



In partnership with  
  
Children's Scholarship Fund

## Creating Hope and Opportunity In Children's Education



### **To apply for an Educational CHOICE Grant:**

*Please read the enclosed information, complete the attached application form, and submit this application to CHOICE. CHOICE is currently only accepting applications for children entering Kindergarten, or children transferring from public schools in grades 1 - 8.*

# GRANT APPLICATION INFORMATION

## Does your elementary school child (Grades K-8):

- 1** Live in Marion County, IN and qualify for the “free” or “reduced lunch program?”
- 2** Currently attend a public school, or will enter Kindergarten in 2010-11

If so, you qualify for the Educational CHOICE Charitable Trust. If your child is selected, this program will pay one-half of your child’s yearly tuition (up to \$1,200) to most nonpublic (or out of district public) elementary schools in Marion County.

TUITION	CHOICE PAYS	YOU PAY
\$1,200	\$600	\$600
\$2,000	\$1,000	\$1,000
\$2,400 +	\$1,200	\$1,200 +

## Follow these three steps to apply for the program:

- 1** Fill out the front side of the application form attached.
- 2** Answer the question on the back side of the application.
- 3** Return the application form to Educational CHOICE.

That’s all there is to it! If grants are available, CHOICE will pay its share directly to the school. All you have to do is pay your part of the tuition when it’s due. Your child’s past grades do not matter. There are a limited number of grants available each year, so don’t wait. Sign up now! CHOICE’s goal is to fund each child’s education through the 8th grade. We’ve given you a choice. Now it’s up to you. Grants are awarded in July. **Families who DO NOT receive a grant and continue to qualify for CHOICE must re-apply each year for consideration of a grant.**

## **INCOME ELIGIBILITY GUIDELINES\*(July 1, 2009 - June 30, 2010)**

Your child is eligible for a CHOICE grant if your family’s gross income does not exceed the guidelines outlined in the table below.

HOUSEHOLD SIZE*	ANNUAL INCOME	MONTHLY INCOME	WEEKLY INCOME
2	\$26,965	\$ 2246	\$ 518
3	\$33,874	\$ 2823	\$ 651
4	\$40,793	\$ 3399	\$ 784
5	\$47,712	\$ 3976	\$ 917
6	\$54,631	\$ 4552	\$ 1051
7	\$61,550	\$ 5129	\$ 1184
8	\$68,469	\$ 5706	\$ 1317
For each additional family member, add:	+ \$ 6,919	+ \$ 577	+ \$ 133

### **INCOME INCLUDES THE FOLLOWING:**

#### Earnings From Work

- Wages, salaries, and tips
- Strike benefits
- Unemployment compensation
- Workmen’s compensation
- Net income from self-owned business or farm

#### Welfare, Child Support, and Alimony

- Public assistance payments
- Welfare payments
- Alimony payments
- Child support payments

#### Pensions, Retirement, and Social Security

- Pensions
- Retirement income
- Social Security
- Veteran payments
- Supplemental Social Security Income

#### Other Income

- Earnings from a second job
- Disability benefits
- Interest or dividends
- Cash withdrawn from savings
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Royalties, annuities, or rental income
- Any other monies that may be available to pay for the child’s meals

\* Includes all Adults

# S T U D E N T   A P P L I C A T I O N   F O R M

## FOR FAMILY'S USE ONLY

**NOTE:** To apply, the child/family must live in Marion County, IN. Please fill out only one application per child. The application must be completely filled out and signed by parent or guardian.

CHECK ONE:    New Applicant                       Transfer

STUDENT'S FULL NAME:		DATE OF BIRTH:	
LAST SCHOOL ATTENDED(MUST BE A PUBLIC SCHOOL FOR GRADES 1-8):		GRADE SEPTEMBER 1st, 2010 (must be K(5)-8):	
NAME OF NONPUBLIC/PUBLIC (OUT OF DISTRICT) MARION COUNTY SCHOOL YOU WOULD LIKE YOUR CHILD TO ATTEND:			
PARENT OR GUARDIAN'S NAME:			
STREET ADDRESS:		CITY:	STATE:
			ZIP CODE:
HOME TELEPHONE NUMBER: ( 317 )		WORK TELEPHONE NUMBER: (     )	NO TELEPHONE, BUT CAN BE REACHED AT: (     )
E-MAIL:		SCHOOL DISTRICT OF RESIDENCE:	

### ATTENTION PARENT OR GUARDIAN:

*Please read and place your **initials** next to each statement indicating that you understand and meet each requirement listed below to qualify.*

- \_\_\_\_\_ My child qualifies for the "free" or "reduced price" lunch program.
- \_\_\_\_\_ My child lives in Marion County, Indiana.
- \_\_\_\_\_ As this child's parent/guardian, I pledge to keep current on tuition and fee payments to the school my child attends. (Grant payments will continue as long as you stay current.)
- \_\_\_\_\_ I understand that CHOICE will pay one-half of my child's tuition, up to a maximum of \$1,200.
- \_\_\_\_\_ I authorize my child's past and present schools to release his/her school records to parties designated by CHOICE for confidential research purposes only.

PARENT OR GUARDIAN'S SIGNATURE	
RELATIONSHIP TO CHILD	DATE

*After completing this side of the application, please answer the question on the back side.*

*Return the application to:*

**Educational CHOICE Charitable Trust • One North Capitol Avenue, Suite 1250 • Indianapolis, IN 46204  
(317) 951-8781**

