

**Choice Scholarship Application
19-20 School Year**

Students Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Corporation of Legal Settlement: _____

School Student Attended Previous Year: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Does Student Have an Individualized Education Program (IEP) or Service Plan/Speech Service?
Yes or No

Did Student or a Sibling Receive and SGO in Previous School Year? Yes or No
If Yes, what is the name of student or sibling: _____

Did Student or Sibling Receive a Choice Scholarship in any Previous School Year? Yes or No
Name of Student or Sibling: _____

Total # of Persons living in Household: _____

Total Adjusted Gross income in Household: _____
Please include income from jobs, child support, social security, and any other household income.

Parent Signature: _____ Date: _____

Office Use Only STN: _____ Dist. Code: _____ Fees: _____

Please attach your 2018 Federal Income 1040 document
(only the pages that reflect Adjusted Gross Income and List of Dependents).