

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

Requalification Form 2008

This form must be returned to the CHOICE Office by April 30, 2008 or you will forfeit your scholarship for 2008-2009

Section 1

Parent/Guardian's Name: _____
First Middle Initial or Name Last

Parent/Guardian's Name: _____
First Middle Initial or Name Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:(____) _____ Work Phone:(____) _____ Name: _____

Other Phone:(____) _____ Name: _____ E-mail: _____

School: _____ Home School District/Township _____ Grade (2008-09) _____

All parents and guardians who claim children as dependents must report all 2007 income on this form and show supporting documentation of that income to CHOICE.

Total number of people in household: _____ (Adults _____ Children _____)

Section 2

INCOME SOURCE	FATHER	MOTHER	OTHER	
Adjusted Gross Income reported on 2007 FEDERAL 1040*				
AFDC/ADC/SSI/food stamps/Sect.8/ other public assistance				Total Household Income (Sum of bottom row)
Any other additional income (including child support and unemployment)				
Total Individual Income				

*Please include a copy of your **signed** 2007 Federal 1040 tax return with dependents listed and proof of all income from 2007 to CHOICE. Married couples filing separately must include both 1040 forms. Failure to document income by the deadline may result in the loss of your scholarship. For a free copy of your 1040 call the Internal Revenue Service at 1-800-829-1040.

I certify that all the information provided on this form is true and complete to the best of my knowledge. I promise to pay my child's account in a timely manner, ensure at least 90% attendance of my child(ren), and comply with the standards of my child(ren)'s chosen school and CHOICE. I understand that failure to comply with the above statements will result in the loss of my family's scholarship. Finally, I agree to release CHOICE from any and all liability in its effort to provide this scholarship.

Parent signature: _____ Date: _____