

**2018-2019 SFK SCHOLARSHIP APPLICATION**

<b>SCHOOL NAME:</b> _____	
<b>STUDENT NAME:</b> _____	<b>STUDENT ID:</b> _____

GRADE FOR **18/19** ACADEMIC YEAR: K5 1 2 3 4 5 6 7 8 9 10 11 12

1. Provide the tuition rate applicable to this student, prior to discounts and subsidies. \$ _____	
2. What discounts/subsidies are applicable to this student? Provide totals and description. \$ _____ - _____                      \$ _____ - _____	
3. List all mandatory fees applicable to this student. \$ _____ - _____                      \$ _____ - _____ \$ _____ - _____                      \$ _____ - _____	
4. What is the cost of standardized testing for this student? \$ _____ Test admin.: _____	
5. What is the family responsibility amount applicable to this student? \$ _____ (\$500 min. per family*)	
6. What other financial assistance will this student receive? N/A: _____ School: \$ _____ Other: \$ _____	
7. Has this RENEWAL APPLICANT been on academic probation in the past 6 months? _____ N/A _____ Yes _____ No	

\*The family responsibility is set at the discretion of the school and SFK annually depending on funding available and is subject to change at any time.

<b>School Certification</b>	
I certify that the information provided on this scholarship application, including, but not limited to, the tuition verification and the family size and income statement, is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of the Scholarship Granting Organization.	
I certify that the tuition, fee, family responsibility and additional scholarship/financial assistance amounts provided are true, correct, accurate and a complete acknowledgement of the participating school's current published rates and subsidies. I understand that maximum scholarship amounts and family responsibility amounts are subject to change at the discretion of the Scholarships for Kids and are dependent on funding available for the academic year.	
<b>School representative:</b> _____	<b>Date:</b> _____

<b>APPLICATION CHECKLIST</b>	
<b>FIRST-TIME APPLICANT</b>	<b>Provide 18/19 assigned school:</b> _____ _____ <b>ZONED FAILING</b> _____ <b>ZONED NON-FAILING</b>
___ Birth Certificate	___ Social Security Card
___ Verification of Public School Assignment	___ Last report card
<b>INCOME SUPPORT DOCUMENTS:</b>	
___ 2017 Form 1040 or Tax Return Transcript	___ 2017 Soc. Security/Disability Statement (full year)
___ 2017 Child Support Statement (full year)	___ 2017 Unemployment Statement
___ Other income (specify): _____	___ Documentation of group home residence
<b>RENEWAL APPLICANT</b>	<b>Provide 18/19 assigned school:</b> _____ _____ <b>ZONED FAILING</b> _____ <b>ZONED NON-FAILING</b>
LAST CHECK OF INCOME: _____ 2017-18 Academic year    _____ 2016-17 Academic year	
___ Verification of Public School Assignment	___ Last report card
<b>INCOME SUPPORT DOCUMENTS (provide if last check of income was 2016-2017 academic year):</b>	
___ 2017 Form 1040 or Tax Return Transcript	___ 2017 Soc. Security/Disability Statement (full year)
___ 2017 Child Support Statement (full year)	___ 2017 Unemployment Statement
___ Other income (specify): _____	___ Documentation of group home residence
<b>ALL INCOME SUPPORT DOCUMENTATION MUST BE OFFICIAL. TAX RETURNS MUST BE FILED AND LISTING DEPENDENTS.</b>	

**STUDENT NAME:****STUDENT ID:**

Ethnicity: _____	Sex: ___ Male ___ Female
Birthdate: _____ Age: _____	Social Security #: _____
Applicant's address (17/18 academic year):	Applicant's address (18/19 academic year):
	Same? ___
<b>PARENT/GUARDIAN #1:</b> _____	<b>PARENT/GUARDIAN #2:</b> _____
ADDRESS: _____	ADDRESS: Same? ___
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

Is student receiving accommodations for a learning disability: \_\_\_ No \_\_\_ Yes

Does the student have limited English language proficiency: \_\_\_ No \_\_\_ Yes

Has the student ever repeated a grade: \_\_\_ No \_\_\_ Yes \_\_\_ Not sure

If so, what grade(s)? K5 1 2 3 4 5 6 7 8 9 10 11 12

Is the applicant a previous SFK scholarship recipient? If so, check ALL academic years that apply.			
___ Yes, 2013/14	___ Yes, 2014/15	___ Yes, 2015/16	___ Yes, 2016/17
___ Yes, 2017/18	___ No, the applicant has not previously been awarded an SFK scholarship.		

Has the applicant received a scholarship from another scholarship granting organization?
___ Yes, provide SGO name and applicable academic years. _____
___ No.

What school(s) did the student attend during the 2017/18 academic year? Check ALL that apply.	
___ Public Failing: _____	from: _____ to _____
___ Public Non-Failing: _____	from: _____ to _____
___ Homeschool: _____	from: _____ to _____
___ Non-Public: _____	from: _____ to _____
___ Pre-K: _____	from: _____ to _____

<b>Parent/Guardian Certification</b>		
I certify the information and documentation provided as part of this Scholarship Application, which may include previous school information and family size and income information is true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Scholarships for Kids. I understand that maximum scholarship amounts and minimum family responsibility amounts are subject to change and are dependent on funding available for the academic year. If I am not providing a Form 1040 or tax return transcript, then I certify that neither I, nor my spouse, filed a state or federal income tax return for 2017.		
<b>Media release:</b> I give my consent for my child's name, image, photograph, video, audio, or other form of recording of my child to be used in any and all print materials, videos, and/or any other media venues for the promotion of this school and/or for organizations that help support the mission of the school or provide scholarships for students at this school. ___ Yes ___ No		
<b>Parent/Guardian Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____

___ <b>RENEWAL 16/17:</b> Last income check 16/17 - Income check required for 18/19 renewal. Provide all 2017 income support documents applicable to the household. Proceed with pages 3 and 4 of scholarship application.
___ <b>RENEWAL 17/18:</b> Last income check 17/18 - Income check NOT required for 18/19 renewal. End scholarship application.
___ <b>FIRST TIME APPLICANTS:</b> Must provide all applicable application documents and all 2017 income support documents applicable to the family household. Proceed with pages 3 and 4 of scholarship application

**FAMILY SIZE STATEMENT**

With whom does the child reside?  Parent(s)  Legal Guardian  Other: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ (name) Parent/Guardian #2 \_\_\_\_\_ (name)

**\*IF THIS CHILD RESIDES IN A GROUP HOME OR IS IN THE CARE OF THE STATE OF ALABAMA, DOCUMENTATION MUST BE PROVIDED.**

**Children Living in the Household**

Please list all dependent children (19 or younger) who are family members living in the household. Provide the name of the school each child is planning to attend for the 2018/19 academic year.

<b>APPLICANT NAME:</b> _____		<b>Relationship to parent/guardian:</b> _____	
Is this student listed as a dependent on P/G 2017 tax return <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child #2 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #3 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #4 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #5 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #6 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #7 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child #8 :</b> _____	Relationship to parent/guardian: _____		
School: _____	Listed as a dependent on 2017 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>PARENT AND GUARDIAN INCOME STATUS</b>			<b>Parents filed jointly?</b>	
Did parent/guardian #1 file taxes in 2017?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did parent/guardian #2 file taxes in 2017?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

<b>2017 income sources for parent/guardian #1 :</b>		<b>2017 income sources for parent/guardian #2 :</b>	
Adjusted Gross Income	\$ _____	Adjusted Gross Income (N/A if Joint)	\$ _____
Social Security/Disability Benefits	\$ _____	Social Security/Disability Benefits	\$ _____
Unemployment Compensation	\$ _____	Unemployment Compensation	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Other:	\$ _____	Other:	\$ _____
<b>P/G #1 - Total Annual Income:</b>	<b>\$ _____</b>	<b>P/G #2 - Total Annual Income:</b>	<b>\$ _____</b>

<b>PARENT/GUARDIAN NON-FILING STATEMENT</b>	
P/G #1: I certify that I <u>did not</u> and <u>will not</u> file a 2017 income tax return.	
Signature: _____	Date: _____
P/G #2: I certify that I <u>did not</u> and <u>will not</u> file a 2017 income tax return.	
Signature: _____	Date: _____

**ADDITIONAL FAMILY INCOME**

Are there additional adult relatives living in the household?  YES  NO

Was there additional family income in 2017?  YES  NO

If there is additional family income, provide name(s) of family members(s), support documents and 2017 annual totals.

<p><b>Name:</b> _____</p> <p><b>Relationship to applicant:</b> _____</p> <p>Adjusted Gross Income                   \$ _____</p> <p>Social Security/Disability Benefits   \$ _____</p> <p>Unemployment Compensation           \$ _____</p> <p>Child Support                               \$ _____</p> <p>Other:   \$ _____</p> <p><b>Add'l #1 - Total Annual Income:</b>   \$ _____</p>	<p><b>Name:</b> _____</p> <p><b>Relationship to applicant:</b> _____</p> <p>Adjusted Gross Income                   \$ _____</p> <p>Social Security/Disability Benefits   \$ _____</p> <p>Unemployment Compensation           \$ _____</p> <p>Child Support                               \$ _____</p> <p>Other:   \$ _____</p> <p><b>Add'l #2 - Total Annual Income:</b>   \$ _____</p>
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**ADDITIONAL ADULT(S) NON-FILING STATEMENT (non-parent/guardian)**

If an adult (19 and older) related to the applicant is NOT LISTED as a dependent on the head of household's 2017 tax return, and DOES NOT HAVE INCOME OR BENEFITS TO REPORT FOR 2017, he/she must complete the non-filing statement below.

Add'l adult #1: I certify that I did not receive income or benefits in 2017. I have not filed 2017 income taxes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Add'l adult #2: I certify that I did not receive income or benefits in 2017. I have not filed 2017 income taxes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Total number of family members living in the household:** \_\_\_\_\_

**\*Total annual income:** \$ \_\_\_\_\_

**\*Totals for all family members living in the household.**

2018 Income Limits - 185%				2018 Income Limits - Renewals - 275%			
Household size	Income Limit	Household size	Income Limit	Household size	Income Limit	Household size	Income Limit
2	\$30,044.00	6	\$60,976.00	2	\$44,660.00	6	\$90,640.00
3	\$37,777.00	7	\$68,709.00	3	\$56,155.00	7	\$102,135.00
4	\$45,510.00	8	\$76,442.00	4	\$67,650.00	8	\$113,630.00
5	\$53,243.00	Add'l	add \$7,733.00	5	\$79,145.00		

END OF SCHOLARSHIP APPLICATION