



Scholarship Application
D.C. Opportunity Scholarship Program
2012-13

FOR TRUST USE ONLY
Date:
Location:
Initials:

Thank you for your interest in the D.C. Opportunity Scholarship Program (OSP). This application should be filled out by the parent or guardian who lives with the child(ren) applying for a scholarship.

- Part A Agreement to Participate
Part B Information needed to determine eligibility for D.C. Opportunity Scholarship Program
Part C Current school information for each student applicant (form for one student attached)

1. Applicant Name(s)

List the name of parent/guardian and all children applying for a D.C. Opportunity Scholarship.

Parent/Guardian (You)

Form line for Parent/Guardian name with First, Middle, Last labels

Form line for Child information with First, Middle, Last, and DOB (mm/dd/yy) labels

Child #1 information line

Child #2 information line

Child #3 information line

Child #4 information line

Child #5 information line

Child #6 information line

2. Have you ever applied before to the OSP for any of your child(ren)?

- Yes
No
Not sure

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory according to PL 108 199 Sec. 3 (Title III). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1855-0015. Note: Please do not return the completed scholarship application to this address.

Part A: Agreement to Participate

Agreement to Participate

When the U.S. Congress created the D.C. Opportunity Scholarship Program, it established rules for who is eligible to apply and how those applications should be handled. Congress also required that an evaluation be conducted to study the Program and students' experiences before, during, and after being part of the Program. This form is your agreement that you understand these important requirements for the Program.

In submitting this application, I agree to the following for each child named below:

- To be eligible for participation in the D.C. Opportunity Scholarship Program, I must live in the District of Columbia and my annual household income must be below certain specified amounts. I certify that I am now a resident of the District of Columbia and will be for the 2012-13 school year.
- I understand that, if eligible, my child's name will be placed in a lottery for a scholarship. I also understand my child(ren) may or may not receive a scholarship under this Program.
- I understand that the Trust must keep copies of all documents submitted during the application process to ensure that families are eligible. The Trust will keep this data strictly confidential.
- I understand that the Trust will have access to my child's report cards while my child is participating in this program. This information will be held strictly confidential and will not be shared with anyone but designated Trust staff.
- I understand that my child and I are required to participate in all aspects of the evaluation, including the annual testing of my child, filling out annual surveys, and allowing records to be collected from my child's school. If my child and I do not participate in these evaluation activities, my child will not be eligible for a scholarship in any year.
- I consent to the disclosure of information about my child(ren) and me contained in this application to the U.S. Department of Education and its contractor(s) for the purposes of evaluating this program. I understand that the Department and its contractors will not release to anyone or any organization personally identifiable information in this application, except as required by law.

 Signature

 Parent/Guardian Name (*Print*)

 Date

1. How did you hear about the D.C. Opportunity Scholarship Program?

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Family Member or Friend | <input type="checkbox"/> Applied to OSP Before |
| <input type="checkbox"/> Letter/Flyer from the Trust | <input type="checkbox"/> School |
| <input type="checkbox"/> Newspaper Article, Ad, or Metro | <input type="checkbox"/> OSP Website |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Representative from the Trust |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |

2. What language is spoken most often in your home?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hindi/Urdu |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ |

Part B: Scholarship Application

Instructions

- Fill out all pages of this form – **do not leave any questions blank**
- Submit additional documents at Trust office, fax (202.478.0991), or email info@dcscholarships.org
- You will receive a letter in the mail with the status of your application
- Please allow 10-15 business days for processing

1. Residency and Contact Information

Fill in contact information for applying parent/guardian (you).

Parent/Guardian Name (You) _____

Home Address (No PO Boxes) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

2. Current Residence Information

- a. How many people live in your residence? 1
You # of Other Adults (older than 18) _____ # of Children (younger than 17) _____
- b. How long have you lived at your current address?
 # of years _____ # of months _____
- c. What is your monthly rent or mortgage?
 Rent \$ _____ Mortgage \$ _____ Other _____
- d. Who pays your monthly rent or mortgage? (check all that apply)
 Myself (OSP Parent/Guardian) Non-government organization
 DCHA/HCVF/HUD Friend or relative (does not reside with you)
 Spouse or other adult (living with you) Other: _____
- e. Check if any of the following apply:
 Live with friend or relative (other than minor children) Live with roommate or housemate

3. Student Information			
<i>Complete section below for all students applying for the OSP.</i>			
	<u>Student 1</u>	<u>Student 2</u>	<u>Student 3</u>
Name of Student	_____	_____	_____
Social Security Number	____-____-____	____-____-____	____-____-____
Date of Birth	____/____/____	____/____/____	____/____/____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to You	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____
Is the student Hispanic/Latino (a)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the student's race? <i>Check one or more.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Current Grade	_____	_____	_____
Current School Name	_____	_____	_____
Current School Type	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know
Does the student have any of the following challenges? <i><u>Will not affect their chances of receiving a scholarship.</u></i>	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)

3. Student Information (continued)			
<i>Complete section below for any additional students applying to the OSP.</i>			
	Student 4	Student 5	Student 6
Name of Student	_____	_____	_____
Social Security Number	____-____-____	____-____-____	____-____-____
Date of Birth	____/____/____	____/____/____	____/____/____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to You	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other: _____
Is the student Hispanic/Latino (a)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the student's race? <i>Check one or more.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Current Grade	_____	_____	_____
Current School Name	_____	_____	_____
Current School Type	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public) <input type="checkbox"/> Other public school of choice <input type="checkbox"/> Private school <input type="checkbox"/> Private school (DCPS) <input type="checkbox"/> Home school <input type="checkbox"/> Daycare/Not in school <input type="checkbox"/> Don't know
Does the student have any of the following challenges? <i>Will not affect their chances of receiving a scholarship.</i>	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Not applicable (N/A) <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English <input type="checkbox"/> Individualized Education Plan (IEP)

4. Complete the following statement

List all children – scholarship applicants and non-applicants – in your household for whom you are the guardian

I certify that I, _____ am the current guardian of the child(ren) listed below:
OSP Parent/Guardian Name

Child Name(s) (17 and Younger)	DOB (mm/dd/yyyy)	Foster Child/Ward of DC (Check box if applicable)
_____	____/____/____	<input type="checkbox"/>
_____	____/____/____	<input type="checkbox"/>
_____	____/____/____	<input type="checkbox"/>
_____	____/____/____	<input type="checkbox"/>
_____	____/____/____	<input type="checkbox"/>
_____	____/____/____	<input type="checkbox"/>

5. Why are you applying to the D.C. Opportunity Scholarship Program?

CONTINUE TO NEXT PAGE ➡

6. Information for Parent/Guardian and Additional Adult(s)			
<i>Your financial household includes people who financially contribute to your household expenses and/or vice versa. Fill the table below for all adults (18+) in your financial household.</i>			
	<u>You</u>	<u>Adult 2</u>	<u>Adult 3</u>
Name of Adult	_____	_____	_____
Social Security Number	____-____-____	____-____-____	____-____-____
Date of Birth (mm/dd/yy)	____/____/____	____/____/____	____/____/____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is the adult Hispanic/Latino(a)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the adult's race? <i>Check one or more.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
What is the adult's highest level of education?	<input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college or training, no degree <input type="checkbox"/> AA/AS or Certificate from training program <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree or higher <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college or training, no degree <input type="checkbox"/> AA/AS or Certificate from training program <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree or higher <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than high school diploma <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college or training, no degree <input type="checkbox"/> AA/AS or Certificate from training program <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree or higher <input type="checkbox"/> Don't know
Since beginning work as an adult, about how many years and months has the adult worked?	_____ years, and _____ months	_____ years, and _____ months	_____ years, and _____ months
Does the adult currently have a job?	<input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working	<input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working	<input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working

6. Information for Parent/Guardian and Additional Adult(s) (Continued)

Your financial household includes people who financially contribute to your household expenses and/or vice versa. Fill the table below for all adults (18+) in your financial household that are listed on the previous page.

Name of Adult (from previous page)	<u>You</u>	<u>Adult 2</u>	<u>Adult 3</u>
Relationship to you	Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Son/Daughter (18+) <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Son/Daughter (18+) <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
Marital Status & Date (mm/yy)	<input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____	<input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____	<input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____

7. In the past 12 months, did any members of your household listed on this application receive SNAP (formerly Food Stamps) and/or public assistance payments, welfare benefits (ex. TANF/GC)?

- Yes ➡ Do not fill out chart below. Complete *ESA Statement Release Form*.
 No ➡ Fill out income chart below for all adults.
 Not Sure ➡ Fill out income chart below for all adults and complete *ESA Statement Release Form*.

Income Sources (2011)	You	Adult 2	Adult 3
No income received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filed (or will file) federal tax return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>WILL NOT</u> file tax return: total wages, salaries, tips earned	\$ _____	\$ _____	\$ _____
Social Security Income, pensions, retirement, veterans' benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability benefits (include SSI for dependents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child support or alimony payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monetary gifts from family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To determine eligibility, you are required to provide official documentation with 2011 annual amounts.

8. Alternate Contacts

Do not list yourself as a contact. Common examples of contacts are relatives and neighbors.

Contact Person 1 Name _____

Relationship to You _____ Home Phone _____

Work Phone _____ Cell Phone _____

Contact Person 2 Name _____

Relationship to You _____ Home Phone _____

Work Phone _____ Cell Phone _____

Student Contact Name _____

Cell Phone _____ Email _____

CONTINUE TO NEXT PAGE ⇨

Part C: Current School Information

Instructions

- This section must be completed for each student listed on the first page of your scholarship application.
- A separate questionnaire must be filled out on behalf of each student applying for the scholarship.
- **Do not leave any questions blank.**

Name of Student _____

1. Is this student currently in daycare or not yet enrolled in school?

- Yes ➔ Go to question 5. No ➔ Go to question 2.

2. What overall grade would you give this child's current school?

Check one box below.

- Excellent (A)
 Good (B)
 Fair (C)
 Unsatisfactory (D)
 Failing (F)

3. How satisfied are you with the following aspects of this child's current school?

	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
a. Location of school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. School safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Class sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respect between teachers and students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How much teachers inform parents of students' progress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How much students can observe religious traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parental involvement in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Academic quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Racial mix of students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Services for students with special needs..... <input type="checkbox"/> Check here if not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Approximately how much homework is assigned to this child on an average day?*Check one box below.*

- | | |
|---|---|
| <input type="checkbox"/> 0 - 30 minutes | <input type="checkbox"/> 1½ to 2 hours |
| <input type="checkbox"/> 30 minutes to 1 hour | <input type="checkbox"/> 2 to 2½ hours |
| <input type="checkbox"/> 1 to 1½ hours | <input type="checkbox"/> More than 2½ hours |
| <input type="checkbox"/> 1½ to 2 hours | <input type="checkbox"/> Don't know |

5. In the past MONTH, how often did you do the following?*Check only one box for each question below.*

	Never	Once	2 or 3 Times	4 or 5 Times	6 or More Times
a. Help this child with his or her homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help this child with reading or math that was not part of his or her homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk with this child about his or her experiences in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attended school activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worked with child on school project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What will be the most important considerations in your choice of schools?

Read the list of considerations, then rank your top 3 priorities when choosing a school by writing the corresponding letter in the section below. Choose only three priorities.

List of Considerations When Choosing a School

- | | |
|---|---|
| a. Location of school | g. Parental involvement in the schools |
| b. School safety | h. Discipline |
| c. Class sizes | i. Academic quality |
| d. School facilities | j. Racial mix of students |
| e. Respect between students and teachers | k. Services for students with special needs |
| f. How much teachers inform parents of students' progress | l. How much students can observe religious traditions |

Most Important Considerations

1. First Priority _____
2. Second Priority _____
3. Third Priority _____

7. Do you know which school(s) you would like your child to apply to for Fall 2011?

If this child is awarded a scholarship, you will also need to apply to a participating private school in order to use their scholarship.

No

Yes (Please list the schools below in order of your first, second, and third preference.)

a. First choice school

b. Second choice school

c. Third choice school

8. Certification

I certify that all information on this form and ALL supporting documentation are **true, correct and complete** to the best of my knowledge and ALL household income has been reported. I understand that the Trust will have access to my child's report cards while my child is participating in the program and that this information will be held strictly confidential. **I understand that deliberate misrepresentation of the information or documentation will result in the scholarship being denied or revoked, and may subject me to prosecution under District and Federal laws.**

Signature

Parent/Guardian Name (*Print*)

Date