



CHOICE SCHOLARSHIP
APPLICANT INFORMATION FORM
For Our Shepherd Lutheran School's
2021-2022 School Year

For Office Use Only

STN: _____

DOB: _____

Former School Info:

Address:

County: _____

Grade: _____

Tuition & Fees:

_____ full tuition

(minus discounts below)

_____ church

_____ multi-child

_____ church worker

_____ employee

(equals) _____

_____ enrollment fee

_____ final tuition/fees

Corporation #: _____

Parent email:

Parent phone:

IEP: Yes No

Track #/Name:

SGO School #: _____

OSLS Student Name (one form per student): _____

Address of Student: _____

Date of Birth: _____ 2021-2022 Grade Level: _____

Public School Corporation of Legal Settlement: _____
(for example, Avon Community School Corporation)

Parent email: _____

Parent phone number: _____

Following are the seven tracks 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 an Indiana Choice Scholarship in the 2020-2021 school year:

Yes No Not Sure Name of School _____

2. Received a Choice Scholarship in a previous year (not 2020-2021):

Yes No Not Sure Name of School _____
Name of Scholarship Granting Organization _____

3. Received an SGO (Scholarship Granting Organization) scholarship in any preceding year:

Yes No Not Sure Name of School _____

4. Has an Individualized Education Program (IEP) or an Individual Service Plan (ISP):

Yes No Not Sure Name of School _____

5. Would be required to go to an "F" rated school if attended local public school of record:

Yes No Not Sure Name of School _____

6. Attended the last two semesters (2020-2021) in a public school:

Yes No Name of School _____

7. 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): # _____ *If household size listed is differs from claimed on taxes CHECK HERE

Names and Ages:

1. _____ Age _____ 5. _____ Age _____

2. _____ Age _____ 6. _____ Age _____

3. _____ Age _____ 7. _____ Age _____

4. _____ Age _____ 8. _____ Age _____

HOUSEHOLD INCOME

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

A. Adjusted Gross Income from 2020 taxes = \$ _____
(Line 37 on your 1040 U.S. Individual Income Tax Return.)

B. Other Income not represented on taxes = \$ _____
Check all below that apply and attach income documentation:

- Wages, salaries, tips, commissions, overtime pay, bonuses that are not part of the adjusted gross income above
- Child Support/Welfare/Alimony
- Net income from self-owned businesses and farms
- Unemployment compensation/Worker's compensation/Strike benefits
- Child's income (Seasonal or temporary earnings of a child are not included)
- Social Security/Retirement/Disability benefits
- Distributions from retirement or investment accounts
- Net rental income, annuities, and net royalties
- Interest and dividend income
- Inheritance, income from estates, trusts and/or investments
- Regular contributions/Investment gifts from persons not living in the household
- Military pay received prior to deployments or not resulting from deployments
- Life insurance benefits
- 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 onto the Choice Scholarship Application on behalf of the student.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

More Choice Scholarship (Voucher) information may be found at www.doe.in.gov/choice.
Questions regarding the Choice Scholarship (Voucher) process may be directed to
Amy Hedges (ext. 227) principal@ourshepherd.org

The priority deadline is May 1st, 2021 (first call) and August 20th, 2021 (final call).

NOTE: more information may be requested for financial verification

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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: _____

PLEASE RETURN THIS
**COMPLETED FORM AND
TAX PAPERWORK** TO:

OUR SHEPHERD
LUTHERAN SCHOOL,
9201 E. County Rd. 100 N.
Avon, IN 46123

ATTN: CHOICE applicant