



Scholarship Application

D.C. Opportunity Scholarship Program

2018-19

FOR SOC USE ONLY	
Guardian ID :	
Date:	
Location:	
Initials:	
# of Students:	

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

Instructions

- Fill out ALL pages of this form
- Submit additional documents via your online parent portal at <http://www.osfamilyportal.force.com>
- You will receive an email or a letter in the mail with the status of your application

Section 1: Parent Guardian and Residence Information

Parent/Guardian First and Last Name: _____

Physical Address (No PO boxes): _____

City: _____ State: _____ Zip Code: _____

**If your Mailing address is different than your physical address, please enter the mailing address below:*

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Email Address: _____

Preferred Phone Number: Home Work Mobile

Preferred Contact Method Email U.S. Mail

**If you select Email as your preferred contact method, it will be used as the primary means of communicating with you, so please check your email often for important updates, missing documents and deadlines.*

Section 2: Household Information

In the table below, please list ALL ADULTS (18 and older), including yourself, that live in your residence. If any of these adults share finances with you, please indicate by checking the box under "Part of Financial Household." Your financial household includes people who are a part of or contribute to your household expenses, including adult dependents listed on your income taxes.

Adult Name(s) (18 and Older)	DOB (mm/dd/yyyy)	Part of Financial Household in 2016 <i>Check box if applicable</i>	Social Security Number or Tax ID number <i>(if known and if part of financial household)</i>
YOURSELF	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -
	/ /	<input type="checkbox"/>	- -

In the table below, list ALL CHILDREN (17 and younger) that live in your residence. Indicate if you are 1) the legal guardian of the child(ren), and 2) if you are applying for, or renewing an application for the child.

Child Name(s) (17 and younger)	DOB (mm/dd/yyyy)	Check to Certify Guardianship*	Check if Applying/Renewing
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>

**By checking the guardianship box, you certify that you are the current legal guardian of this child. You may only apply for a child if you are the guardian.*

Section 3: Student Information

Please complete the sections below for all the students you indicated you are applying or renewing for on page 2.

	Student 1	Student 2	Student 3
Students Name			
Students Social Security Number (If known)			
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"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child/Ward of DC <input type="checkbox"/> Other:	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child/Ward of DC <input type="checkbox"/> Other:	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child/Ward of DC <input type="checkbox"/> Other:
What is the student's race? <i>Check all that apply</i>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <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
Current School Name			
Current Grade Level			
Currently School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Private School <input type="checkbox"/> Day Care <input type="checkbox"/> Home School	<input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Private School <input type="checkbox"/> Day Care <input type="checkbox"/> Home School	<input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Private School <input type="checkbox"/> Day Care <input type="checkbox"/> Home School
Does the student have any of the following challenges? <i>Your answers will not affect chances of receiving the scholarship – check all that apply</i>	<input type="checkbox"/> IEP/ Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Limited English Ability	<input type="checkbox"/> IEP/ Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Limited English Ability	<input type="checkbox"/> IEP/ Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Limited English Ability

Section 4: Adult information

Please complete the section below for yourself and all adults you indicated are a part of your financial household on page 2.

Name of Adult	Gender	What is their Race?	Are they Hispanic or Latino(a)?	What is their Marital Status?	How long has this been their marital status?	Relationship to you
Parent or Guardian Name (Your Name):	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married or Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> 0-6 mo. <input type="checkbox"/> 6-12 mo. <input type="checkbox"/> 1 – 2 yrs. <input type="checkbox"/> 2+ years	YOURSELF
Adult 2:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married or Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> 0-6 mo. <input type="checkbox"/> 6-12 mo. <input type="checkbox"/> 1 – 2 yrs. <input type="checkbox"/> 2+ years	<input type="checkbox"/> Spouse/Domestic partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other
Adult 3:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married or Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> 0-6 mo. <input type="checkbox"/> 6-12 mo. <input type="checkbox"/> 1 – 2 yrs. <input type="checkbox"/> 2+ years	<input type="checkbox"/> Spouse/Domestic partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other

Section 5: Household Sources of Income

Are you or any of the child(ren) you are applying for currently receiving SNAP (formerly Food Stamps) or TANF?

Yes – Please proceed to section 6 to complete the application. **DO NOT FILL OUT THE CHART BELOW.**

Please provide your ESA Case Number (*if known*): _____

No/Unknown

Please complete the following chart for yourself and all adults in you indicated on page 2 are a part of your financial household. Please note that in order for us to determine your eligibility you are required to provide official documentation with annual income amounts.

SELECT THE YEAR you are reporting income for:	<input type="checkbox"/> 2016	<input type="checkbox"/> 2017
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Adults Name	Check off all income sources that apply
Yourself	<input type="checkbox"/> No Income <input type="checkbox"/> Earned Income/Filing a tax return <input type="checkbox"/> Earned Income but not enough to file <input type="checkbox"/> Social Security (such as Retirement or Survivors Benefits (1099-SSA)) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Child Support or Alimony Payments <input type="checkbox"/> Gifts from Family/Friends above \$500 <input type="checkbox"/> Other Sources: _____
Adult 2:	<input type="checkbox"/> No Income <input type="checkbox"/> Earned Income/Filing a tax return <input type="checkbox"/> Earned Income but not enough to file <input type="checkbox"/> Social Security (such as Retirement or Survivors Benefits (1099-SSA)) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Child Support or Alimony Payments <input type="checkbox"/> Gifts from Family/Friends above \$500 <input type="checkbox"/> Other Sources: _____
Adult 3:	<input type="checkbox"/> No Income <input type="checkbox"/> Earned Income/Filing a tax return <input type="checkbox"/> Earned Income but not enough to file <input type="checkbox"/> Social Security (such as Retirement or Survivors Benefits (1099-SSA)) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Child Support or Alimony Payments <input type="checkbox"/> Gifts from Family/Friends above \$500 <input type="checkbox"/> Other Sources: _____

Section 6: Emergency Contact

Do not list yourself as the emergency contact. Common examples of emergency contacts are relatives, neighbors and/or family friends. They should have different numbers from yourself and one another. We strongly suggest you list at least one contact, though it is not required.

Section 7: Language Preference

What language is spoken most often in your home?

English Spanish*
 Amharic Hindi/Urdu
 Vietnamese Other: _____

*Please note: If you select Spanish, all written communications from today on will be sent to you in Spanish.

Section 8: Agreement and Certification

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.

Please check off all of the boxes to verify that you have read, understand, and agree with all of the following statements for each child you are applying for. In submitting this application, I agree to the following for each child named on this application:

- I understand that to be eligible for the D.C. Opportunity Scholarship I must meet certain income guidelines.
- I understand that I must prove current D.C. residency to be eligible for the Program.
- I understand that if eligible, my child's name may 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 Serving Our Children must keep copies of all documents submitted during the application process to ensure that families are eligible. Serving Our Children will keep this data strictly confidential.
- I understand that Serving Our Children 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 Serving Our Children staff.
- I understand that my child and I may be required to participate in all aspects of the evaluation, which may include annual testing of my child, completing annual surveys, and allowing records to be collected from my child's school.
- I consent to the disclosure of information about my child(ren) and about myself 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.

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 Serving Our Children 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

Print Name

Date

- I am interested in receiving materials from OSP Participating Schools. Please provide my name, contact and student grade level information to participating OSP schools.

Please see the following page for Privacy Act Statement and Paperwork Reduction Act Statement

Privacy Act Statement

Authority - This information is being collected under the authority of 5 U.S.C. § 3111.

Purpose - The primary purpose of the information collected is for use in the administration of the Department of Education's (the Department) D.C. Opportunity Scholarship Program. The information is reviewed and then used to determine the eligibility of applicants, make a tentative selection, verify application information, and or process applications.

Routine Uses - The information you provide will ordinarily not be disclosed outside of the Department and as otherwise allowed by the Privacy Act of 1974, 5 U.S.C. 552a.

Participation - Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in the program or delays or errors in the processing of the application you have completed.

Social Security Number - Your SSN will be collected.

Paperwork Reduction Act Statement

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 13 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 and reference the OMB Control Number 1855 0015. Note: Please do not return the completed scholarship application to this address.