

Silver State Scholarships

SCHOOL CHOICE SCHOLARSHIP APPLICATION: SCHOOL YEAR 2024/2025

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 2023/2024:

Check one: Public Charter Private Home Virtual None

School you want to attend for 2024/2025: _____

Grade entering 2024/2025: _____ 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, 2024, what date did you begin? _____

*** If you are the only parent/guardian supporting 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, 2024, 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 2023:**

Parents/Guardians: _____ Children: _____

Other: _____ (Explain) _____

ESTIMATED Annual GROSS Income for 2024: *(Do not copy from last year's application.)

Parent/Guardian (Primary) Salary/Wages: _____ P/PAY PERIOD _____ ANNUAL

Parent/Guardian (Secondary) Salary/Wages: _____ P/PAY PERIOD _____ ANNUAL

Unemployment: _____ MONTHLY _____ ANNUAL

Child Support: _____ MONTHLY _____ ANNUAL

Alimony: _____ MONTHLY _____ ANNUAL

SNAP/Food Stamps/Housing Assistance: _____ MONTHLY _____ ANNUAL

Workman's Comp/Disability: _____ MONTHLY _____ ANNUAL

Retirement: _____ MONTHLY _____ ANNUAL

Social Security: _____ MONTHLY _____ ANNUAL

Other Income: _____ How Often: _____

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

TOTAL Family Annual Income: _____

To calculate Annual Wages & Income: 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 ANNUAL income together for TOTAL.

Is your annual income at or under 300% of the federally designated poverty level? Yes No

300% Federal Poverty Level – January 2024

<i>Household Size</i>	<i>Annual Income</i>		<i>Household Size</i>	<i>Annual Income</i>
2	\$61,320.00		6	\$125,880.00
3	\$77,460.00		7	\$142,020.00
4	\$93,600.00		8	\$158,160.00
5	\$109,740.00		9	\$174,300.00

For each additional family member over 9 people, add \$16,140.00.

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

Did or will your financial situation for 2024 change from 2023? Yes No

If yes, in what way? _____

Section 4: Grant Information –

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 is **\$9,810.00**.

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**

****MAILING DATES: RETURNING FAMILIES ONLY: POSTMARKED MAY 1-14
NEW FAMILIES: POSTMARKED MAY 15-17**

**MAILING ADDRESS: SILVER STATE SCHOLARSHIPS
6655 W. SAHARA AVE. (#D-106), LAS VEGAS, NV 89146**

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 to check off all items that apply.)

- ◇ 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.

You need to include **ONE SET** of financials PER FAMILY of the following documents:

- ◇ 2023 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 _____.

AND

- ◇ Last TWO regular paystubs per working parent/guardian.

OR

- ◇ 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.)

AND

- ◇ 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 submission for RETURNING families is May 1-14 and NEW families is May 15-17, 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.