



CHOICE SCHOLARSHIP
APPLICANT INFORMATION FORM

For Lutheran High School's 2019-2020 School Year

LHS Student Name (one form per student):

Address of Student: Zip

Date of Birth: 2019-2020 Grade Level:

Public School Corporation of Legal Settlement that you LIVE in:
(for example, Franklin Township Community School Corporation)

Following are the seven pathways for receiving a Choice Scholarship. 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 in the 2018-2019 school year:
2. Received a Choice Scholarship in a previous year (not 2018-2019):
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 (2018-2019) in a public school:
7. A sibling received a Choice Scholarship 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 2018 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:

Yes No Not yet, but I will

The financial aid application through FACTS (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, 2019.**

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

A. Adjusted Gross Income from 2018 taxes = \$ _____

B. Other Income not represented on taxes = \$ _____

Note other income amounts and attach income documentation:

Yearly Income Amount

\$ _____ Wages, salaries, tips, commissions, overtime pay, bonuses that are not part of the adjusted gross income

\$ _____ Net income from self-owned businesses (including rental properties) and farms

\$ _____ Child Support/Welfare/Alimony

\$ _____ Housing Allowance not claimed on taxes

\$ _____ Unemployment compensation/Worker’s compensation/Strike benefits

\$ _____ Social Security/Death Benefits/Retirement/Disability benefits

\$ _____ Distributions from retirement or investment accounts

\$ _____ Inheritance, income from estates, trusts and/or investments

\$ _____ Regular contributions from persons not living in the household

\$ _____ Military pay (not during deployments)

\$ _____ Life insurance benefit payout

\$ _____ 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 to the Indiana Department of Education (Choice Scholarship) on behalf of the student.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

The financial aid application through FACTS and more Choice Scholarship information may be found at www.lhsi.org or at www.doe.in.gov/choice.

Questions regarding the Choice Scholarship process may be directed to Bev McIntosh at bmcintosh@lhsi.org or 317-787-5474 Option 6.

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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: _____

Circle one: Small Large

Estimated Scholarship \$: _____

The priority deadline is March 15, 2019.

PLEASE RETURN THIS COMPLETED FORM TO:

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

**ATTN: Bev McIntosh,
Administrative Assistant**

Thank you!