



CHOICE SCHOLARSHIP (VOUCHER)
APPLICANT INFORMATION FORM

For Lutheran High School's 2018-2019 School Year

LHS Student Name (one form per student): \_\_\_\_\_

Address of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2018-2019 Grade Level: \_\_\_\_\_

Public School Corporation of Legal Settlement: \_\_\_\_\_
(for example, Franklin Township 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 2017-2018 school year:
2. Received a Choice Scholarship (Voucher) in a previous year (not 2017-2018):
3. Received an SGO (Scholarship Granting Organization) scholarship in any preceding year:
4. Has an Individualized Education Program (IEP) or an Individual Service Plan (ISP):
5. Would be required to go to an "F" rated school if attended local public school of record:
6. Attended the last two semesters (2017-2018) in a public school:
7. A sibling received a Choice Scholarship (Voucher) or SGO in any previous year:

Household Size (This must include total number of ALL ADULTS AND CHILDREN living in the home): # \_\_\_\_\_

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):

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STN: \_\_\_\_\_

DOB: \_\_\_\_\_

Former School Info:

Address:

County: \_\_\_\_\_

Grade: \_\_\_\_\_

Tuition & Fees:

\_\_\_\_\_ full tuition
(minus discounts below)
\_\_\_\_\_ church
\_\_\_\_\_ multi-child
\_\_\_\_\_ church worker
\_\_\_\_\_ employee
(equals)
\_\_\_\_\_ final tuition/fees

Corporation #: \_\_\_\_\_

Parent email:

Parent phone:

IEP: Yes No

Pathway #/Name:

SGO School #: \_\_\_\_\_

**Household Income**

I have completed my financial aid application through FACTS at [www.factsmgt.com/aid](http://www.factsmgt.com/aid):

Yes No Not yet, but I will

The financial aid application through FACTS ([www.factsmgt.com/aid](http://www.factsmgt.com/aid)) must be completed before the Choice Scholarship Application can be completed since this is how your household income is verified. **The priority deadline is March 15, 2018.**

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

**A. Adjusted Gross Income from 2017 taxes = \$** \_\_\_\_\_

(Line 37 on your 1040 U.S. Individual Income Tax Return.)

**B. Other Income not represented on taxes = \$** \_\_\_\_\_

**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**

The financial aid application through FACTS and more Choice Scholarship (Voucher) information may be found at [www.lhsi.org](http://www.lhsi.org) or at [www.doe.in.gov/choice](http://www.doe.in.gov/choice).

Questions regarding the Choice Scholarship (Voucher) process may be directed to Bev McIntosh at [bmcintosh@lhsi.org](mailto:bmcintosh@lhsi.org) or 317-787-5474 Option 6.

The priority deadline is March 15, 2018.

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FACTS Verified:

Yes No

Household size on taxes: \_\_\_\_\_

Opt 1 - Direct Eligible#: \_\_\_\_\_

Opt 3 – Household Income

AGI:

Other income:

FACTS Total Inc: \_\_\_\_\_

Size: \_\_\_\_\_ Inc: \_\_\_\_\_

Estimated Scholarship \$: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:**

**LUTHERAN HIGH SCHOOL,  
5555 S. Arlington Ave.  
Indianapolis, IN 46237**

**ATTN: Bev McIntosh,  
Administrative Assistant**

**Thank you!**