

# ***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? \_\_\_\_\_

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## Finance

What is the AGI from your 2020 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	