



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.
2. Age 6.
3. Age 7.
4. Age 8.

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):

Blank lines for explanation of household size difference.

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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 2021 taxes = \$ _____

PLEASE PROVIDE YOUR 2021 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). **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 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.

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
or the LHS school office

Thank you!