Scholarships for Kids
2020-2021 Scholarship Application

All applications should be turned into a participating school your child plans to attend for the 2020-2021 academic year.

All information listed below is *mandatory* for the application to be considered complete.

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

GROUP A - Last income check 19/20 (confirm with school)
Due to the participating school by March 13th

This renewal application packet includes:

_____ Full application (except shaded areas)
_____ Applicant's LATEST report card
_____ Written verification of assigned school from the applicable city or county school board office

GROUP B - Last income check 18/19 (confirm with school)
Due to the participating school by April 20th

This renewal application packet includes:

_____ Full application
_____ 2019 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

*** Failure to provided a fully completed application by the deadlines may result in denial of the application due to a shortage of funds.**

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

2020-2021 INCOME ELIGIBILITY GUIDELINES - RENEWAL APPLICANTS

2 - $46,503	**6 - $95,123**
3 - $58,658	**7 - $107,278**
4 - $70,813	**8 - $119,433**
5 - $82,968	

Do not submit this page with the application.

FOR SCHOOL USE

Submitted by: _____ (Initials)

Date: _____

2020/2021 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: EMAIL:	PHONE: EMAIL:

GRADE FOR 2020/2021 : 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
____**No**	____17/18	____18/19	____19/20

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

____**Yes**	____13/14	____14/15	____15/16
____**No**	____17/18	____18/19	____19/20

TOTAL number of years receiving a scholarship, including the 20/21 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 **2019/20** 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

Group A: SKIP shaded portion **Group B: Complete shaded portion**

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

1 = Adjusted Gross Income (AGI) (2019 1040 Transcript, or Form 1040, Listing Dependents)
2 = Social Security/Disability Benefits (2019 Statement/1099)
3 = Unemployment Compensation (2019 Statement)
4 = Child Support (2019 Statement)
5 = Other (Official state or local agency documentation must be provided to be considered)

Parent/Guardian #1 Income

2019 AGI: $ _____

2019 Social Security/Disability: $ _____

2019 Unemployment Compensation: $ _____

2019 Child Support: $ _____

Other: $ _____

Parent/Guardian #2 Income

2019 AGI: $ _____

2019 Social Security/Disability: $ _____

2019 Unemployment Compensation: $ _____

2019 Child Support: $ _____

Other: $ _____

Was there additional family income in 2019? ____Yes ____No

If YES, please explain, and attach documentation:

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

Tuition rate prior to discounts/subsidies: $	Discounts and subsidies: $ $
List all mandatory fees: $ $	$ $
Cost of standardized testing: $	Family responsibility: $
Other finanacial assistance: $	

Parents should ensure:

1. All pages of the application are completed in full where applicable.
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 parents responsibility amounts (PER STUDENT):

$500 - K-12th grade

5. All income support documents are provided and dated 2019:
   Tax Return Transcript, Form 1040, 1099, Court Ordered Child Support, Unemployment, Social Security Statement
6. All other requested documents are included with the application:
   Report Card and Verification/Written Confirmation of Assigned School
7. SGO Transfers ONLY must include confirmation of a scholarship during the 2020-2021 academic year.

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 2019 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 2019 tax return, and DO NOT HAVE INCOME OR BENEFITS TO REPORT FOR 2019, he/she must complete the non-filing statement below.

Add'l adult #1: I certify that I did not receive income or benefits in 2019. I have not filed 2019 income taxes.

Signature: _____ **Date:** _____

Add'l adult #2: I certify that I did not receive income or benefits in 2019. I have not filed 2019 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 Organzation.

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 subsides. I understand that maximum scholarship amounts and family responsiblity 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 2019.

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:**