

**Scholarships for Kids
2021-2022 Scholarship Application**

All applications should be submitted to the participating school your child plans to attend for the 2021-2022 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 A: Last income check 20/21 /First Scholarship 20/21
Group B: Last income check 19/20
Group C: First-time applicants

**GROUP C - First-time applicants
Due to the participating school by May 7th**

This renewal application packet includes:

- _____ Full application
- _____ Birth certificate
- _____ Social security card
- _____ 2020 income verification (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

*** 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.**

2021-2022 INCOME ELIGIBILITY GUIDELINES - NEW APPLICANTS

- 2 - \$31,894
- 3 - \$40,182
- 4 - \$48,470
- 5 - \$56,758
- 6 - \$65,046
- 7 - \$73,334
- 8 - \$81,622

Do not submit this page with the application.

| | |
|-----------------------|------------|
| FOR SCHOOL USE | |
| Submitted by: _____ | (Initials) |
| Date: _____ | |

2021/2022 assigned school: _____

____ ZONED FAILING ____ ZONED NON-FAILING

STUDENT NAME: _____

STUDENT ID: _____

Ethnicity: _____

Sex: ____ Male ____ Female

Birthdate: _____ Age: _____

Social Security #: _____

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 ADDRESS: | With whom does the child reside? (circle one) PARENT(S) GUARDIAN(S) |
| PARENT/GUARDIAN #1 NAME: | PARENT/GUARDIAN #2 NAME: |
| ADDRESS: | ADDRESS: Same? ____ |
| PHONE: | PHONE: |
| EMAIL: | EMAIL: |

GRADE FOR 2021/2022 : K5 1 2 3 4 5 6 7 8 9 10 11 12

Is the applicant a previous SFK scholarship recipient? If **YES**, check ALL academic years that apply.

____ **Yes** ____ 13/14 ____ 14/15 ____ 15/16 ____ 16/17
____ **No** ____ 17/18 ____ 18/19 ____ 19/20 ____ 20/21

Has the applicant received a scholarship from another SGO? If **YES**, check ALL years that apply.

____ **Yes** ____ 13/14 ____ 14/15 ____ 15/16 ____ 16/17
____ **No** ____ 17/18 ____ 18/19 ____ 19/20 ____ 20/21

TOTAL number of years receiving a scholarship, including the 21/22 academic year. _____ (ALL SGO's)

Is student receiving accommodations for a learning disability: ___No ___Yes

Does the student have limited English language proficiency: ___No ___Yes

Has the student ever repeated a grade: ___No ___Yes ___Not 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 **20/21** academic year? Check **ALL** that apply.

___ Public Failing: _____ from: _____ to _____

___ Public Non-Failing: _____ from: _____ to _____

___ Homeschool: _____ from: _____ to _____

___ Non-Public: _____ from: _____ to _____

___ Pre-K: _____ from: _____ to _____

Has the student been on academic probation in the past year: ___No ___Yes

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 Documentation - Must be dated 2020

- 1 = Adjusted Gross Income (AGI) (2020 1040 Transcript, or Form 1040, Listing Dependents)
- 2 = Social Security/Disability Benefits (2020 Statement/1099)
- 3 = Unemployment Compensation (2020 Statement)
- 4 = Child Support (2020 Statement required)
- 5 = Other (Official state or local agency documentation must be provided to be considered)

Parent/Guardian #1 Income

| | |
|--|----------|
| 2020 AGI: | \$ _____ |
| 2020 Social Security/Disability: | \$ _____ |
| 2020 Unemployment Compensation: | \$ _____ |
| 2020 Child Support (must be dated 2020): | \$ _____ |
| Other: | \$ _____ |

Parent/Guardian #2 Income

| | |
|--|----------|
| 2020 AGI: | \$ _____ |
| 2020 Social Security/Disability: | \$ _____ |
| 2020 Unemployment Compensation: | \$ _____ |
| 2020 Child Support (must be dated 2020): | \$ _____ |
| Other: | \$ _____ |

Was there additional family income in 2020? ___ Yes ___ No

If YES, please explain, and attach documentation:

TUITION VERIFICATION - To be completed by school accepting the applicant.

| | |
|---|---|
| Tuition rate <u>prior to</u> discounts/subsidies: \$ | Discounts and subsidies: \$ \$ |
| List all mandatory fees: \$ \$ | \$ \$ |
| Cost of standardized testing: \$ | Family responsibility: (\$500 minimum per child required) \$ |
| Other financial assistance: \$ | |

PARENT/GUARDIAN NON-FILING STATEMENT

P/G: If I did not provide a form 1040, I certify that I nor my spouse did not and will not file a 2020 income tax return.

Signature: _____ Date: _____

Signature: _____ Date: _____

ADDITIONAL ADULT(S) NON-FILING STATEMENT (non-parent/guardian)

If an adult (19 and older) related to the applicant is NOT LISTED as a dependent on the head of household's 2020 tax return, and DOES NOT HAVE INCOME OR BENEFITS TO REPORT FOR 2020, he/she must complete the non-filing statement below.

Add'l adult #1: I certify that I did not receive income or benefits in 2020. I have not filed 2020 income taxes.

Signature: _____ Date: _____

Add'l adult #2: I certify that I did not receive income or benefits in 2020. I have not filed 2020 income taxes.

Signature: _____ Date: _____

SCHOOL CERTIFICATION

I certify that the information provided on this scholarship application, including, but not limited to, the tuition verification and the family size and 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 participating 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 the Scholarships for Kids and are dependent on funding available for the academic year.

School representative: _____

Date: _____

PARENT/GUARDIAN CERTIFICATION

I certify the information and documentation provided as part of this Scholarship Application, which may include previous school information and family size and income information is true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Scholarships for Kids. I understand that maximum scholarship amounts and minimum family responsibility amounts are subject to change and are dependent on funding available for the academic year. If I am not providing a Form 1040 or tax return transcript, then I certify that neither I, nor my spouse, filed a state or federal income tax return for 2020.

Media release: I give my consent for my child's name, 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 venues for the promotion of this school and/or for organizations that help support the mission of the school or provide scholarships for students at this school. ___ Yes ___ No

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parents should ensure:

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 2020:
Tax Return Transcript, Form 1040, 1099, Court Ordered Child Support, Unemployment, Social Security Statement
6. All other requested documents are included with the application:
Birth Certificate, Social Security Card, Report Card, Verification/Written Confirmation of Assigned School
7. SGO Transfers ONLY must include confirmation of a scholarship during the 2021-2022 academic year.