



Household Number: \_\_\_\_\_

OMB: 1855-0015

# Scholarship Application

## D.C. Opportunity Scholarship Program

### 201X-1X

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

- Part A** Description of Opportunity Scholarship Program and signed agreement to participate
- Part B** Information needed to determine eligibility for D.C. Opportunity Scholarship Program

### 1. Applicant Name(s)

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

<b>Parent/Guardian (You)</b>	_____	_____	_____
	First	Middle	Last
<b>Child #1</b>	_____	_____	_____
	First	Middle	Last
<b>Child #2</b>	_____	_____	_____
	First	Middle	Last
<b>Child #3</b>	_____	_____	_____
	First	Middle	Last
<b>Child #4</b>	_____	_____	_____
	First	Middle	Last

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

- Yes
  No
  Not sure

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 20 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 required to obtain or retain benefits 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](mailto: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: Description of OSP & Agreement to Participate

---

## 1. Description of the D.C. Opportunity Scholarship Program and Evaluation

The OSP provides scholarships to enable low-income D.C. elementary and secondary students to attend private schools.

- Receiving a scholarship will not interfere in any way with any other public assistance your family may receive. The amount of the scholarship will not be treated as income of the child or their parent/guardian for purposes of Federal tax laws or for determining eligibility for any other federal program.
- Scholarships may only be used at a school participating in the D.C. Opportunity Scholarship Program. The Trust will provide you with a list of participating schools.
- If there are more applicants than slots in schools or available funds, the law requires that scholarships will be given out through a lottery. The lottery will give priority to eligible students who are attending an elementary school or secondary school identified for improvement, corrective action, or restructuring;
- Only eligible families with **completed** applications will be included in the lottery. A completed application is one that includes: (1) the application form, (2) the necessary documentation proving eligibility, and (3) verification that your child participated in the pre-lottery reading and math tests that are required for the evaluation. If your application is determined to be incomplete (missing any of those documents) we will contact you and give you a limited time in which to complete your application. **If you do not complete your application in time, we will not be able to include you in the lottery.** The determination of whether or not your application is complete is not made when you submit it. The determination of eligibility and if your application is complete is made by the DC Children and Youth Investment Trust Corporation (Trust) once we have had time to review your submission in detail.
- If your child receives a scholarship, you are responsible for applying to the schools that you are interested in. Each school has its own application process, and you must contact participating schools directly to apply.
- Schools that you apply to will inform you whether or not your child is **admissible**. We will ask you to list your top 3 choices of schools. We will make every effort to place each child in his or her first choice school. But if there are more children that have requested a particular grade in a particular school, we will hold a lottery to determine which children will get those spaces. Your child is not PLACED in a school, and no payment can be made with their scholarship, until the Trust places them.
- While application to the Program is voluntary, all applicants must participate in the Evaluation, whether or not they receive a scholarship. The Evaluation is important because it lets Congress measure the success of the Program has been. As part of the Evaluation, applicants must agree to:
  - Annual testing of your child in reading and math, and surveys of children in grades 4 and above;
  - Parent surveys
  - Collection of files and records from your child's school.
- If you have any questions about the application or your eligibility for the Program, please call the DC Children and Youth Investment Trust Corporation (Trust) at 1-888-DC-YOUTH.

## 2. 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 2011-12 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 ( <i>Print</i> )	Date
-----------	---------------------------------------	------

<b>3. How did you hear about the D.C. Opportunity Scholarship Program?</b>	
<i>Check all that apply</i>	
<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"/> Newspaper Article, Ad, or Metro
<input type="checkbox"/> School	<input type="checkbox"/> Website
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Trust Representative
<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____

<b>4. What language is spoken most often in your home?</b>	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hindi/Urdu

Vietnamese

Other \_\_\_\_\_

# Part B: Program Application

## Instructions

- Fill out all pages of this form – **do not leave any questions blank**
- Submit additional documents in person at Trust office, fax (202.478.0991), or email [ospadmin@cyitc.org](mailto:ospadmin@cyitc.org)
- You will receive a letter in the mail with the status of your application
- Please allow 5-10 business days for processing

### 1. Residency and Contact Information

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

Parent/Guardian Name (You) \_\_\_\_\_  
 Physical Address (No PO Boxes) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### 2. How long have you lived at your current address?

# of Years	# of Months
_____	_____

### 3. Alternate Contacts

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

1.

**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 \_\_\_\_\_

Household Number: \_\_\_\_\_

Cell Phone _____	Email _____
------------------	-------------

**4. How many people live in your residence?**

You	Other Adults (18+)	Children
<u>1</u>	_____	_____

**5. What is your monthly rent or mortgage?**

Rent \$ \_\_\_\_\_
  Mortgage \$ \_\_\_\_\_
  Other \_\_\_\_\_

**a. Who pays your monthly rent or mortgage? (check all that apply)**

<input type="checkbox"/> Myself (OSP Parent/Guardian)	<input type="checkbox"/> Non-government organization
<input type="checkbox"/> DCHA/HCV/ HUD	<input type="checkbox"/> Friend or relative (does not reside with you)
<input type="checkbox"/> Spouse or other adult (living with you)	<input type="checkbox"/> Other: _____

**b. Check if any of the following apply:**

Live with friend or relative (other than minor children)
  Live with roommate or housemate

**6. In the past 12 months, did your family receive any DC government assistance?**  
*If you answer yes, please fill out the IMA Statement Release Form.*

Public assistance payments, welfare benefits (ex. TANF, GC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Nutrition Assistance Program/SNAP (formerly Food Stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Assistance (i.e. Medicaid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7. Complete the following statement**

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

Child(ren) Name(s) - 17 and Younger <i>List all children (whether or not you are applying for them)</i>	DOB (mm/dd/yyyy)	Foster Child/Ward of DC (check box)
	/ /	<input type="checkbox"/>
	/ /	<input type="checkbox"/>
	/ /	<input type="checkbox"/>

_____	_____ / _____ / _____	<input type="checkbox"/>
_____	_____ / _____ / _____	<input type="checkbox"/>

<b>8. Information for Parent/Guardian and Additional Adult(s)</b>			
<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>			
	<b>You</b>	<b>Adult 2</b>	<b>Adult 3</b>
Name of Adult			
Social Security Number	____-____-____	____-____-____	____-____-____
Date of Birth (m/d/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
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: _____
What is the adult's race?	<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
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
Marital status	<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: _____
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

Household Number: \_\_\_\_\_

**8. 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.

	You	Adult 2	Adult 3
Name of Adult			
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
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

**9. Financial Information for Parent/Guardian and Additional Adult(s)**

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.

Income Sources (2010)	You	Adult 2	Adult 3
No Income received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filed federal tax return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you DID NOT file tax return: total wages, salaries, tips	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Public assistance payments, welfare benefits (ex. TANF, GC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child support or alimony payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts from family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>10. Student Information</b> <i>Complete section below for all students applying for the OSP.</i>			
	Student 1	Student 2	Student 3
Name of Student			
Social Security Number	____-____-____	____-____-____	____-____-____
Date of Birth (m/d/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
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: _____
What is the student's race?	<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
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
Does the student have any of the following challenges? <i>(Will not affect their chances of receiving a scholarship.)</i>	<input type="checkbox"/> N/A <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English	<input type="checkbox"/> N/A <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English	<input type="checkbox"/> N/A <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Problems understanding English
Grade in Current School (2010-11)			
Current School Name (2010-11)			

<p>Current School Type (2010-11)</p>	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public)Other public school (e.g., magnet schools) <input type="checkbox"/> Private school	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public)Other public school (e.g., magnet schools) <input type="checkbox"/> Private school	<input type="checkbox"/> Neighborhood (assigned) public school <input type="checkbox"/> Charter school (public)Other public school (e.g., magnet schools) <input type="checkbox"/> Private school
--------------------------------------	---	---	---

**10. Student Information (Continued)**  
 Complete section below for all students applying for the OSP.

	Student 1	Student 2	Student 3
<p>Name of Student</p>			
<p>Does the student have any of the following challenges?  <i>(Will not affect their chances of receiving a scholarship.)</i></p>	<input type="checkbox"/> 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"/> 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"/> 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)
<p><b><u>If your child is awarded a scholarship</u></b>, do you know which school(s) you would like to apply for Fall '11?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes (list school names) _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (list school names) _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (list school names) _____ _____ _____
<p>Why are you applying to the D.C. Opportunity Scholarship Program?</p>	_____ _____ _____ _____		

Using the list of children in your answer to Section 10, please fill out 11-15 out for each child listed. A separate must be filled out on behalf of each child who is applying for the scholarship.

11. How satisfied are you with the following aspects of \_\_\_\_\_ (CHILD’S NAME) current school?

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
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 the 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What overall grade would you give this child’s current school? (Check one box.)

- a. Excellent (A).....
- b. Good (B).....
- c. Fair (C).....
- d. Unsatisfactory (D).....
- e. Failing (F).....

13. What will be the most important considerations in your choice of schools?  
Select up to three items and mark your top priority in column 1, your second priority in column 2, and your third priority in column 3.

	First Priority (Column 1) (mark only one)	Second Priority (Column 2) (mark only one)	Third Priority (Column 3) (mark only one)
a. Location of school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. School safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Class sizes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respect between students and teachers. .	<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"/>
g. How much students can observe religious traditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parental involvement in the schools.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Academic quality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Racial mix of students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Services for students with special needs...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Approximately how much homework is assigned to this child on an average day? (Check one box.)

- a. 0 - 30 min.....
- b. 30 min.- 1 hour.....
- c. 1 - 1½ hours.....
- d. 1½ - 2 hours.....
- e. 2 - 2½ hours .....
- f. More than 2½ hours.....
- g. Don't know.....

15. In the past MONTH, how often did you do the following?

	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"/>

16. If you \_\_\_\_\_ (CHILD'S NAME) is awarded a scholarship, do you know which school(s) you would like the child to apply to for Fall 2011? *Please list them in the order of your preference.*

- a. First choice school.....
- b. Second choice school.....
- c. Third choice school.....

17. Why are you applying to the DC Opportunity Scholarship Program for this child?

---

---

---

---

**11. Certification Signature**

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