

# 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 1<sup>st</sup> & 15<sup>th</sup>) 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 \_\_\_\_\_

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

**\*\*MAILING DATES: RETURNING FAMILIES ONLY: POSTMARKED MAY 1-14.**

**\*\*NO NEW FAMILIES ARE BEING ACCEPTED THIS YEAR.**

**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 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.