



SCHOOL CHOICE SCHOLARSHIP (VOUCHER) APPLICANT INFORMATION FORM

2021-22 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: _____

2021-22 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.factsmgmt.com/signin/3FEKJ> - required before assistance applications can be processed

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.factsmgmt.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, 2020.

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

A. Adjusted Gross Income from federal 2020 taxes = \$_____

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