



**Choice Scholarship Application  
2021-2022 School Year**

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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 an 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: \_\_\_\_\_

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Office Use Only STN: \_\_\_\_\_ Dist. Code: \_\_\_\_\_ Fees: \_\_\_\_\_