

Redeemer Lutheran School Voucher/SGO/RLS Scholarship Application

Date of Application: _____

General information

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone number _____

Email address _____

Public School District of Current Legal Settlement: _____

What is your Household Size? _____

Church Membership: _____

Marital Status of parents/guardians: _____ Married _____ Separated
 _____ Divorced _____ Other
 _____ Single _____ Widowed

Children in Household

Names of Children	Date of Birth	Grade in School for upcoming school year	School Currently Attending

School Choice Questionnaire

Yes/No

1. Has the student attended a public school for the past 2 semesters? _____
 If yes, please list name of public school. _____
2. Has the student received an Indiana School Choice Voucher in any previous year? _____
 If yes, what school year was voucher awarded? _____
3. Has a sibling of the student received a voucher? _____
 If yes, please list siblings name and year awarded. _____
4. Has the student received an SGO in any previous school year? _____
 If yes, please list the school granting the SGO and the school year it was granted: _____
5. Has a sibling of the student received an SGO in a previous year? _____
 If yes, please list the school granting the SGO and the school year it was granted: _____
6. Does the student have a state issued IEP? _____

Finance

What is the AGI from your 2019 Tax Return? _____

Do you have additional income from child support, disability, social security, public assistance, IRA/401K disbursements, or other sources?

If yes, please list additional income sources and amounts:

**If you believe your prior year tax return is no longer an accurate depiction of the household income due to an involuntary loss of job or hours, death, separation/divorce, please indicate new income:

Other

1. Please state any specific problems or conditions which cause a need for financial assistance.

2. Please state any additional information you feel will assist us in our consideration of your need for assistance.

3. Please state an amount that you can comfortably pay each month.

Certification and Authorization

We declare that the information on this form is to the best of our knowledge true, correct, and complete.

Signature _____ Date _____

Signature _____ Date _____

For internal use only	Amount
School Choice Voucher	
SGO	
RLS Scholarship	