nlpuat198@sufs.org		Secondary Email			
Authorized Call	er				
⊕ ADD A CALLER				Authorized Caller	>
				Setup a 4-digit PIN for your Authorized Caller	(j)
				4-DIGIT PIN * XXXX	
Enter you	r contact inforr	nation		First Name * Last Name *	
lf vou woi	uld like to allow	, anvone oth	er than	Enter First Name Enter Last N	lame
•		•		Email *	
	o call in on you	· •		Enter Email	
"Add a Ca	iller" to add an	authorized of	caller	Primary Phone * Phone Type -	Primary *
For the au	thorized caller	set up a 4-o	digit PIN and	(000) 000-0000 Select type	of phone
		•	•		_
	e your authoriz	ed caller kno	ws the Pin	CANCEL ADD	
All fields a	are mandatory				
Once com	pleted click "A	DD"			

- The next section of your profile set up is **"Manage Consents".** This gives Step Up For Students permission to contact you.
- Please read and select "Yes" or "No" to each section.

#### Manage Consents

By providing an email address, I consent to receive updates about my scholarship application status as well as other emails necessary for scholarship processing and management.

#### Messages

I authorize Step Up For Students, and its affiliates, to use the information I have provided to deliver messages to me, including, but not limited to, prerecorded messages or e-mail messages, and further authorize Step Up For Students to deliver such messages to the telephone numbers I provide. Such messages may include, but are not limited to, general information regarding status updates, programs offered by Step Up For Students, updates to the offered programs, and other information that may be relevant to me or my child. Message and data rates may apply. My consent or lack of consent will have no effect on my child's scholarship eligibility.

O Yes

○ No

#### Marketing Purposes

I authorize Step Up For Students, and its affiliates, to use the information I have provided for general marketing purposes and driving awareness. This may help Step Up find families like mine who could benefit from the programs Step Up offers. My consent or lack of consent will have no effect on my child's scholarship eligibility.

○ Yes○ No

#### Parental Empowerment

I authorize Step Up For Students, and its affiliates, to use the information I have provided for the purpose of providing me with information regarding parental empowerment and school choice. My consent or lack of consent will have no effect on my child's scholarship eligibility. Yes

O No

#### Share Contact Information

I authorize Step Up For Students, and its affiliates, to share the information I have provided with organizations who want to provide me with information about candidates for public office. My consent or lack of consent will have no effect on my child's scholarship eligibility.

No

#### Text/SMS Information

I authorize Step Up For Students to deliver text messages to the mobile telephone number(s) I provide and certify that I am the legal owner of the mobile device I registered and understand I will incur any charges that may result from receiving text messages. I further understand I may unsubscribe from SMS correspondence at any time. Message and data rates may apply. To opt-out or to view full SMS Terms and Conditions click here: https://www.stepupforstudents.org/sms-terms/. My consent or lack of consent will have no effect on my child's scholarship eligibility.

⊖ Yes

O No

#### Manage Contact Preferences

For critical updates on my account, I prefer to be notified by
🗹 Email (Required)
Text
Personal phone call
Pre-recorded phone message
For transactions I make on the platform, I prefer to be notified by Email (Required)
Text
Pre-recorded phone message
For new features & promotional announcements, I want to be notified by Email
Text
Pre-recorded phone message

This section gives you the opportunity to select additional ways for us to communicate with you.

For example, if you want us to text you, then please select the box next to **"TEXT".** Once completed, click **"SAVE".** 

#### SAVE

Scholarships for Florida Schoolchildren Greetings. An update has been made to your EMA profile. If you would like to review the update, please log in to EMA. Once you have logged in, please click the profile icon at the top right corner (pictured below). Next, please click "EDIT PROFILE" (pictured below) to review your information. If all information is correct, no further action is needed by you at this time. SEE EM/ Scholarship Portal Guardian Use B Deshboard Reimbursement My View Al Application MALARIE \$522.45 W My Students Questions? If you have questions, please click here to view our contact information Thank you, Step Up For Students **™E**M/

You will receive an email notification every time an update is made to your profile.

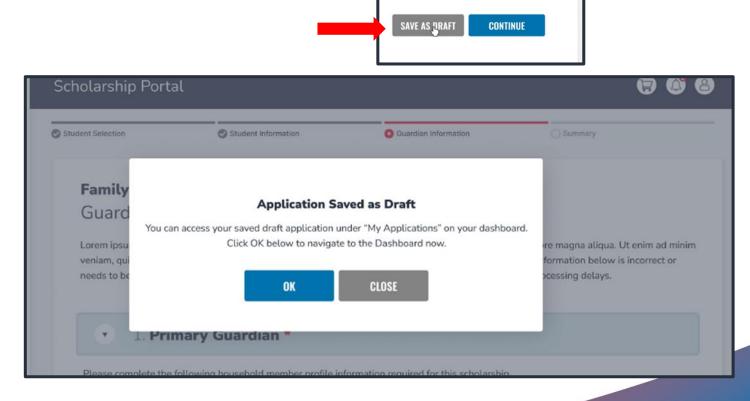
😨 EMA	Scholarship Portal			
Education Market Assistant	MY STUDENTS		Q. FIND STUDENTS	
ঞ্জ্ My Students	My Students			
Recent Transactions	My Students			
Q. Help	connect your renewal stude funded students as new stu If you have a <b>NEW</b> student,		ing), please use the 'FIND STUDENTS' button to uld not be added as a new student. Adding currently g on the add students button.	
		Active Students		
	STUDENT ID	STUDENT NAME	DATE OF BIRTH	
	the green plus button, to make the		e students to your applications you will need to click or ed on one EMA account. If you are not applying for a ve them as inactive.	n
	STUDENT ID	STUDENT NAME	DATE OF BIRTH	

Once you click "SAVE," you will be automatically taken to your **"My Students"** Section; here, you can find your renewal students, if applicable, and add new students.

### Important Tip: FTC/FES-EO and FTCPEP Application

### Please note:

At any time, you may select **"Save as a Draft"** to save your progress and come back later. You can find all your saved drafts on your dashboard, and you can select the saved drafts to continue the process.



### Important Tip: FTC/FES-EO and FTCPEP New Application

Student Selection	Student Information	Guardian Information	O Household Members	Summary	
	TC/FES-EO and F	TCPEP Applicatio	on		
Student Infor		coumbors for anyong on the	application, you may not qual	ify for the EEC.EO	
scholarship.	ao not provide social securit	rumbers for anyone on the	application, you may not qua	iny for the PES-EO	
⊕ ADD A STUDENT					
✓ 1					Ē.
			SAVE AS	DRAFT CONTINUE	

FES applications require student social security numbers. If you or your student do not have a social security number, leave this question blank. Your student will only be considered for FTC or FTCPEP.

Education Market Assistant	Scholarship Portal			@ <sup>2</sup> &	
B Dashboard	MY STUDENTS		Q FIND STUDENTS		
<ul><li>My Students</li><li>Recent Transactions</li></ul>	My Students				Click the blue box,
Q Help	N	•	lent by clicking on the add students button		"Add A Student",
	STUDENT ID	STUDENT NAME	DATE OF BIRTH		in the top right
		Inactive	Students		corner to get
	STUDENT ID	STUDENT NAME	DATE OF BIRTH		started.

		Scholarsh	iip Portal								
88	Dashboard		AY STUDENTS > STUDENT DETAILS								
\$+	Reimbursements										
<b>B</b> -	My Students		Student Details						CANCEL	SAVE	
<b>1</b>	Marketplace		Student ID:								
$\odot$	Recent Transactions		Please NOTE: all information su information once you click SAVE		t exactly match your s	student's birt	h certificate. You	ı cann	not manually chang	ge this	
Q	Help		Legal First Name*	Legal Mid	dle Name	Legal Last	Name*		Suffix		
			Enter Legal First Name	Enter Le	gal Middle Name	Enter Le	gal Last Name		Select	~	
			OPTIONAL: Student FLEID num	ber(i)	Date of Birth*		Gender*		Student's Relation	onship to You	
			FL		mm/dd/yyyy	31	Select	~	Select	~	
			Ethnicity*	Race (Sele	ect all that apply)						
			Select ~	Amerio	can Indian or Alaska N	Vative					
					or African American						
				Native	Hawaiian or Other Pa	acific Islande	r				
					2024 - SL	JFS - <u>Privac</u>	Y.				

Please fill out all the boxes and verify for accuracy. Once you are done, click **"Save"**.

**Note:** *Please refrain from using nicknames when completing this section.* 

APPLY FOR SCHOLARSHIPS		Q FIND STU	DENTS ④ ADD A STUDENT
My Students			
connect your renew funded students as		-	
	urrent will help streamline the pr	ake sure that the information for each student ocess when applying for scholarships. Only a	
		Active Students	
STUDENT ID	STUDENT NAME	DATE OF BIRTH	
		6/19/2016	View
		12/8/2013	View

Below, you will find a list of your inactive students. If you need to add one of these students to your applications you will need to click on the green plus button, to make them an active student. Each student is only allowed on one EMA account. If you are not applying for a student or they do not reside with you, you do not need to do anything, please leave them as inactive.

	Inactive Students		
STUDENT ID	STUDENT NAME	DATE OF BIRTH	
		11/23/2016	Ð

Once you add all your students, both Renewal and New, you can click on **"Apply for scholarships"** to start the application process.

Education Market Assistant	Scholarship Portal
B Dashboard	
🎯 My Students	Available Scholarships
Recent Transaction	tions IMPORTANT NOTICE
Q Help	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-EO scholarship will remain on the FES-UA scholarship application for processing and will not be reviewed or processed under the FTC/FES-EO application.
	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 <u>My Students</u> section on the left before applying. After you click "Apply" select all students you want to apply for new and renewing students.
	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. 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.
	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.

You will be taken to your dashboard where you can select the scholarship program you wish to apply for.

Etucation Market Assistant	Scholarship Portal			6 <sup>1</sup> 8
Dashboard		Important Notice fou can only submit one application per program for FES-UA, FTC and FES- EO. Please make sure all students have been added to the <u>My Students</u>		
ক্ট্ My Students		section before applying.		
① Recent Transactions		GUNTINUE GLUGE	are all students have been added to you want to apply for new and	
Q Help				

### **Important Notice**:

You can only submit one application per program for FTC/FES-EO or FTCPEP at a time. Please ensure all students have been added to the "My Students" section before applying.

CONTINUE

O Student Selection	C blacered behavioren	O Bartin Member	C Insurant Marines	() Summary

#### 2024-2025 FTC/FES-EO and FTCPEP Application

#### Scholarships for Eligible Private Schools or Personalized Education Program (FTCPEP)

Step Up For Students offers two scholarships that are available to all Plorida residents eligible to enroll in a K-12 Florida public school. The Family Empowerment Scholarship for Educational Options (FES-EO) allows awarded students to receive an Educational Savings Accounts while attending an eligible Florida Private School. The Florida Tax Credit Scholarship (FTC) program provides Education Savings Accounts options for students attending an eligible Florida Private School as well as students who wish to participate in parent-directed learning through the Florida Tax Credit Scholarship Personalized Education Program (FTCPP).

#### 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-EO scholarship will remain on the FES-UA scholarship application for processing and wilk not be neviewed or processed under the FTC/FES-EO application.

You can only submit one application per program for FES-UA, FTC and FES-EO. Please make sume 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.

Are you or anyone in your household an owner, president, officer, or director of an eligible nonprofit Scholarship-Funding Organization OR a person with equivalent decision-making authority over an eligible nonprofit Scholarship-Funding Organization?

#### Yes O No

PLEASE NOTE: By answering "first" to this question, you are REQUIRED to provide Social Security Numbers for all people on your application.

#### Who are you applying for?

APRUT STUDENT NAME	STATUS	
_	New	
	Pierw	

Select the student for whom you wish to apply for FTC/FES-EO or FTCPEP. *Students cannot apply for multiple scholarships at the same time.* 

Please indicate if anyone in your household has decision-making authority in an eligible nonprofit Scholarship Funding Organization (SFO) that offers scholarships.

Who Are	e You Applying For?			
APPLY?	STUDENT NAME	STATUS		
		New		Or
		New		
	Jaxon Washington	New		stu the
	Carter Washington	New		the
			CONTINUE	

Once you are done selecting students, click **"Continue"** in the bottom right corner.

2	Student Selection	Student Information	Guardian Information	O Household Members	Summary
	2024-2025 FT Student Inform		TCPEP Application	ı	
	IMPORTANT! If you do scholarship.	o not provide social security	y numbers for anyone on the a	oplication, you may not qua	lify for the FES-EO
	<ul><li>✓ 1.</li></ul>				<b></b>
				SAVE AS	DRAFT CONTINUE

At any point before submitting your application, you can either add an existing student via the **"Add A Student"** blue button, or you can remove a student via the trashcan icon next to the student's name.

To proceed with a selected student, click on the arrow to the left of the student's name and complete the fields below:

- Relationship to Guardian
- Current School Information
- Expected School Information
- Additional Information
  - For FTCPEP Please select "Florida Homeschool" from the dropdown to get the PEP question

You will be required to submit a government-issued birth certificate for a rising Kindergarten and first-grade student (5-6 years old on or before September 1, 2024) during the school year you are applying for. If submitting a passport, it must be a valid governmentissued passport that is active as of the date of application for the scholarship program.

ease review the information below. If any information is inco			•
ease review the information below. If any information is inco			Î
ease review the information below. If any information is inco			
ease review the information below. If any information is inco			
			_
rst Name Middle Name	Last Name	Suf	fix
Gender	ne birth certificate that is submitted ust be a government issued birth	Rac	
	rtificate. Hospital or other documents ith information of the child's birth are	В	lack or African American + $\!$
no	ot valid. The passport that is Ibmitted must be a valid government	TIN *	
ice	sued passport that is active (non-	(1771)	
50n ×	pired) as of the date of application	/ ITIN	

## Important Tip: FTC/FES-EO and FTCPEP Application

First Name	Middle Name	Last Name	Suffix
Date of Birth	Gender	Ethnicity	Race
	Male	Non-Hispanic or Latino	Black or African American +1 ∨

<u>Please note</u>: If you would like to make changes to greyed-out fields, you must navigate to the "My Students" page, select that student, and make the necessary changes. This includes race and ethnicity.

### **Current School Information**

Indicate the type of school your student(s) is attending for the 23-24 SY and the county the school is in

### **Expected School Information**

Indicate the type of school your student(s) plans to attend for the 24-25 SY and the grade level

 For FTCPEP – Please select "Florida Homeschool" from the dropdown to get the FTCPEP question

School Year	Type of School *	5	School Name	County *	
2023-2024	Florida . Home School	~ ][	N/A	Brevard	~
Expected School In	formation				
•		Personal	ized Education Program	n (FTCPEP) then please select "Fl	lorida Hom
Note: If you are applying	for the Florida Tax Credit Scholarship	Personal	ized Education Program	n (FTCPEP) then please select "Fi	lorida Hom
Note: If you are applying School" from the dropdo	g for the Florida Tax Credit Scholarship wwn below.	Personal	5	n (FTCPEP) then please select "Fi	lorida Hom
Expected School In Note: If you are applying School" from the dropdo School Year	for the Florida Tax Credit Scholarship	Personal	lized Education Program	n (FTCPEP) then please select "Fi	lorida Hom

Current School Inform School Year	nation Type of School *	School Name*	School County *
2023-2024	Florida Private	✓ ABC	Bay × •
Expected School Info Note: If you are applying fo "Florida Home School" from	or the Florida Tax Credit Scholars	ship Personalized Education Pro	gram (FTCPEP) then please select
School Year	Type of School *	Grade Level *	
School Year 2024-2025		Grade Level * Select	~
2024-2025		✓ Select	~

<u>The FTCPEP scholarship program is for children</u> <u>who will be participating in parent-directed</u> <u>education only</u>. If you answer **"No"** to this question, please edit your Expected School Type OR your confirmation of intended use of FTCPEP application to proceed. Do you intend to use this scholarship for FTCPEP (Personalized Education Program)? If you select your expected school as "Florida Home School", you will be required to answer the FTCPEP question.

#### Expected School Information

Note: If you are applying for the Florida Tax Credit Scholarship Personalized Education Program (FTCPEP) then please select "Florida Home School" from the dropdown below.

School Year	Type of School *	Grade Level *	
2024-2025	Florida Home School 🔹 🗸	3	~

Do you intend to use this scholarship for FTCPEP (Personalized Education Program)?\*

🔿 Yes 🔘 No

Please NOTE: You have selected FTCPEP as your Expected School Type and Indicated "No" to applying for an FTCPEP Scholarship. The FTCPEP scholarship program is for children who will be participating in parent-directed education only. Please edit your Expected School Type OR your confirmation of FTCPEP application to Proceed.

			icipating in the FES-UA (formerly Gardiner) who resides in the same
nousend	ld ? IT TES, pleas	se provide the FES-UA ID. *	
O Yes	O No	FES-UA ID	

If you have another student in your household that receives the FES-UA scholarship you may indicate their FES-UA Student ID # here, but it is **NOT MANDATORY**.

#### 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 Has this student been in Out-Of-Home 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 O Yes O No If you answer "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

If you answer "Yes" to any of the following questions, you will be required to upload supporting documentation.

ocumentation Type(You may upload up to	5 files.)	
Enter Document Name	UPLOAD	
Please ensure that any files you are up cause delays in your application being	ploading are not password protected. Uploading a password protected file may g processed.	

Please ensure that any files you are uploading are not password-protected!

Once you are done completing all the sections, click **"Continue"** in the bottom right corner to proceed or **"Save As Draft"** to save and return to complete the application at a later time.

✓ 1. S;	
✓ 2. K	
	SAVE AS DRAFT CONTINUE

Families <u>can only apply for ONE scholarship per student.</u> Families cannot apply for multiple scholarships under FES and FTC for an individual student at the same time.

Please ensure all students you are requesting an FTC/FES-EO/FTCPEP scholarship for are on this application. You will only submit one application for your household for these scholarships. You may use the arrows next to the student's name to expand or collapse their student section to fill out the details for each student on this application.

### **Please Note:**

To add students to an already submitted application, please contact customer support, as no exceptions can be made.

## **Path Number**



If the parent/guardian selects **"No"** to automatically being considered over the 400% FPG, income documentation must be submitted for all members of the household 18 years and up. You must enter your accurate household income with verification documents to be considered for income priority. If you do not input income and/or choose not to upload verification documents, your application will NOT receive income priority. Step Up For Students is obligated to award scholarships to students from income-priority households first.

olarship Porta	อไ				G	<b>.</b>
dent Selection	Student Information	O Guardian Information	Household N	Vembers	⊖ Summary	
2024-2025 FT Guardian Infor	C/FES-EO and FTC	CPEP Applicati	on			
	pt out of providing income doc and will be marked the lowest		yes, then you will be	considered a		
<ul> <li>Primary Gua</li> </ul>	rdian				INDIVIDUAL ( INCOME	\$0 🛢
the rinnery due						
Please review the inf date to avoid process	ormation below. If any informating delays.					is up-to-
Please review the inf	ormation below. If any informat	Last f		make sure the Suffi		is up-to-
Please review the inf date to avoid process First Name	ormation below. If any informating delays.	Last I Wa	Name	Suffi		is up-to-
Please review the inf date to avoid process First Name Rhonda	ormation below. If any information below. If any information delays. Middle Name	Last I Wa ge Email	Name Shington	Suffi	x	is up-to-
Please review the inf date to avoid process First Name Rhonda Marital Status	ormation below. If any information below. If any information below. If any information below. If any information below and the second b	ge Email	lame shington - Primary	Suffi Emai	x	~
Please review the inf date to avoid process First Name Rhonda Marital Status Married	ormation below. If any information below. If	ge Email	lame shington - Prímarγ ndawashington@gmai	Emai ILcom	x il - Secomdary	~
Please review the inf date to avoid process First Name Rhonda Marrital Status Married Phone - Primary	ormation below. If any information below. If	ge Email	lame shington - Prímarγ ndawashington@gmai	Emai ILcom	x il - Secomdary ne Type - Secondary	~
Please review the inf date to avoid process First Name Rhonda Marital Status Marital Status Phone - Primary (904) 667-2839 SSN / ITIN *	ormation below. If any information delays. Middle Name Primary Languag V English Phone Type - Pri Mobile Phone	ge Email Imary Phon	lame shington - Prímarγ ndawashington@gmai	Emai ILcom	x il - Secomdary ne Type - Secondary	~
Please review the inf date to avoid process First Name Rhonda Married Phone - Primary (904) 667-2839 SSN / ITIN * ******* 2232 Physical Address	ormation below. If any information delays. Middle Name Primary Languag V English Phone Type - Pri Mobile Phone	ge Email Imary Phon	Name shington - Prímary Idawashington@gmai	Emai ILcom	x il - Secomdary ne Type - Secondary	~
Please review the inf date to avoid process First Name Rhonda Marital Status Marital Status Married Phone - Primary (904) 667-2839 SSN / ITIN * *******-2232 Physical Address	ormation below. If any information delays. Middle Name Primary Languag V English Phone Type - Pri Mobile Phone	ge Email Imary Phon	Name shington - Primary ndawashington@gmai e - Secondary	Suffi	x il - Secomdary ne Type - Secondary	~

#### 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), 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 must review the information listed here to ensure its accuracy.

If you need to make any changes, simply click on the **Profile** icon in the upper right-hand corner of the page, and make the necessary corrections. Failure to do so may result in processing delays.

You will need to enter your social security number (SSN) or individual taxpayer identification number (ITIN) and provide proof of residency.

### 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 necessar
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.

File Upload Requirements Please ensure that any files you are uploading are If you are uploading more than 1 file, you can uplo Each file cannot exceed 5MB. Files types accepted: jpeg, jpg, png, PDF	
Proof of Documentation Type	
Select type of document	UPLOAD
Must not be more than two months old. Must include full name and current physical address. *A secondary document is necessary.	

# Please ensure that the documents you submit are:

- 1. Valid
- 2. Current (dated within 2 months, if a recurring bill/statement)
- 3. Match the **primary guardian's** full name as well as the current physical street address provided on the application. Refer to the guidelines listed on the slide for the list of acceptable documents for submission.

### Important Tip: FTC/FES-EO and FTCPEP New Applicant Process

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 new

If you submit only one document from column B, you will receive an error message. However, you can easily fix this by simply scrolling up and submitting another document type.

Because you uploaded a "Automobile insurance statement*" document type, you will need to provide a total of 2 Proof or Residency documents. Please reference Column B in the Document Guidelines table. <u>Update information.</u>	A Because you uploaded a "Automobile insurance statement*" document typ	
Residency documents. Please reference Column B in the Document Guidelines table. <u>Update information</u> .		be, you will need to provide a total of 2 Proof of
	Residency documents. Please reference Column B in the Document Guidel	ines table. Update information.

- If you submit a FL driver's license, you will also need to submit another document type, such as an automobile insurance statement.
- If you submit two paystubs for income verification/POR, the paystubs will only count as one document type. Therefore, you will still need to submit another document.

Complete the **"Employment Income"** section next. You will need to provide information about your employer and the income received.

Please upload income verification documents. Examples of approved documentation can be found in the new application checklist <u>here</u>.

- Pay stubs from the 30 consecutive days closest to when you submit the application
- Any other sources of income, such as unemployment, social security and/or child support benefits

ient Selection				ohald Mombers	) Summary	
024-2025 FTC/I Suardian Informa		FTCPEP Appl	ication			
Would you like to opt or Poverty Guideline and v				vill be conside	red above the 400%	Florida
O Yes 🛞 No						
<ul> <li>Primary Guardia</li> </ul>	m			100	INIDUAL \$26,000	0.00
<ul> <li>Spouse/Partner</li> </ul>					INDIVIDUAL INCOME	\$0 🕯
Hint Name *	Middle Na	ins.	Lost Norro *		Suffix	
Rhonda			Washington		Suffix (optional)	v
Phone - Primary	Phone By	pe - Primary	Phone - Secondary		Phone Type - Seconds	ary
(904) 667-2839	Mobile P	hone v	(000) 000-0000		Select type of phone	e v
SSN/ITIN *						
Employment Income	•	Employer Company N	Name *	Employme		
Employment Income		Employer Company I Select	Nama *		nt Hole * yed 🔘 Seil-Braploy	
ensue-2232 Employment Income triployment Information Employed Are you puid by check or	*	Select Payment amount (gro		Emplo Paid have of	yed 🔘 Self-Employ	
Employment Income triployment Income Employed	*	Select		🖲 Emplo	yed 🔘 Self-Employ	
ensue-2232 Employment Income triployment Information Employed Are you puid by check or	direct deposit? *	Select Payment amount (gro	au) "	Emplo Paid have of	yed O Self-Employ Nami? * er week	
Employment Income Employment Income Employed Are you put by check or	direct deposit? *	Select Payment amount (gro \$1,000.00	au) "	Emplo     Paid how of     Every other	wed O Self-Employ Ren? * er week	
Employment Income triployment Income Employed Are you paid by check or	e direct deposit? *	Select Payment amount (gro \$1,000.00 Payment amount (gro \$1,000.00	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	
Imployment Income Imployment Income Imployed Are you peed by check or Imployed Are any of these wages ( Imployed No Are any of these wages ( Imployed No Are any of these wages ( Imployed No Are any of these second these ( Imployed Responses) Imployed Responses Imployed Response	e devet deposit? * paid in cash? * paid in cash? * e downtoad a copy of # files you are spiceelin files you case gram.	Select Payment amount (gro \$1,000.00 Payment amount (gro \$1,000.00	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	
Employment Income      Employment Income      Employed      Are you push by check or      The Verse are position care, place      Pres Solution and the second	, "  direct deposit?"  paid in cash?"  constant a copy of i  files you are uplocation  orthors 1 file, you can  orthors  ma, jap, pap, PBF	Select Mayment amount (gro \$1,000.00 Mayment amount (gro \$1,000.00 Rem-HOLOC and upload bet gree net password andeed	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	
Employment Income      Employment Income      Employed      Are you push by check or      ③ Yes ③ No      Are any of these wages p      ① Yes ④ No      Plactgrade Regularment      Plactage Regularment      Plactgrade	, "  direct deposit?"  paid in cash? "  c download a copy of i  s  for you are subcoolin  crethen 1. Neuryou can  sea, jeg., prog. PDF  remits "	Select Mayment amount (gro \$1,000.00 Mayment amount (gro \$1,000.00 S1,000.00 grave net password pattert upload up to 5 Wes max.	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	
Imployment Income Imployment Income Imployment Income Imployed Are you paid by check or The forward of the or of the original	, "  direct deposit?"  paid in cash? "  c download a copy of i  s  for you are subcoolin  crethen 1. Neuryou can  sea, jeg., prog. PDF  remits "	Select Mayment amount (gro \$1,000.00 Mayment amount (gro \$1,000.00 S1,000.00 grave net password pattert upload up to 5 Wes max.	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	
Employment Income      Employment Income      Employment Information     Employed      Are you paid by check or      Yes No      Are any of these wages (     Place count that any      You are paid in cash, please      Flactplead Registersett      Place count that any      You are usedway      Flactplead Registersett      Place count that any      Flactplead Registersett      Place the second that any      Flactplead Registersett      Flactplead Registersett      Place the second that any      Flactplead Registersett      Flactplead Regis	, "  direct deposit?"  paid in cash? "  c download a copy of i  s  for you are subcoolin  crethen 1. Neuryou can  sea, jeg., prog. PDF  remits "	Select Mayment amount (gro \$1,000.00 Mayment amount (gro \$1,000.00 S1,000.00 grave net password pattert upload up to 5 Wes max.	an) * 	Emplo     Emplo     Add have of     Every oth     Paid have of	wed O Self-Employ Ren? * er week	

mployment Income		
mployment Information *	Employer Company Name *	Employment Role *
Employed ~	ON	Employed O Self-Employed
Select		
Homemaker	Payment amount (gross) *	Paid how often?*
Employed	\$0.00	Select
Unemployed		
Disabled	Payment amount (gross) *	Paid how often?*
Student	\$0.00	Select

Note, if you are a homemaker, unemployed, or a student , you may need to provide proof living expenses.

Please download the Form 1055 if you receive payment in cash. You will need to then attach this form to your application.

Proof Documentation Ty	/pe		
Select type of docume	nt	✓ UPLOAD	
Must not be more than two Must include full name and *A secondary document is i	current physical address.		
Delete Florida Driver	's License.png		
Delete Paystub.png			
<ul> <li>Spouse/Partr</li> <li>First Name *</li> </ul>	Middle Name	Last Name *	Suffix
	Enter Middle Name		Select (optional) 🗸
			SAVE AS DRAFT CONTINUE

Once you have completed all the questions in the **"Guardian Information"** section, click **"Continue"** to proceed to the next section.

Primary Guardian*			
• Spouse / Partner*			
First Name*	Middle Name	Last Name*	Suffix
Enter First Name	Enter Middle Name	Enter Last Name	Select Suffix 🗸
Phone - Primary*	Phone Type - Primary*	Phone - Secondary	Phone Type - Secondary
(000) 000-0000	Select type of phone 🗸 🗸	(000) 000-0000	Select type of phone 🗸 🗸
SSN/ITIN	Confirm SSN/ITIN		
***_**-XXXX	***_**_XXXX		
First Name *	Middle Name	Last Name *	Suffix
Rhonda	Enter Middle Name	Washington	Select (optional)

If applicable, complete the "Spouse/Partner" section with the required information indicated by a red asterisk.

When you have completed the **"Guardian Information"** section, you may press the continue button to proceed.

## Important Tip: FTC/FES-EO and FTCPEP Application

Scholarship Po	rtal				98
Student Selection	Student Information	Ouardian information	O Household Members	⊖ Summary	
	FTC/FES-EO and F Household Members		n		
A household mer If the household	all household members on this a mber is <b>any non-scholarship pe</b> member is under the age of 18, member is over the age of 18, e	erson residing at the same add they must be your dependent	ress. to be included on the application		
By checking:     By checking:     ADC_MEMBER	this box, I am confirming that I h	save read and understand the o	definition of a household memb	xer.	
			SAVE A	AS DRAFT CONTINU	VE

Now you will be prompted to complete the **"Additional Household Members"** section. It is mandatory that you add **ALL** members of the household on this application. **ALL** members are inclusive of any non-scholarship persons residing at the same address.

Once you have reviewed the definition of Additional Household Members, you must check the box to proceed.

	rtal			( <b>;</b> )	<b>)</b> (
Itudent Selection	Student Information	Ouardian Information	O Household Members	⊖ Summary	
	FTC/FES-EO and F lousehold Members		n		
If the household If the household income with you	mber is any non-scholarship per member is under the age of 18, member is over the age of 18, 4 this box, I am confirming that II	they must be your dependent employment information must	to be included on the applicat be provided for this person if t	they share expenses or	
⊕ ADG NEMBER			serinition of a nousehold men	ider.	
<ul> <li>ADD_MEMBER</li> <li>Househol</li> </ul>	d Member	nave read and dradenadarna dre	serinidon or a nousenola men	INDIVIDUAL \$0	•
, i i i i i i i i i i i i i i i i i i i			serinidon or a nousenola men		•
~ Househol		Last Na		INDIVIDUAL \$0	•
<ul> <li>Househol</li> <li>Househol</li> </ul>	d Member		ne* 5	INDIVIDUAL \$0 INCOME \$0 INCOME \$0	•
<ul> <li>Househol</li> <li>Househol</li> <li>First Name *</li> </ul>	d Member	Last Nar Knight	ne* 5	INDIVIDUAL \$0 INDIVIDUAL \$0 INDIVIDUAL \$0	* *

To add members to the application, use the **"Add Member"** tab and add as many members as needed.

You will automatically be prompted to input employment type if the additional household member is 18 years and older.

Student Selection	🔗 Student Inf	ormation	🕑 G	uardian Information	0	Summary	
2024-2025 FTC/	FES-EO and	d FTCP	EP Applica	tion			
Application Sum	mary						
Please verify you have no r	equired informatior	n missing ar	nd can continue wit	h the application proce	ss by clicking s	ubmit.	
STUDENTS		ADOPTED	FOSTER CARE	OUT OF HOME CARE	MILITARY	AGE	GRADE
Hunter Washingto		No	No	No	No	6	Kindergarten
Shelby Washingto		No	No	No	No	8	3
GUARDIANS		ТҮРІ	E	AGE			INCOM
Rhonda Washingto		Prin	nary Guardian				\$26,000.00
Kyle Washington		Spo	ouse / Partner				\$26,00.00
Gladys Washingto		Oth	er Adult	65			\$0.00
Alicia Washington		Oth	er Child	3			\$0.00
							DINCOME \$52.00.00

Now you should be on the **"Summary"** section of the application. The summary page gives you an overview of all submitted documents and completed sections.

You can review and go back and change anything you would like. You can use the headers on the page to navigate to different sections.

### 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 and understand that continued physical residency is a requirement for scholarship participation. I understand that I must notify Step Up For 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 representations constitutes an act of fraud. False, misleading, or incomplete information may result 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-award for auditing purposes. I understand if a post-award audit determines my student is not eligible, the scholarship may be rescinded.

I have read, understand, and agree to the terms, conditions and rules as outlined in the Step Up For Students Parent/Guardian Materials, including Parent/Guardian Handbook, Program Purchasing Guide, Terms & Conditions and Sworn Compliance Statement. Step Up reserves the right to routinely update, modify, or alter the Parent/Guardian Materials without notifying me of any such updates. I understand that I am bound by the terms of these Materials.

Make sure to click on each box once you have read and agreed to the terms and conditions.

I have read and agree to the compliance statement.

You will also be required to complete the "Parent/Guardian Terms & Conditions" and "Sworn Compliance Statement."

### Sworn Compliance Statement

The Family Empowerment Scholarship program statute includes parent and student responsibilities that parents and students must follow to participate in the scholarship programs. Pursuant to s. 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), F.S., 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.).
- I will not transfer any prepaid college plan or college savings funds to another beneficiary.
- I will not receive a payment, refund, or rebate from an approved provider of any services under this program.
- I understand that I am responsible for the payment of all eligible expenses in excess of the amount of the FES-UA scholarship account in accordance with the terms agreed to between the parent/guardian and the providers.
- I will ensure that the student's educational progress is evaluated each year by complying with the requirement of the private school I choose or a home education program.
- I understand if the student is enrolled in an eligible private school, the student must take an assessment selected by the private school pursuant to s. 1002.395(8)(c), F.S. If the student is enrolled in a home education program, the parent/guardian may choose any of the evaluation methods provided for in s. 1002.41(1)(c), F.S. I will require the child to take any pre- and post-assessments selected by the provider if the child is four years of age and is enrolled in a program provided by an eligible Voluntary Prekindergarten Education program provider. A student with disabilities for whom a pre- and post-assessment is not appropriate is exempt from this requirement.
- I understand if the student is enrolled in a home education program, the parent/guardian may choose any of the evaluation methods provided for in s. 1002.41(1)(c), F.S.

Please Sign Here Signature Of *		
Your full name Parent Guardian		
Parent Guardían		
KEEP CLEAR		
	SAVE AS DRAFT	

Please type your name in the box and sign your name in the signature box. Please click **"Keep"** if you are satisfied with your signature. If you want to change your signature you can click **"Clear"** and sign again. After you select **"Keep"** you may **"Submit"** your application.

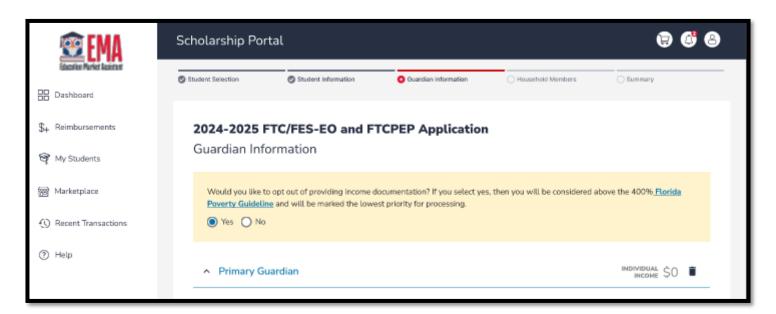
GRADE
Kindergarten
3

By clicking "**Submit**", your application will be sent for processing. You will get a confirmation notice on your screen.

# **Path Number**



This is the path if the Guardian chooses "YES" and will NOT be providing Income Information



# Choose **"YES"** if you will **NOT** be providing income documentation.

lent Selection	Student Information	O Guardian Information	O Household Mer	mbers O Summary	
2024-2025 FT	C/FES-EO and F	TCPEP Applicatio	n		
Guardian Infor		i ei al Applicatio			
	opt out of providing income of and will be marked the lowe		res, then you will be co	nsidered above the 400% Flo	rida
<ul> <li>Primary Gua</li> </ul>	rdian			INDIVIDUAL C INCOME	50 🔳
Diance endourthe lef	erester below it and faller	nation is incoment, planan an	to some <b>Dee</b> file, and ma	les auro that usur Indonesian I	
Please review the inf date to avoid process First Name				ke sure that your information i	s up-to-
date to avoid process	Middle Name	Last Na			s up-to-
date to avoid process First Name	sing delays.	Last Na Last Na Last Na Last Na	ime	Suffix Email - Secondary	s up-to-
date to avoid process First Name Marital Status	Niddle Name	uage Email v rhond	ime Primary	Suffix Email - Secondary	
date to avoid process First Name Marital Status Married	Middle Name Primary Lang English	Last Na Last Na uage Email - rhond Primary Phone	ime Primary Jawashington@gmail.c	Email - Secondary	
date to avoid process First Name Marital Status Married	Middle Name Primary Lang English Phone Type -	Last Na Last Na uage Email - rhond Primary Phone	ime Primary Jawashington@gmail.c	Suffix Email - Secondary om Phone Type - Secondary	
date to avoid process First Name Marital Status Married Phone - Primary SSN / ITIN *	Middle Name Primary Lang English Phone Type - Mobile Phone	Last Na Last Na uage Email - rhond Primary Phone	ime Primary Jawashington@gmail.c	Suffix Email - Secondary om Phone Type - Secondary	
date to avoid process First Name Marital Status Married Phone - Primary SSN / ITIN * ***_**-2232	Middle Name Primary Lang English Phone Type - Mobile Phone	Last Na Last Na Last Na Email - rhond Primary Phone ne v	ime Primary Jawashington@gmail.c	Suffix Email - Secondary om Phone Type - Secondary	

You must review the information listed here to ensure its accuracy.

If you need to make any changes, simply click on the **Profile** icon in the upper right-hand corner of the page, and make the necessary corrections. Failure to do so may result in processing delays.

You will need to enter your social security number (SSN)/individual taxpayer identification number (ITIN) and provide proof of residency.

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

Please ensure that the documents you submit are valid, current (dated within the last two months), and match the primary guardian's full name as well as the current physical street address provided on the application. Refer to the guidelines listed on the slide for the list of acceptable documents for submission. Under the Guardian Section, you will confirm that the auto-populated information displays correctly, you will need to enter your social security number (SSN) or individual taxpayer identification number (ITIN) and provide proof of residency.

File Upload Requirements <ul> <li>Please ensure that any files you are up</li> <li>If you are uploading more than 1 file,</li> <li>Each file cannot exceed 5MB.</li> <li>Files types accepted: jpeg, jpg, png,</li> </ul>				
Proof Documentation Type	Proof Documentation Type Select type of document	UPLOAD		
Floor Documentation Type	Select type of document.	UPLUAD		
Select type of document	Automobile insurance statement*			
fust not be more than two months old.	Declaration of domicile			
fust include full name and current physics	Florida driver's license or state-issued ID*			
secondary document is necessary.	Health insurance statement*			
elete Florida Driver's License.pn	Home phone bill*	37		
elete Paystub.png	Homeless Verification or Certificate			
	Homeowners or renters insurance policy*			
	Homestead or Property tax statement/assessment	UPLO.		
<ul> <li>Spouse/Partner</li> </ul>	Mortgage acceptance letter*	Orio		
	Mortgage statement or residential lease agreement			
irst Name *	Migrant Address Verification Letter		uffix	
Rhonda	Permanent change of station (PCS) military orders		Select (optional)	~
	Proof of current government benefits: Social Security, Veterans Affairs			
	Property deed	1		
	Paystub*			CONTINUE
	USPS confirmation of address change request*	-	AS DRAFT	CONTINUE
	Utility bill (electric, gas. water)	-		

🔾 Yes 💿 No				
have a * SNAP Document  V	Proof Documentation Typ Paystubs	pe V	UPLOAD	
show bocament +			UPLOND	
<ul> <li>Files types accepted: jpeg, jpg, pn;</li> </ul>				
<ul> <li>Spouse/Partner</li> </ul>				INDIVIDUAL \$0

After you have uploaded two forms of **"Proof of Residency"**, you will asked if anyone in the household receives the Supplemental Nutrition Assistance Program (SNAP), TANF, or FDPIR. If **"No"**, proceed to adding a spouse/partner (if applicable).

If **"Yes"**, you will be required to declare which assistance you receive and upload a proof of documentation.

Once you have completed all the questions in the **"Guardian Information"** section, click **"Continue"** to proceed to the next section.

nolarship Po	rtal			ē	00
tudent Selection	Student Information	Ouardian Informatio	n O Household M	lembers Summary	
<b>2024-2025 I</b> Guardian Inf	FTC/FES-EO and FT formation	CPEP Applica	tion		
	ne and will be marked the lowe			considered above the 400% Florid	
✓ Primary G	uardian			INDIVIDUAL \$26,000.00	•
<ul> <li>Spouse/Pa</li> </ul>	artner			INDIVIDUAL \$0	•
First Name *	Middle Name	La	st Name *	Suffix	
				Suffix (optional)	~
Phone - Primary	Phone Type - I	Primary Ph	one - Secondary	Phone Type - Secondary	
(	Mobile Phon	e 🗸 (	000} 000-0000 {0000	Select type of phone	~
55N / ITIN *					
***-**-2232					
				SAVE AS DRAFT CONT	INUE

## Important: FTC/FES-EO and FTCPEP New Application

Scholarship Po	rtal			( <b>•</b> ) 🕲	8
Student Selection	Student Information	Ouardian information	O Household Members	⊖ Summary	
	FTC/FES-EO and F lousehold Members		1		
A household men If the household	Il household members on this a mber is <b>any non-scholarship pe</b> member is under the age of 18, member is over the age of 18, e	rson residing at the same addr they must be your dependent	ress. to be included on the application		
By checking     By checking     ADP_MEMBER	this box, I am confirming that I h	lave read and understand the c	definition of a household memb	er.	
			SAVE A	S DRAFT CONTINUE	I

Now you will be prompted to complete the **"Additional Household Members"** section. It is mandatory that you add **ALL** members of the household on this application. **ALL** members are inclusive of any non-scholarship persons residing at the same address.

Once you have reviewed the definition of Additional Household Members, you must check the box to proceed.

cholarship Port	al				Ē		
Student Selection	Student Information	Guardian Information	O Household Mer	mbers	Summary		_
	<b>FC/FES-EO and F</b> usehold Members	CPEP Application	n				
		oplication by using the Add Mi rson residing at the same add	ress.				
If the household me	mber is under the age of 18, s box, I am confirming that I h	ave read and understand the					
If the household me							
If the household me	s box, I am confirming that I h				INDIVIDUAL C	\$0 <b>•</b>	i
If the household me By checking this ADD MEMBER	s box, I am confirming that I h				INDIVIDUAL C INCOME ~	50 <b>•</b>	i i
If the household me By checking this C ADD MEMBER Household 1	s box, I am confirming that I h		definition of a househ			50 <b>•</b>	i ī
If the household me By checking this ADD NEMBER Household I Household I	s box, I am confirming that I h Member Member	ave read and understand the r	definition of a househ me *	old member.		50 <b>•</b>	i
If the household me By checking this ADD MEMBER Household I Household I First Name *	s box, I am confirming that I h Member Member	Last Nar	definition of a househ me *	Suffix		50 <b>•</b>	i ·

To add members to the application, use the **"Add Member"** tab and add as many members as needed.

You will automatically be prompted to input employment type if the additional household member is 18 years of age or older.

### 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 and understand that continued physical residency is a requirement for scholarship participation. I understand that I must notify Step Up For 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 representations constitutes an act of fraud. False, misleading, or incomplete information may result 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-award for auditing purposes. I understand if a post-award audit determines my student is not eligible, the scholarship may be rescinded.

I have read, understand, and agree to the terms, conditions and rules as outlined in the Step Up For Students Parent/Guardian Materials, including Parent/Guardian Handbook, Program Purchasing Guide, Terms & Conditions and Sworn Compliance Statement. Step Up reserves the right to routinely update, modify, or alter the Parent/Guardian Materials without notifying me of any such updates. I understand that I am bound by the terms of these Materials.

# Make sure to click on each box once you have read and agreed to the terms and conditions.

I have read and agree to the compliance statement.

You will also be required to complete the **Parent/Guardian Terms & Conditions** and **Sworn Compliance Statement**.

### Sworn Compliance Statement

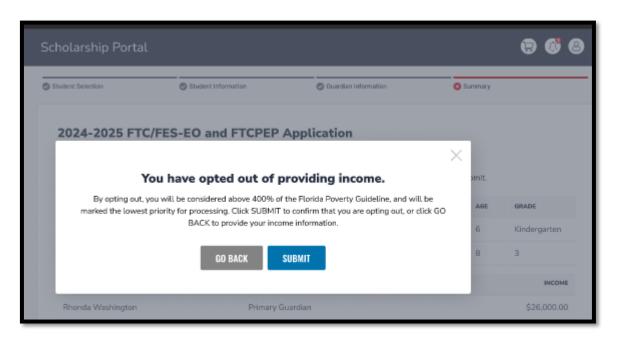
The Family Empowerment Scholarship program statute includes parent and student responsibilities that parents and students must follow to participate in the scholarship programs. Pursuant to s. 1002.394(10), F.S. I affirm that:

- 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), F.S., 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.).
- I will not transfer any prepaid college plan or college savings funds to another beneficiary.
- I will not receive a payment, refund, or rebate from an approved provider of any services under this program.
- I understand that I am responsible for the payment of all eligible expenses in excess of the amount of the FES-UA scholarship account in accordance with the terms agreed to between the parent/guardian and the providers.
- I will ensure that the student's educational progress is evaluated each year by complying with the requirement of the private school I choose or a home education program.
- I understand if the student is enrolled in an eligible private school, the student must take an assessment selected by the private school pursuant to s. 1002.395(8)(c), F.S. If the student is enrolled in a home education program, the parent/guardian may choose any of the evaluation methods provided for in s. 1002.41(1)(c), F.S. I will require the child to take any pre- and post-assessments selected by the provider if the child is four years of age and is enrolled in a program provided by an eligible Voluntary Prekindergarten Education program provider. A student with disabilities for whom a pre- and post-assessment is not appropriate is exempt from this requirement.
- I understand if the student is enrolled in a home education program, the parent/guardian may choose any of the evaluation methods provided for in s. 1002.41(1)(c), F.S.

Please Sign Here Signature Of *		
Your full name Parent Guardian		
Parent Guardían		
KEEP CLEAR		
	SAVE AS DRAFT	

Please type your name in the box and sign your name in the signature box. Please click **"Keep"** if you are satisfied with your signature. If you want to change your signature you can click **"Clear"** and sign again. After you select **"Keep"** you may **"Submit"** your application.

### Important: FTC/FES-EO and New FTCPEP Application



After you have completed the "Parent/Guardian Terms & Conditions" and "Sworn Compliance Statement." A reminder will pop-up stating, "You have opted out of providing income."

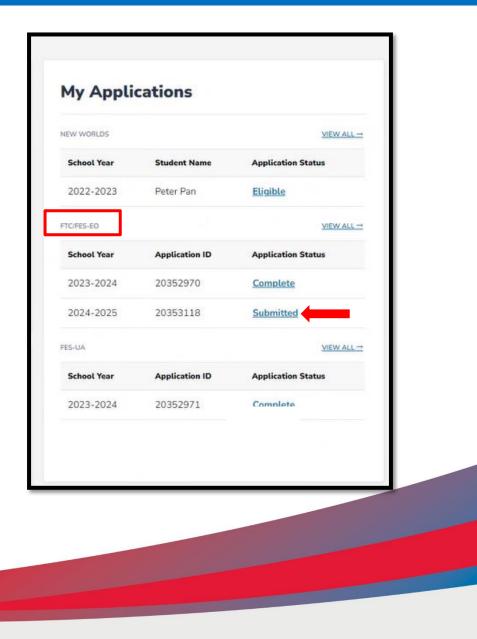
By opting out, you will be considered above 400% of the Florida Poverty Guideline and marked the lowest priority for processing.

Click **"Submit"** to confirm your opt-out or click **"Go Back"** to provide your income information.

2024-2025 F	TC/FES-EO and FTCPEP Application				
Please verify you	Application Submitted n process by clicking submit.				
STUDENTS	Congratulations! Your application was successfully submitted.	CARE	HILITARY	AGE	GRADE
Hunter Washir	0		No	6	Kindergarten
Shelby Washir	You will be redirected momentarily		No	8	3
GUARDIANS	TYPE	AGE			INCOME

By clicking "**Submit**", your application will be sent for processing. You will get a confirmation notice on your screen.

Once you have submitted your application, you will return to your dashboard. On the dashboard you can see the status of your application(s). If you want to see details, click the status (blue hyperlink) under the Application Status header.



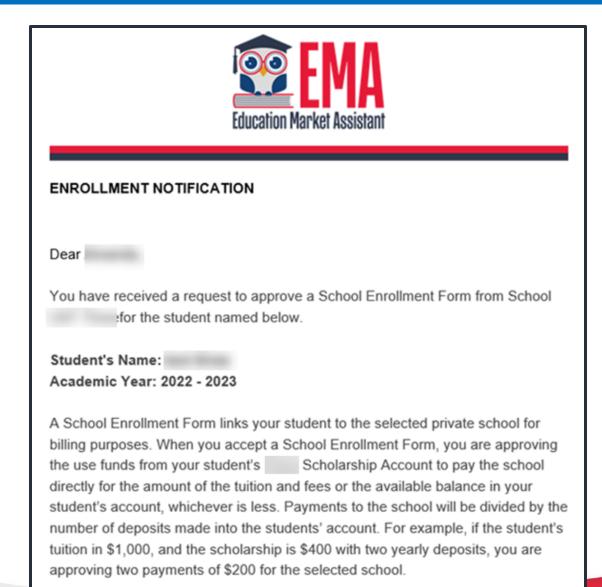
Application	Details		SUBM	u
APPLICATION ID	APPLICATION TYPE FTC New	total household inco \$54,600.		
Student Details			⊕ ADD A STUDE	NT
✓ 1			• Eligible	_
Guardian Details				
✓ 1. Primary Gua	Application	Details		SUBMI
	APPLICATION ID	APPLICATION TYPE FTC New	total household income \$54,600.00	status Complete
	Student Details			⊕ ADD A STUDEN
	<b>^</b> 1.			• Eligible
	First Name		Tiffany	
	Middle Name		Т	
	Last Name		Johnson	
	Suffix			
	Date of Birth		1/18/2015	
	Gender		Female	
	Ethnicity		Hispanic	
	Race		Black or African American, White	

The hyperlink will open your **"Application Details"** page with more details and will show the application(s) status and student(s) status.

You can click on the arrow adjacent to the student's names to see the application details.



After a student is awarded, if you plan to use your student's scholarship at an eligible participating school, you need to contact the school to start the enrollment process.



Once an eligible private school enrolls the student in their system, you will receive an email notification asking you to log in and review the enrollment request.

	Scholarship Portal								
Dashboard									
약 My Students		Enrollment R	quests						
Recent Transactions		SCHOOL YEAR	STUDENT NAME	SCHOOL NAME	REQUEST DATE	SCHOOL START DAT	E ANNUAL TUITION	ACCEPT	DECLINE
		2022-2023			06/23/2022	08/15/2023	\$7,500.00	~	×
		2022-2023			05/24/2022	08/15/2023	\$7,500.00	~	
		2022-2023			06/26/2022	01/15/2022	\$10,000.00	~	
						My Applications		View All	
						PROGRAM	SUBMITTED STU 06/19/2022 06/19/2022 06/19/2022	DENT	STATUS Awarded Awarded Awarded
		Available Sch	olarships						

# You can view and approve enrollment requests from the Dashboard.

Status	Meaning
Pending	Your student's eligibility status is still under review. Please monitor your EMA account for updates.
Awarded	Your application was approved, and the student has been determined eligible for a scholarship. Please note, your student has not yet been "funded" for the applying school year.
Funded	Your student's scholarship has been funded to your EMA account. You may now utilize the funds in your account.

					×			
Are you sure you want to enroll?								
School Year	STUDENT NAME	SCHOOL NAME	REQUEST DATE	TOTAL AMOUNT				
2024-2025			01/06/2023	\$4,150.00				

**IMPORTANT:** By accepting the School Enrollment Form, you are approving payment for the tuition and fees for your students at the selected private school OR your student's award amount, whichever is less. Payments will be divided by the number of deposits made into the students' account. For example, if the student's tuition in \$1,000, and the scholarship is \$400 with two yearly deposits, you are approving two payments of \$200 for the selected school. **PLEASE NOTE:** Your total amount reflects an adjustment of **\$1,000.00** applied by the

school due to your students enrollment being after the start of the school year or due to an agreed adjustment amount previously discussed with the school.

When you accept the School Enrollment Form for your student, you also approve payment for the tuition and fees associated with the private school you have selected.

Approving the payment to the selected private school is required for your student to receive their scholarship funds.

YES NO

