St. Louis School

2018-2019 Choice Scholarship Program Application

Please submit this form along with an attached copy of the first page of your 2017 1040 federal tax form to either the School or Parish Office **All information provided will remain strictly confidential**

Last Name	First	Middle Initia	al	
Present Address	City Cell Phone		State	Zip Code
Home Phone			E-Mail Address	
Preferred Method of Contact: (circle one)	Home Phone	Cell Phone	E-mail	
Number of people in household:		_		
Student(s) Name		2018-2019 Grade		
			-	
			-	
			•	
			-	
			_	
School District in which you reside				
Did you receive a voucher last year? (circle one)	YES NO			
Did your child receive an SGO Grant (circle one)	last year? YES NO			
Has your child attended a traditiona the last two semesters? (circle one)	l or public charter schoo YES NO	l in Indiana for at least		
Does your child have an Individualiz If yes, who provides the services?				
Signature		-		
Date				

Voucher applications will be processed in 3-5 business days. The Parish office will contact you with the value of your voucher.