

**Scholarships for Kids  
2026-2027 Academic Year**

All applications should be submitted to the participating school your child plans to attend for the 2026-2027 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 29th**

**This application packet should include:**

- \_\_\_\_\_ Full application
- \_\_\_\_\_ Birth certificate
- \_\_\_\_\_ Social security card
- \_\_\_\_\_ Current copy of IEP/504 documentation
- \_\_\_\_\_ Applicant's LATEST 25/26 report card
- \_\_\_\_\_ Verification of assigned school from the applicable city or county school board office
- \_\_\_\_\_ \*Must be current for reporting purposes. District printouts preferred.

**Applications submitted without required documentation will be placed on HOLD. These applications may be considered after the standard deadline, subject to funding availability. Parents may request a copy of this coversheet for confirmation of submission.**

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

**FOR SCHOOL USE**

Submitted by: \_\_\_\_\_ (Initials)

Date: \_\_\_\_\_

Scholarship limit:  
Up to \$10,000 K-12th  
Consistent with published rates and fees.

Family responsibility: minimum \$500 per student

2026/2027 Assigned School: \_\_\_\_\_

**Is the assigned school ZONED PRIORITY? Yes or No**

STUDENT NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Sex: \_\_\_M \_\_\_F \_\_\_Other

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_

*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 2026/2027 :    K5    1    2    3    4    5    6    7    8    9    10    11    12

Is the applicant a previous SFK scholarship recipient?

\_\_\_Yes

\_\_\_No

What was the applicant's first year receiving a scholarship?

\_\_\_\_\_

TOTAL number of years receiving a scholarship, *including the 26/27 academic year* . \_\_\_\_\_ (Only SFK)

Did the applicant receive a scholarship from **another SGO** during the 2025-2026 academic year?

\_\_\_Yes

\_\_\_No

Did the applicant receive funding from the CHOOSE Act during the 2025-2026 academic year?

\_\_\_ Yes \_\_\_ No

**Has the applicant APPLIED for a 2026-2027 CHOOSE Act funding?**

\_\_\_ Yes \_\_\_ No

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 25/26 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 _____

**Family Size and Statement - Should reflect full household**

**Number of parents/guardians: \_\_\_\_\_ Children under 19: \_\_\_\_\_ Additional adults: \_\_\_\_\_**

**CHILDREN:**

Applicant: \_\_\_\_\_

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: \_\_\_\_\_

**ADDITIONAL ADULTS: 1. \_\_\_\_\_ 2. \_\_\_\_\_**

**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: \$	

**SCHOOL CERTIFICATION**

I certify that the information provided on this scholarship application, including, but not limited to, the tuition verification and the family size 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 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:**