



**INSTITUTE**

FOR QUALITY EDUCATION

# Tax Credit Scholarship Application

## SCHOOL

SchoolName:

School City:

## STUDENT

Full Name:

Date of Birth:

Age for 2018-19 school year:

Grade (K-12) for 2018-19:

## ADDRESS

Street:

City:

Zip:

Has the student ever attended a public or charter school? If yes, please tell us:

SchoolName:

GradesAttended:

School City/State:

## PARENT/GUARDIAN

Full Name:

Phone Number:

Email Address:

ADDRESS (if different than student's)

Street:

City:

Zip:

Please submit completed application to your school.