



CHOICE SCHOLARSHIP
APPLICANT INFORMATION FORM

For Lutheran High School's 2022-2023 School Year

LHS Student Name (one form per student):

Address of Student: City Zip

County of Residence: Date of Birth: 22-23 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:

- 1. Received a Choice Scholarship in any previous year: [ ] Yes [ ] No [ ] Not Sure Name of School
2. Received an SGO (Scholarship Granting Organization) scholarship in any previous year: [ ] Yes [ ] No [ ] Not Sure Name of School
3. Has an Individualized Education Program (IEP) or an Individual Service Plan (ISP): [ ] Yes [ ] No [ ] Not Sure Name of School
4. Would be required to go to an "F" rated school if attended local public school of record: [ ] Yes [ ] No [ ] Not Sure Name of School
5. Attended the last two semesters (2021-2022) in a public school: [ ] Yes [ ] No Name of School
6. 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 2022 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**

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

**A. Adjusted Gross Income from 2022 taxes = \$ \_\_\_\_\_**  
**PLEASE PROVIDE YOUR 2022 FEDERAL TAX FORM 1040 AND SCHEDULE 1**  
(if have)

**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) = \$ \_\_\_\_\_**

If you are applying for additional LHS Financial Aid besides the Choice Scholarship, submit the application through FACTS ([www.factsmgmt.com/aid](http://www.factsmgmt.com/aid)). **The priority deadline is March 15, 2022 for Financial Aid.**

*I certify that the income and household size I have reported is accurate. It includes all income as stated in the Choice Scholarship Income Verification Rules summarized in the list above. I am providing Federal Income Tax and other income documentation.*

*I authorize the school administrator/designee to input the information included in this form and documentations 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](http://www.lhsi.org) or at [www.doe.in.gov/choice](http://www.doe.in.gov/choice).

Questions regarding the Choice Scholarship process may be directed to

Bev McIntosh at [bmcintosh@lhsi.org](mailto:bmcintosh@lhsi.org) or 317-787-5474 Option 6.

Final application date is September 1.

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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:**

**Bev McIntosh,**  
[bmcintosh@lhsi.org](mailto:bmcintosh@lhsi.org)  
or the LHS school office

Thank you!