



**CHOICE SCHOLARSHIP
 APPLICANT INFORMATION FORM
 For Lutheran High School's 2021-2022 School Year**

LHS Student Name (**one form per student**): _____

Address of Student: _____ City _____ Zip _____

County of Residence: _____ Date of Birth: _____ 21-22 Grade Level: _____

Parent Email: _____ Parent Phone: _____

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:

- Received an Indiana Choice Scholarship in the 2020-2021 school year:
Yes No Not Sure Name of School _____
- Received a Choice Scholarship in a previous year (not 2020-2021):
Yes No Not Sure Name of School _____
- Received an SGO (Scholarship Granting Organization) scholarship in any preceding year:
Yes No Not Sure Name of School _____
- Has an Individualized Education Program (IEP) or an Individual Service Plan (ISP):
Yes No Not Sure Name of School _____
- Would be required to go to an "F" rated school if attended local public school of record:
Yes No Not Sure Name of School _____
- Attended the last two semesters (2020-2021) in a public school:
Yes No Name of School _____
- A sibling received a Choice Scholarship or SGO in any previous year:
Yes No Not Sure Name of Sibling's School _____

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 2020 taxes):

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STN: _____

DOB: _____

Former School Info:

Address:

County: _____

Grade: _____

Tuition & Fees:

_____ full tuition (11,400)

(minus discounts below)

_____ church (\$1000)

_____ multi-child (15%)

_____ church worker (25%)

_____ employee (50%)

(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 submitted since this is how your household income is verified. **The priority deadline is March 15, 2021.**

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

A. Adjusted Gross Income from 2020 taxes = \$ _____

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

Note additional 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: S M L

Estimated Scholarship \$:

**The priority deadline is
March 15, 2021.**

**PLEASE RETURN THIS
COMPLETED FORM TO:**

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

**ATTN: Bev McIntosh,
Administrative Assistant**

Thank you!