Silver State Scholarships

**SCHOOL CHOICE SCHOLARSHIP APPLICATION: SCHOOL YEAR 2023/2024**

**Section 1: Student & School Information** –

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female Disabilities? Yes No

Month/Day/Year

Race: Asian Black/African American Hispanic/Latino White

Hawaiian/Pacific Islander Mixed Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attended 2022/2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: Public Charter Private Home Virtual None

School you want to attend for 2023/2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering 2023/2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you already registered: Yes No

**Section 2: Family Information** –

**PRIMARY**/

Parent-Guardian: Check one: Mother Father Stepmother Stepfather

Other Adult/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Home Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: Married Divorced Single Widowed Separated

Remarried

Does child live primarily with you? Yes No

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time If not 12 months per year, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time How many hours (approximately) per pay period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If self-employed, what is the business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unemployed, date of unemployment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your job started after Jan. 1, 2023, what date did you begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* If you are the only parent/guardian for the child, please skip to Section 3.**

**SECONDARY**/

Parent-Guardian: Check one: Mother Father Stepmother Stepfather

Other Adult/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Home Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: Married Divorced Single Widowed Separated

Remarried

Does child live primarily with you? Yes No

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time If not 12 months per year, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time How many hours (approximately) per pay period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If self-employed, what is the business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unemployed, date of unemployment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your job started after Jan. 1, 2023, what date did you begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Financial Information** –

Number of people living in the home you support and have claimed on your **tax return for** **2022**:

Parents/Guardians: \_\_\_\_\_ Children: \_\_\_\_\_

Other: \_\_\_\_\_ (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED Annual **GROSS** Income for **2023**: \*(Do not copy from last year’s application.)

Parent/Guardian (Primary) Salary/Wages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P/PAY PERIOD

Parent/Guardian (Secondary) Salary/Wages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/PAY PERIOD

Unemployment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY

Child Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY Alimony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY

SNAP/Food Stamps/Housing Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY

Workman’s Comp/Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY

Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY

Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MONTHLY

Other Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: (ie. Business Investment, Loan, Family Assistance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL Family Annual Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To calculate Annual Total: If bi-weekly (every other week) x 26, if bi-monthly

(paid the 1st & 15th) x 24, if monthly x 12, if weekly x 52. Add all those together for TOTAL.

Is your annual income at or under 300% of the federally designated poverty level? Yes No **300%** **Federal Poverty Level – January 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Household Size* | *Annual Income* |  | *Household Size* | *Annual Income* |
| 2 | $59,160.00 |  | 6 | $120,840.00 |
| 3 | $74,580.00 |  | 7 | $136,260.00 |
| 4 | $90,000.00 |  | 8 | $151,680.00 |
| 5 | $105,420.00 |  | 9 | $167,100.00 |

For each additional family member over 9 people, add $15,420.00.

(If you answered NO, you are not eligible to apply.)

Did or will your financial situation for 2023 change from 2022? Yes No

If yes, in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Grant Information** –

Did the student receive a scholarship grant from Silver State Scholarships last year? Yes No

If yes, how much were you awarded from us last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student receive a scholarship grant from another SGO organization last year? Yes No

If yes, how much were you awarded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: AAA EFNN Other

Did or will you be applying to other Scholarship Grant Organizations for this coming school year?

Yes No If yes, please check all that apply: AAA EFNN Other

\*NOTE: The maximum allowable for all combined grant awards will be posted mid April.

How much of a grant are you requesting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*(Cannot be more than the school’s tuition or *Silver State Scholarships* maximum of $8,000, whichever is less.)

If you receive a partial grant, do you have other resources to cover the balance? Yes No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*REQUIRED DOCUMENTS: See Instructions & Check List**

Agreement/Signature Page

* I/we certify that all the information provided on the application and the supporting documentation are true, correct, and completed to the best of my/our knowledge.
* I/we authorize the release of personal financial and educational information for the purpose of determining eligibility and understand that any information provided may be independently verified.
* I/we agree that should I/we receive a scholarship; I/we will submit a written statement to Silver State Scholarships that my/our child’s public or charter school has been informed that my/our child will now be attending private school.
* I/we understand that if awarded a scholarship for this year, that does not automatically entitle me/us to a scholarship in the following year.
* I/we understand that Silver State Scholarships does not discriminate on the basis of race, color, sex, age, disability, religion, nationality or political belief.
* I/we understand that Silver State Scholarships will treat my/our personal information with the utmost privacy; however, by signing this application, I/we agree to hold Silver State Scholarships harmless from any liability.

Parent/Guardian #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK LIST**

**(Make sure all items are checked off.)**

I/we have carefully read the Instructions For Grant Qualification.

I/we have an estimated annual gross income within the 300% federal poverty level.

I/we are currently living in the state of Nevada.

I/we have filled out one completed application per child in my/our household.

I/we have signed and dated all applications.

I/we have included one set of financial documents (per family) which contains:

2022 Tax Return (ONLY first 2 pages and INCLUDE dependents sheet if applicable.)

OR

I/we are not required to file because my/our income is below filing requirements.

OR

I/we have filed an extension. Expected date to be completed is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Last TWO regular paystubs per working parent/guardian.

If self-employed, last TWO business or personal bank statements which shows working income. MUST have highlighted or check marked related income (and expenses, if applicable.)

If I/we receive any government aid (i.e., SNAP, Social Security, student loans/grants, housing assistance, veterans’ income, workers compensation, disability, unemployment, etc.) the supporting documentation is enclosed.

I/we have included application(s), all applicable financial documents, and this checklist.

I/we have included payment of $25.00 for the non-refundable processing fee. (Make

check payable to *Silver State Scholarships*. Cash or money orders are also acceptable.

**ONE** payment per family, not for each child.) Please include child(s) name on payment.

I/we will mail our submission to Silver State Scholarships at 6655 W. Sahara Ave. (#D106), Las Vegas, NV 89146. We will not accept drop-offs.

I/we have acknowledged the submission dates posted for RETURNING or NEW families and are submitting our application package within the correct dates for consideration. It

is strongly recommended that you mail your package with tracking. If you do not and it

is lost, *Silver State Scholarships* will not be able to consider your application, unless you

have time to resubmit with additional payment.