



School Choice Scholarship (Voucher) Student Application Form 2018-19

Note: **Please complete a separate application for each child.** The application must be accompanied by Income Documentation (2017 Federal Tax forms) and the Parent Agreement Form. SGO Assurance Form is also required of students who received the SGO Scholarship in 2017-18.

Student First Name	Student Last Name	Student STN (office use)
Name of Last School Attended (2017-18)		Grade Level Entering (2018-19)* <small>Holy Trinity reserves the right to determine</small>
Parent(s) Name(s)		Student Primarily Resides with: __mom __dad __both parents
Street Address (where student resides)		
City	State	Zip Code
Phone Number (Parent)	Email Address (Parent)	
Please Select One Choice Below		
<input type="checkbox"/> Active Parishioner of a Supporting Parish Which Parish? _____		
<input type="checkbox"/> Parishioner of a Non-Supporting Parish or Member of Other Faith Community		

Eligibility

Please initial next to each statement indicating that you understand and meet the requirement to qualify.

- My child qualifies within the Income Guidelines
- My child resides in the State of Indiana
- As the child's parent/guardian, I pledge to keep current on tuition and fee payments to the school should there be a remaining financial obligation.
- I have attached 2017 Federal Tax Information (lines 1-72)
- I have signed and attached the Parent Assurance Form
- I have signed and attached the SGO Assurance Form since my child received the SGO Scholarship in 2017-18.

Office Use

_____ Continuing Choice Scholarship

_____ Student received a School Choice Scholarship in 2017-18

_____ Income does not exceed 200% level

_____ Previous Choice Scholarship

_____ Student received a School Choice Scholarship in 2016-17 or before

_____ Income does not exceed 150% level

_____ Previous SGO Pathway

_____ Student received an SGO in a previous school year

_____ Income does not exceed 150% level

_____ Special Education Pathway

_____ Student has a disability that requires special education

_____ An IEP or ISP has been developed for the students

_____ Income does not exceed 200% level

_____ Special Education Service Provider Selection Form completed (LEA or C. School)

_____ "F" Public School Pathway

_____ Student would attend a specific public school based on residency that has an "F" grade

_____ Student does not have to have attended that public school previously

_____ Income does not exceed 150% level

_____ Two Semesters of Public School Pathway

_____ Student enrolled in K-12 for two complete semesters in 2017-18 at public school

_____ Income does not exceed 150% level

_____ Sibling Pathway

_____ Sibling of student has previously received SGO or School Choice Scholarship

_____ Income does not exceed 150% level

Income Eligibility

_____ Choice Reference Number # _____

_____ Household Income

_____ Number in Household

_____ Adjusted Gross Income

_____ Foster Child

Corporation of Legal Settlement

Voucher Amount Eligible for:

90% _____

50% _____

Expenses:

Tuition _____

Book and Tech Fee _____

Bus Field Trip Fee _____

Voucher Amount _____

SGO Amount _____

Parish Subsidy _____

Family Obligation _____