



SCHOOL CHOICE SCHOLARSHIP (VOUCHER) APPLICANT INFORMATION FORM
2020-21 School Year

St. Anthony Student Name (one form per student): _____

Who does student live with more than 50% of the time? Mother Father Both in same household

Address of Student: _____

2020-21 Grade Level: _____ Public School Corporation of Legal Settlement: _____
(for example, South Bend Community School Corporation)

Following are the seven pathways for receiving a Choice Scholarship (Voucher). Only one is needed for eligibility purposes. Income qualifications must also be met each year. Please complete all of the following statements for the above listed student:

1. Received an Indiana Choice Scholarship (Voucher) in the 2019-20 school year:
 Yes No Not Sure Name of School _____
2. Received a Choice Scholarship (Voucher) in a previous year (not 2019-2020):
 Yes No Not Sure Name of School _____
3. Received an SGO (Scholarship Granting Organization) scholarship in any preceding year:
 Yes No Not Sure Name of School _____
4. Has an Individualized Education Program (IEP) or an Individual Service Plan (ISP):
 Yes No Not Sure Name of School _____
5. Would be required to go to an "F" rated school if attended local public school of record:
 Yes No Not Sure Name of School _____
6. Attended the last two semesters (2019-2020) in a public school:
 Yes No Name of School _____
7. A sibling received a Choice Scholarship (Voucher) or SGO in any previous year:
 Yes No Not Sure Name of Sibling's School _____

Household Size: # _____

This must include the total number of ALL ADULTS AND CHILDREN living in the household):

Names and Ages:

- | | | | |
|----------|-----------|----------|-----------|
| 1. _____ | Age _____ | 5. _____ | Age _____ |
| 2. _____ | Age _____ | 6. _____ | Age _____ |
| 3. _____ | Age _____ | 7. _____ | Age _____ |
| 4. _____ | Age _____ | 8. _____ | Age _____ |

The number living in my household is different from the household size on my taxes because . . . (example - their father/mother who does not live with us claimed "child's name" on their 2017 taxes):

Household Income

I have completed my financial aid application through FACTS at:

<https://online.factsmgt.com/signin/3FEKJ>:

Yes No

(School Use: Direct Eligibility Number in state system) Skip to Signature Line

If the Direct Eligibility box is not confirmed by school, financial aid application through FACTS (<https://online.factsmgt.com/signin/3FEKJ>) must be completed before the Choice Scholarship Application can be completed since this is how your household income is verified. The priority deadline is April 15, 2019.

Income (This must include income from ALL people living in the household):

A. Adjusted Gross Income from 2019 taxes = \$_____

(Line 37 on your 1040 U.S. Individual Income Tax Return.)

B. Other Income received in 2019 not represented on taxes = \$_____ (Total of all items checked below)

Check all below that apply and attach income documentation:

___ Wages, salaries, tips, commissions, overtime pay, bonuses that are not part of the adjusted gross income above

___ **Child Support/Welfare/Alimony**

___ Net income from self-owned businesses and farms

___ Unemployment compensation/Worker's compensation/Strike benefits

___ Child's income (Seasonal or temporary earnings of a child are not included)

___ Social Security/Retirement/Disability benefits

___ Distributions from retirement or investment accounts

___ Net rental income, annuities, and net royalties

___ Interest and dividend income

___ Inheritance, income from estates, trusts and/or investments

___ Regular contributions/Investment gifts from persons not living in the household

___ Military pay received prior to deployments or not resulting from deployments

___ Life insurance benefits

___ Subsidy payments for adopted students

___ Other Income from _____

C. TOTAL HOUSEHOLD INCOME (A+B from above) = \$_____

I certify that the income and household size I have reported is accurate. It includes all income as stated in the Choice Program Income Verification Rules summarized in the list above. I am providing documentation for other income listed.

I authorize the school administrator/designee to input the information included in this form and the income information from my FACTS application onto the Choice Scholarship Application on behalf of the student.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Additional School Choice Scholarship (Voucher) information may be found at <https://school.stasb.org/scholarships> or at www.doe.in.gov/choice.

Questions regarding the Choice Scholarship (Voucher) process may be directed to Pam White at pwhite@stasb.org or 574-233-7169 x111