

Institute for Quality Education Scholarship Granting Organization SGO Application

Please complete this form for each child to apply for an SGO Scholarship for the 2018-2019 School Year and return to the School or Parish Office with a copy of your 2017 Federal Tax form 1040 reflecting your Adjusted Gross Income.

Students Name: _____

School Grade for the 2018-2019 school year: _____

Date of Birth: _____

Has the student received an SGO Scholarship in the past: (circle one) YES

Name and City of Public School District _____

Parent(s)/Guardian(s) Name: _____

Number of Household Members: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Parent(s)/Guardian(s) Signature: _____

By signing this section, the Parent(s)/Guardian(s) verify that the income and household information provided is both accurate and current.

For Office use:

School Administrator Name: _____

School Administrator Signature: _____

Received: _____ Reviewed: _____ Entered: _____

Adjusted Gross Income Eligibility Requirements July 1, 2018-June 30, 2019	
Household Size*:	Maximum Adjust Gross Income**:
1	\$44,918
2	\$60,902
3	\$76,886
4	\$92,870
5	\$108,854
6	\$124,838
7	\$140,822
8	\$156,806
each additional	\$15,984

*includes all adults and children; usually matches your federal tax return exemptions

**income verification is required

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Id size

Id: _____
