Scholarships for Kids 2024-2025 Scholarship Application All applications should be submitted to the participating school your child plans to attend for the 2024-2025 academic year.

SCHOOL: Please use the checklist below to confirm all requested and necessary documentation has been provided. Requested documentation is mandatory for the application to be considered complete.

Parent responsibility amounts (PER STUDENT): \$500 - K-12th grade

GROUP B - Renewal - Income Check Due (Last check 22/23)

This renewal application packet includes:
Full application
2023 income verfication (1040 Transcript, Form 1040, Social Security, Disability, Child Support)
Applicant's LATEST report card
Written verification of assigned school from the applicable city or county school board office
PUBLIC SCHOOL GRADED D or F ARE CONSIDERED PRIORITY SCHOOLS
IEP/504 Plan Documentation if applicable

2024-2025 INCOME ELIGIBILITY GUIDELINES - RENEWAL APPLICANTS

2 - \$71,540

6 - \$146,860

Scholarship limits:

3 - \$90,370

7 - \$165,690

\$10,000 K-12th

4 - \$109,200

8 - \$184,520

5 - \$128,030

Do not submit this page with the application.

FOR SCHOOL USE	
Submitted by:	(Initials)
Date:	

^{*} Failure to provided a fully completed application by the deadline may result in denial of the application.

^{*} Parents may request a copy of this completed coversheet for confirmation of submission.

2024/2025 Assigned School:					_
Is this school ZONED PRIORITY (Should be answered by the school r	_	cant.)			
STUDENT NAME:			UDENT ID:		
Ethnicity:		Sex:	Male	Fem	ale
Birthdate: Age:		Social Security	y #:		
PLEASE PROVIDE CONTACT INFORMATION FOR BOTH PARENTS. IF THE CHILD LIVES WITH A GUARDIAN OR IS A WARD OF THE STATE, DOCUMENTATION MUST BE PROVIDED.					
APPLICANT'S		With whom doe	es the child re	side? (circle	one)
ADDRESS:		PARENT	Γ(S)	GUAF	RDIAN(S)
PARENT/GUARDIAN #1 NAME:		PARENT/GUA	RDIAN #2 N	IAME:	
ADDRESS:		ADDRESS: Sa	ime?		
PHONE:		PHONE:			
EMAIL:		EMAIL:			{
GRADE FOR 2024/202	25: K5 1 2	3 4 5	6 7 8	9 10 11	1 12
Is the applicant a previous S	SFK scholarship rec	cipient? If YES , ch	neck ALL acad	emic years th	nat apply.
Yes13/1414/1	1515/1	16/17	7	17/18	18/19
No19/	20/21	21/22	22/23	23/2	24
Has the applicant received a scholar	ship from another	SGO? If YES , che	eck ALL years	that apply.	
Yes13/1414/1	1515/1	16/17	7	17/18	18/19
No19/	20/21	21/22	22/23	23/2	24

TOTAL number of years receiving an SFK scholarship, including the 24/25 academic year (SFK ONLY)		
Is student receiving accommodations for a learning disability:NoYes		
Does the student have an IEP or 504 Plan?IEP504N/A		
Does the student have limited English language proficiency:NoYes		
Has the student ever repeated a grade:NoYesNot sure		
If so, what grade(s)? K5 1 2 3 4 5 6 7 8 9 10 11 12		
What school(s) did the student attend during the 23/24 academic year? Check ALL that apply.		
Non-Public: from: to		
Public: from: to		
Has the student been on academic probation in the past year:NoYes		
Number of Parents/Guardians Living in the Household:		
Number of Children Under the Age of 19 Living in the Household: (List)		
Student:		
Child #2: Relationship to parent/guardian:		
Child #3: Relationship to parent/guardian:		
Child #4: Relationship to parent/guardian:		
Child #5: Relationship to parent/guardian:		
Child #6: Relationship to parent/guardian:		
Child #7: Relationship to parent/guardian:		
Child #8: Relationship to parent/guardian:		
Number of Adult Dependents (Age 19 and Above) Living in the Household: (List)		
Dep. #1: Relationship to parent/guardian:		
Dep. #2: Relationship to parent/guardian:		

Types of Acceptable Income D 1 = Adjusted Gross Income (AGI) (2023 1040 Tra	ocumentation - Must be dated 2023
2 = Social Security/Disability Benefits (2023 State	
3 = Unemployment Compensation (2023 Staten	
4 = Child Support (2023 Statement required)	
5 = Other (Official state or local agency documen	ntation must be provided to be considered)
Parent/Guar	dian #1 Income
2023 AGI:	<u> </u>
2023 Social Security/Disability:	\$
2023 Unemployment Compensation:	\$
2023 Child Support (must be dated 2023):	\$
Other:	\$
Parent/Guar	dian #2 Income
2023 AGI:	\$
2023 Social Security/Disability:	\$
2023 Unemployment Compensation:	\$
2023 Child Support (must be dated 2023):	\$
Other:	\$
Was there additional family income in 2	.023?YesNo
If YES, please explain, a	and attach documentation:
	leted by school accepting the applicant.
uition rate <u>prior to</u> discounts/subsidies:	Discounts and subsidies:
	\$
	\$
ist all mandatory fees:	
	\$
5	\$
Cost of standardized testing:	Family responsibility: (\$500 minimum per child required)
5	\$

Other financial assistance:

\$

PARENT/GUARDIAN NON-FILING STA	TEMENT
•	
P/G: II I did not provide a form 1040,	I certify that I nor my spouse did not and will not file a 2023 income tax return.
Signature	Date:
Signature:	Date:
Signature:	Date:
ADDITIONAL ADULT(S) NON-FILING S	TATEMENT (non-parent/guardian)
If an adult (19 and older) related to the applican	t is NOT LISTED as a dependent on the head of household's 2023 tax return, and DOES NOT
HAVE INCOME OR BENEFITS TO REPORT FOR 2	2023, he/she must complete the non-filing statement below.
Add'l adult #1: I certify that I did i	not receive income or benefits in 2023. I have not filed 2023 income taxes.
	Date:
Add'l adult #2: I certify that I did i	not receive income or benefits in 2023. I have not filed 2023 income taxes.
Signature:	Date:
	SCHOOL CERTIFICATION
I certify that the information provided on this s	cholarship application, including, but not limited to, the tuition verification and the family size and
income statement, is true, correct, accurate an	d complete to the best of my knowledge. I recognize that eligibility determination is exclusively the
	sponsibility of the Scholarship Granting Organzation.
	y and additional scholarship/financial assistance amounts provided are true, correct, accurate and a
	chool's current published rates and subsides. I understand that maximum scholarship amounts and
family responsiblity amounts are subject to ch	ange at the discretion of the Scholarships for Kids and are dependent on funding available for the
	academic year.
School representative:	Date:
Logify the information and documentation provide	PARENT/GUARDIAN CERTIFICATION ded as part of this Scholarship Application, which may include previous school information and family
	accurate and complete. I recognize that eligibility determination is exclusively the responsibility of
	um scholarship amounts and minimum family responsibility amounts are subject to change and are
-	c year. If I am not providing a Form 1040 or tax return transcript, then I certify that neither I, nor my use, filed a state or federal income tax return for 2023.
Media release: I give my consent for my child's na	ame, image, photograph, video, audio, or other form of recording of my child to be used in any and all
print materials, videos, and/or any other media ve	nues for the promotion of this school and/or for organizations that help support the mission of the

Parents should ensure:

Parent/Guardian Name:

- 1. All pages of the application are completed in full.
- 2. All members of the household are included on the application.
- 3. All official forms of ANNUAL income are stated on the application.
- 4. Minimum parent responsibility amounts (PER STUDENT):

\$500 - K-12th grade

5. All income support documents are provided and dated 2023:

Tax Return Transcript, Form 1040, 1099, Court Ordered Child Support, Unemployment, Social Security Statement

school or provide scholarships for students at this school. ____ Yes _____ No

Date:

Signature:

6. All other requested documents are included with the application: Report Card, Verification/Written Confirmation of Assigned School