

## Application Coversheet

\*Submission of a scholarship application does not guarantee a scholarship award for the upcoming academic year.

**SCHOOL:** \_\_\_\_\_ **STUDENT:** \_\_\_\_\_ **ID:** \_\_\_\_\_

### INDICATE APPLICANT STATUS, ASSIGNED SCHOOL AND APPLICABLE DOCUMENTATION:

**1 FIRST TIME – ZONED FAILING:** \_\_\_\_\_ (assigned school)

*\*First time applicant zoned to attend a failing public school for the 2017-2018 academic year.*

\_\_\_ Full application    \_\_\_ Birth Certificate    \_\_\_ Previous Report Card    \_\_\_ Social Security Card

\_\_\_ Verification of Public School Assignment    \_\_\_ Custody Documents

Income support documentation, where applicable:    \_\_\_ 2016 Form 1040    \_\_\_ 2016 SSI/Disability

\_\_\_ 2016 Child Support    \_\_\_ 2016 Unemployment    \_\_\_ Non-filing Statement(s)    \_\_\_ Other

**2 REPEAT – ZONED FAILING:** \_\_\_\_\_ (assigned school)

*\*Previous scholarship recipients who are zoned to attend a failing public school for the 2017-2018 academic year and who are enrolled in a participating non-public school approved under the Alabama Accountability Act for the 2016-2017 academic year.*

\_\_\_ Last check of income 2015/16: complete full application

\_\_\_ Last check of income 2016/17: complete pages 1-4 of application

\_\_\_ Previous Report Card    \_\_\_ Verification of Public School Assignment

**3 REPEAT – ZONED NON-FAILING:** \_\_\_\_\_ (assigned school)

*\*Previous scholarship recipients who are zoned to attend a non-failing public school for the 2017-2018 academic year and who are enrolled in a participating non-public school approved under the Alabama Accountability Act for the 2016-2017 academic year.*

\_\_\_ Last check of income 2015/16: complete full application

\_\_\_ Last check of income 2016/17: complete pages 1-4 of application

\_\_\_ Previous Report Card    \_\_\_ Verification of Public School Assignment

**4 FIRST TIME – ZONED NON-FAILING:** \_\_\_\_\_ (assigned school)

*\*First time applicant zoned to attend a non-failing school for the 2017-2018 academic year.*

\_\_\_ Full application    \_\_\_ Birth Certificate    \_\_\_ Previous Report Card    \_\_\_ Social Security Card

\_\_\_ Verification of Public School Assignment    \_\_\_ Custody Documents

Income support documentation, where applicable:    \_\_\_ 2016 Form 1040    \_\_\_ 2016 SSI/Disability

\_\_\_ 2016 Child Support    \_\_\_ 2016 Unemployment    \_\_\_ Non-filing Statement(s)    \_\_\_ Other

ID: \_\_\_\_\_

**TUITION VERIFICATION - MUST BE COMPLETED BY SCHOOL**

1. What is the annual TUITION rate applicable to this student (w/out discounts)? \_\_\_\_\_

2. Provide detailed list of all DISCOUNTS/SUBSIDIES.  
\_\_\_\_\_3. Provide detailed list of all mandatory FEES applicable to this student and total fee amount.  
\_\_\_\_\_

4. What is the cost of annual standardized testing applicable to this student? \$ \_\_\_\_\_

5. Family responsibility applicable to THIS STUDENT? \$ \_\_\_\_\_ (Min. of \$500 per family\*)

6. Will this student be receiving other financial assistance to cover tuition and fees? Y/N

School Assistance \$ \_\_\_\_\_ Other Assistance \$ \_\_\_\_\_

7. Are there additional siblings of this student who attend this school? If so, please list:  
\_\_\_\_\_8. If a sibling, is this student considered the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> student as it relates to the annual tuition rate? \_\_\_\_\_**SCHOOL OFFICIAL CERTIFICATION**

I certify that the information provided on this Scholarship Application, which includes the Tuition Verification, Family Size Statement and Family Income Statement, is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of the Scholarship Granting Organization.

I certify that the tuition, fee, family responsibility, and additional scholarship/financial assistance amounts provided are true, correct, accurate and a complete acknowledgement of the partner school's current published rates and subsidies.

\*I understand that maximum scholarship amounts and family responsibility amounts are subject to change at the discretion of SFK and are dependent on funding available for the academic year.

Signature \_\_\_\_\_

School Official Name \_\_\_\_\_

### Applicant Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Race: \_\_\_ Amer. Indian/Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_ Black/African Amer. \_\_\_ Hispanic

\_\_\_ White Caucasian \_\_\_ Other \_\_\_\_\_

Sex: \_\_\_ Female \_\_\_ Male

Applicant's address for the 2016/17 academic year:

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/County \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Applicant's address for the 2017/18 academic year:

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/County \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Parent/Guardian #1 - Contact Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City/County \_\_\_\_\_ State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent/Guardian #2 - Contact Information: \_\_\_\_\_ SAME

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City/County \_\_\_\_\_ State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

**Is this student currently receiving accommodations for a learning disability? Yes No**

**Is this student proficient in the English language? Yes No**



## Family Size Statement

**Family.** A group of two or more people related by birth, marriage, or adoption, including foster children, who reside together.

1. The applicant lives with:

\_\_\_\_ Parent(s)      \_\_\_\_ Legal Guardian(s)      \_\_\_\_ Other \_\_\_\_\_

List parent(s) or legal guardian(s) living in the household. *Custodial documentation must be provided if applicant lives with a legal guardian.*

**Parent/Legal Guardian #1** \_\_\_\_\_

**Parent/Legal Guardian #2** \_\_\_\_\_

2. Are there additional adult family members (over the age of 19) living in the household?\_ \_\_\_\_ Yes    \_\_\_\_ No

**Additional Adult #1** \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**Additional Adult #2** \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

3. If there are additional adult family members living in the household, are they listed as dependents on the **2016 Form 1040**?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Not applicable

4. Please list all dependent children (19 or younger) who are family members and living in the household. Provide the name of school that each child is planning to attend for **2017/18** academic year.

- a. **Applicant's Name** \_\_\_\_\_
- b. **Child #2's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- c. **Child #3's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- d. **Child #4's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- e. **Child #5's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- f. **Child #6's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- g. **Child #7's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_
- h. **Child #8's Name** \_\_\_\_\_ Age \_\_\_\_\_  
Relationship to Parent/Guardian \_\_\_\_\_ 2017/18 School \_\_\_\_\_

**TOTAL NUMBER OF INDIVIDUALS IN FAMILY** \_\_\_\_\_

**Family.** A group of two or more people related by birth, marriage, or adoption, including foster children, who reside together.

### Family Income Statement

All questions must be answered. If a question does not apply, indicate not applicable (N/A). Support documents and annual totals must be provided for all household income.

1. Did parent/guardian #1 file taxes in 2016?

Yes

No

If so, provide **Adjusted Gross Income (AGI)** from **2016 IRS Form 1040** \$ \_\_\_\_\_

2. Did parent/guardian #1 have additional income in 2016?

No

Social Security/SS Disability \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

3. Did parent/guardian #2 file taxes in 2016?

Yes, married/ filed jointly with parent/guardian # 1.

Yes, filed separately from parent/guardian # 1.

No

Not applicable

If so, provide **Adjusted Gross Income (AGI)** from **2016 IRS Form 1040** \$ \_\_\_\_\_

4. Did parent/guardian #2 have additional income in 2016?

No

Social Security/SS Disability \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

5. Was there additional family income in **2016**?

- Yes  
 No

If so, provide name(s) of family member(s), support documents and **2016** annual totals.

**Name of family member:** \_\_\_\_\_

- Adjusted Gross Income (AGI) from 2016 IRS Form 1040** \$ \_\_\_\_\_
- Social Security/SS Disability \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_
- Not applicable

**Name of family member:** \_\_\_\_\_

- Adjusted Gross Income (AGI) from 2016 IRS Form 1040** \$ \_\_\_\_\_
- Social Security/SS Disability \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_
- Not applicable

**TOTAL ANNUAL FAMILY INCOME \$** \_\_\_\_\_

Include income from all family members living in the household and listed above. Any non-parent/guardian adult family member living in the household, who **did not** file a 2016 tax return must complete a non-filing statement.

End of scholarship application.