



**School Choice Scholarship (Voucher)  
Student Application Form 2019-20**

Note: **Please complete a separate application for each child.** The application must be accompanied by Income Documentation (2018 Federal Tax forms) and the Parent Agreement Form. SGO Assurance Form is also required of students who received the SGO Scholarship in 2018-19.

Student First Name	Student Last Name	Student STN (office use)
Name of Last School Attended (2018-19)		Grade Level Entering (2019-20)* Holy Trinity reserves the right to determine
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 2018 Federal Tax Information
- 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 2018-19.

**Office Use**

- \_\_\_\_\_ Continuing Choice Scholarship
  - \_\_\_\_\_ Student received a School Choice Scholarship in 2018-19
  - \_\_\_\_\_ Income does not exceed 200% level
- \_\_\_\_\_ Previous Choice Scholarship
  - \_\_\_\_\_ Student received a School Choice Scholarship in 2017-18 or before
  - \_\_\_\_\_ Income does not exceed 150% level
- \_\_\_\_\_ Previous SGO Track
  - \_\_\_\_\_ Student received an SGO in a previous school year
  - \_\_\_\_\_ Income does not exceed 150% level
- \_\_\_\_\_ Special Education Track
  - \_\_\_\_\_ Student has a disability that requires special education
  - \_\_\_\_\_ An IEP or ISP has been developed for the student
  - \_\_\_\_\_ Income does not exceed 200% level
  - \_\_\_\_\_ Special Education Service Provider Selection Form completed (LEA or C. School)
- \_\_\_\_\_ "F" Public School Track
  - \_\_\_\_\_ 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 Track
  - \_\_\_\_\_ Student enrolled in K-12 for two complete semesters in 2018-19 at public school
  - \_\_\_\_\_ Income does not exceed 150% level
- \_\_\_\_\_ Sibling Track
  - \_\_\_\_\_ 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, Tech, Supplies Fee	\$350 _____
Bus Field Trip Fee	\$20 _____
Voucher Amount	\$ _____
SGO Amount	\$ _____
Family Obligation	\$ _____