

**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

**IEP-504 Plan  
Submission Deadline - May 23rd**

This **FIRST-TIME** application packet includes:

- \_\_\_\_\_ Full application
- \_\_\_\_\_ Birth certificate
- \_\_\_\_\_ Social security card
- \_\_\_\_\_ IEP/504 PLAN Documentation
- \_\_\_\_\_ Applicant's LATEST 24/25 report card
- \_\_\_\_\_ Written verification of assigned school from the applicable city or county school board office

**OR**

This **RENEWAL** application packet includes:

- \_\_\_\_\_ Full application
- \_\_\_\_\_ Applicant's LATEST 24/25 report card
- \_\_\_\_\_ IEP/504 PLAN Documentation
- \_\_\_\_\_ Written verification of assigned school from the applicable city or county school board office

**\* Failure to provided a fully completed application by the deadline may result in denial of the application.**

**\* Parents may request a copy of this completed coversheet for confirmation of submission.**

**Do not submit this page with the application.**

<b>FOR SCHOOL USE</b>	
Submitted by: _____	(Initials)
Date: _____	

2025/2026 Assigned School: \_\_\_\_\_

Is this school ZONED PRIORITY -- Y or N  
(Should be answered by the school receiving the applicant.)

**IEP-504 Plan** \_\_\_\_\_ **FIRST-TIME** \_\_\_\_\_ **RENEWAL**

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
School generated

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) <b>PARENT(S)</b> <b>GUARDIAN(S)</b>
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    \_\_\_\_ 15/1    \_\_\_\_ 16/17    \_\_\_\_ 17/18    \_\_\_\_ 18/19  
\_\_\_\_ No    \_\_\_\_ 19/20    \_\_\_\_ 20/21    \_\_\_\_ 21/2    \_\_\_\_ 22/23    \_\_\_\_ 23/24    \_\_\_\_ 24/25

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

\_\_\_\_ Yes    \_\_\_\_ 13/14    \_\_\_\_ 14/15    \_\_\_\_ 15/1    \_\_\_\_ 16/17    \_\_\_\_ 17/18    \_\_\_\_ 18/19  
\_\_\_\_ No    \_\_\_\_ 19/20    \_\_\_\_ 20/21    \_\_\_\_ 21/2    \_\_\_\_ 22/23    \_\_\_\_ 23/24    \_\_\_\_ 24/25

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

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

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 \_\_\_\_\_

Has the student been on academic probation in the past year: \_\_\_ No \_\_\_ Yes

**Number of Parents/Guardians Living in the Household: \_\_\_\_\_**

**Number of Children Under the Age of 19 Living in the Household: \_\_\_\_\_ (List)**

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

**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 maximum scholarship amounts and minimum family responsibility amounts are subject to change and are dependent on funding available for the academic year.

**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. Minimum parent responsibility amounts (PER STUDENT):  
\$500 - K-12th grade
4. All other requested documents are included with the application:  
Birth Certificate, Social Security Card, Report Card, Verification/Written Confirmation of Assigned School
5. SGO Transfers ONLY must include confirmation of a scholarship during the 2024-2025 academic year.