

**Scholarships for Kids
2025-2026 Scholarship Application**

All applications should be submitted to the participating school your child plans to attend for the 2025-2026 academic year.

SCHOOL: Please use the checklist below to confirm all requested and necessary documentation has been provided. Requested documentation is mandatory for the application to be considered complete.

Parent responsibility amounts (PER STUDENT):
\$500 - K-12th grade

GROUP B - Renewal - Income Check Due (Last check 23-24)

This renewal application packet includes:

- _____ Full application
 - _____ 2024 income verification (1040 Transcript, Form 1040, Social Security, Disability, Child Support)
 - _____ Applicant's LATEST report card
 - _____ Written verification of assigned school from the applicable city or county school board office
- *This must be current for reporting purposes. District printouts are acceptable.

Applications submitted are assumed finalized. Scholarships for Kids reserves the right to deny any application which does not provide documentation as requested and as required by the program at the time of submission. Failure to provide a fully completed application by the deadline may result in denial of the application. Applications submitted via email will not be considered. Parents may request a copy of this completed coversheet for confirmation of submission.

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2025-2026 INCOME ELIGIBILITY GUIDELINES - RENEWAL APPLICANTS

2 - \$74,025

6 - \$151,025

3 - \$93,275

7 - \$170,275

4 - \$112,525

8 - \$189,525

5 - \$131,775

Scholarship limit:

\$10,000 K-12th

Do not submit this page with the application.

FOR SCHOOL USE

Submitted by: _____ (Initials)

Date: _____

2025/2026 assigned school: _____
 _____ ZONED FAILING _____ ZONED NON-FAILING

STUDENT NAME: _____ STUDENT ID: _____

Ethnicity: _____ Sex: _____ Male _____ Female

Birthdate: _____ Age: _____ Social Security #: _____

PLEASE PROVIDE CONTACT INFORMATION FOR BOTH PARENTS.
 IF THE CHILD LIVES WITH A GUARDIAN OR IS A WARD OF THE STATE, DOCUMENTATION
 MUST BE PROVIDED.

APPLICANT'S ADDRESS:	With whom does the child reside? (circle one) PARENT(S) GUARDIAN(S)
PARENT/GUARDIAN #1 NAME:	PARENT/GUARDIAN #2 NAME:
ADDRESS:	ADDRESS: Same? _____
PHONE:	PHONE:
EMAIL:	EMAIL:

GRADE FOR 2025/2026 : K5 1 2 3 4 5 6 7 8 9 10 11 12

Is the applicant a previous SFK scholarship recipient? If **YES**, check ALL academic years that apply.

Yes 13/14 14/15 15/16 16/17 17/18 18/19
 No 19/20 20/21 21/22 22/23 23/24 24/25

Has the applicant received a scholarship from another SGO? If **YES**, check ALL years that apply.

Yes 13/14 14/15 15/16 16/17 17/18 18/19
 No 19/20 20/21 21/22 22/23 23/24 24/25

TOTAL number of years receiving a scholarship, including the 25/26 academic year. _____ (Only SFK)

Has the applicant APPLIED for a scholarship through the CHOOSE Act? ___ No ___ Yes
If yes, what is the date of the application submission? _____

Is student receiving accommodations for a learning disability: ___ No ___ Yes

Does the student have an IEP or 504 Plan? ___ IEP ___ 504 ___ N/A

Does the student have limited English language proficiency: ___ No ___ Yes

Has the student ever repeated a grade: ___ No ___ Yes ___ Not sure

If so, what grade(s)? K5 1 2 3 4 5 6 7 8 9 10 11 12

What school(s) did the student attend during the 24/25 academic year? Check ALL that apply.

___ Public Priority: _____ from: _____ to _____
___ Public Non-Priority: _____ from: _____ to _____
___ Homeschool: _____ from: _____ to _____
___ Non-Public: _____ from: _____ to _____
___ Pre-K: _____ from: _____ to _____

Number of Parents/Guardians Living in the Household: _____

Number of Children Under the Age of 19 Living in the Household: _____ (List)

Student: _____

Child #2: _____ Relationship to parent/guardian: _____

Child #3: _____ Relationship to parent/guardian: _____

Child #4: _____ Relationship to parent/guardian: _____

Child #5: _____ Relationship to parent/guardian: _____

Child #6: _____ Relationship to parent/guardian: _____

Child #7: _____ Relationship to parent/guardian: _____

Child #8: _____ Relationship to parent/guardian: _____

Number of Adult Dependents (Age 19 and Above) Living in the Household: _____ (List)

Dep. #1: _____ Relationship to parent/guardian: _____

Dep. #2: _____ Relationship to parent/guardian: _____

Types of Acceptable Income Documentation - Must be dated 2024

- 1 = Adjusted Gross Income (AGI) (2024 1040 Transcript, or Form 1040, Listing Dependents)
- 2 = Social Security/Disability Benefits (2024 Statement/1099)
- 3 = Unemployment Compensation (2024 Statement)
- 4 = Child Support (2024 Statement required)
- 5 = Other (Official state or local agency documentation must be provided to be considered)

Parent/Guardian #1 Income

2024 AGI: \$ _____

2024 Social Security/Disability: \$ _____

2024 Unemployment Compensation: \$ _____

2024 Child Support (must be dated 2024): \$ _____

Other: \$ _____

Parent/Guardian #2 Income

2024 AGI: \$ _____

2024 Social Security/Disability: \$ _____

2024 Unemployment Compensation: \$ _____

2024 Child Support (must be dated 2024): \$ _____

Other: \$ _____

Was there additional family income in 2024? ___Yes ___No
If YES, please explain, and attach documentation:

TUITION VERIFICATION - To be completed by school accepting the applicant.

Tuition rate <u>prior to</u> discounts/subsidies: \$	Discounts and subsidies: \$ \$
List all mandatory fees: \$ \$	\$ \$
Cost of standardized testing: \$	Family responsibility: (\$500 minimum per child required) \$
Other financial assistance: \$	

PARENT/GUARDIAN NON-FILING STATEMENT

P/G: If I did not provide a form 1040, I certify that I nor my spouse did not and will not file a 2024 income tax return.

Signature: _____ Date: _____

Signature: _____ Date: _____

ADDITIONAL ADULT(S) NON-FILING STATEMENT (non-parent/guardian)

If an adult (19 and older) related to the applicant is NOT LISTED as a dependent on the head of household's 2024 tax return, and DOES NOT HAVE INCOME OR BENEFITS TO REPORT FOR 2024, he/she must complete the non-filing statement below.

Add'l adult #1: I certify that I did not receive income or benefits in 2024. I have not filed 2024 income taxes.

Signature: _____ Date: _____

Add'l adult #2: I certify that I did not receive income or benefits in 2024. I have not filed 2024 income taxes.

Signature: _____ Date: _____

SCHOOL CERTIFICATION

I certify that the information provided on this scholarship application, including, but not limited to, the tuition verification and the family size and income statement, is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of the Scholarship Granting Organization.

I certify that the tuition, fee, family responsibility and additional scholarship/financial assistance amounts provided are true, correct, accurate and a complete acknowledgement of the participating school's current published rates and subsidies. I understand that maximum scholarship amounts and family responsibility amounts are subject to change at the discretion of the Scholarships for Kids and are dependent on funding available for the academic year.

School representative: _____

Date: _____

PARENT/GUARDIAN CERTIFICATION

I certify the information and documentation provided as part of this Scholarship Application, which may include previous school information and family size and income information is true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Scholarships for Kids. I understand that maximum scholarship amounts and minimum family responsibility amounts are subject to change and are dependent on funding available for the academic year. If I am not providing a Form 1040 or tax return transcript, then I certify that neither I, nor my spouse, filed a state or federal income tax return for 2024.

Media release: I give my consent for my child's name, image, photograph, video, audio, or other form of recording of my child to be used in any and all print materials, videos, and/or any other media venues for the promotion of this school and/or for organizations that help support the mission of the school or provide scholarships for students at this school. ___ Yes ___ No

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parents should ensure:

1. All pages of the application are completed in full.
2. All members of the household are included on the application.
3. All official forms of ANNUAL income are stated on the application.
4. Minimum parent responsibility amounts (PER STUDENT):
\$500 - K-12th grade
5. All income support documents are provided and dated 2024:
Tax Return Transcript, Form 1040, 1099, Court Ordered Child Support, Unemployment, Social Security Statement
6. All other requested documents are included with the application:
Report Card, Verification/Written Confirmation of Assigned School

SFK 2025-2026 Verification of Alabama Public School Assignment
To be completed by an authorized official of the assigned public school system.

District Address: _____

Assigned Public School: _____

 Name of person completing form

 School System Title

 Signature

 Phone

 Date

For residents living in one of the following locations, you do not need to complete the form above. Instead, please use the link that appears next to the county where you live. You may provide the map or listing populated by the school district's online tool.

Birmingham City:	excensus-guidek12.net/birminghamal/school_search/2014
Dothan City:	http://apps.schoolsitelocator.com/?districtcode=00080
Jefferson County:	https://app.guidek12.com/jeffersoncountyal/school_search/current/
Huntsville City:	https://huntsvilleal.gismapsonline.com/schools/defaultis.aspx
Hoover City:	https://hooveralabama.maps.arcgis.com/apps/webappviewer/index.html?id=743e3795d4f64182bb65fbf2a7f6ce10
Mobile County:	https://www.mcpss.com/attendancezones
Montgomery County:	https://app.guidek12.com/montgomeryal/school_search/current/
St. Claire County:	https://map.stclairco.com/portal/home/item.html?id=59fe76bb29ad4603bee751b66fdd573f
Tuscaloosa County:	http://www.infofinderi.com/ifi/?cid=TCSD1QR1K1FAJ

[State Board District Map](#)

OFFICE USE ONLY

Parent/Guardian Name: _____

Applicant's Name: _____