

**Household Members**

To comply with state requirements and to assist in the approval process for tuition assistance (Choice Scholarship or SGO), please list all members of your family that reside in the primary address listed on the application & tax form. Students away at college may be included.

**STUDENT INFORMATION**

<b>Student Name:</b> _____	<b>DOB:</b> _____	<b>Grade (2022-23):</b> _____
<b>Student Name:</b> _____	<b>DOB:</b> _____	<b>Grade (2022-23):</b> _____
<b>Student Name:</b> _____	<b>DOB:</b> _____	<b>Grade (2022-23):</b> _____
<b>Student Name:</b> _____	<b>DOB:</b> _____	<b>Grade (2022-23):</b> _____

**HOUSEHOLD INCOME COUNT**

<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Member Name</b> _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<b>Provides to the family income:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

For blended families, please be sure to provide tax forms for all members of the parental unit (i.e., biological parent and step parent) within this household.

**ACKNOWLEDGMENT**

I/We certify that all submitted information is accurate, correct and complete to the best of my/our knowledge. I/we understand that the information is required to determine eligibility and that the tuition assistance is awarded on behalf of the student. I/We will provide all requested documentation to verify household size & income (including child support)

Parent / Guardian Signature	Date
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