

Invest in Kids Act

2021–22 Student Application

Please note:

- Early submission is encouraged. Applications are processed daily. • Funding is not guaranteed. Scholarships are awarded according to Illinois' rules and regulations.
- You will be notified by letter or email whether or not your student has been awarded a scholarship.
- Please submit a separate application for each student applying. • Fill out the application COMPLETELY, along with required documentation. Incorrect applications cannot be processed until all information is received.

Requirements for Submitting an Application:

1. Student resides in IL
2. Student is eligible to attend an IL public school or is starting school in Illinois for the first time
3. Parent/Guardian agrees to have student take the required assessment exam(s) as determined by private school of choice
4. Parent/Guardian and Student agree to comply with school policies at school of choice

Household Income Verification*, specifically:

- Form 1040 (Federal Tax Return; 2018 or 2019), pages one and two only
- If you do NOT file taxes, provide other evidence of income (e.g. W-2, recent pay stubs, Form 1099, official letter from employer, disability statement, or documentation of SNAP or WIC). You will be required to sign an additional sworn statement.

Proof of Residence* (one of the following):

- Illinois Driver's License with current address
- Illinois State ID with current address
- Utility bill with name and current address

Evidence of Child's Age for Kindergarten and 1st Grade students only*

(one of the following):

- Birth certificate
- Passport

Additionally, families should know the number of the Public School District in which the household resides. Example, school district #365U for the Valley View Public Schools.

Scholarship Levels by Income

When family income level falls below:

- 185% of poverty level, student is eligible for scholarship amount equal to 100% of tuition
- 250% of poverty level, student is eligible for scholarship amount equal to 75% of tuition
- 300% of poverty level, student is eligible for scholarship amount equal to 50% of tuition
- 400% of poverty level, student is eligible for scholarship amount equal to 50% of tuition (only available for returning scholarship recipients)

Parent/Legal Guardian Information*

Name*

First Name: _____

Last Name: _____

Address (You will be notified of scholarship information by letter to this address):*

_____ Line 1

_____ Line 2

_____ City

_____ State _____ Zip Code

Do you reside with the student applying for a scholarship?*

___ Yes ___ No

If you do not live with the student, please provide the student's address below:

_____ Line 1

_____ Line 2

_____ City
_____ State _____ Zip Code

Parent/ Guardian Phone* _____
Parent/Guardian Email* _____ Special Instructions
or Notes—If needed, please supply any explanations or additional information here:

Student Information*

Does student reside in Illinois?*

Yes No

STOP. If the student does not reside in Illinois, you cannot apply for this scholarship.

Student's Name*

First Name: _____

Last Name: _____

Your Relationship to Student*

Father Mother Grandfather Grandmother Legal Guardian
 Step-mother Step-father Foster mother Foster father Other

If "Other," please explain: _____

Student's Date of Birth*

____/____/____
MDY

Student's Sex* Male Female

Student's Race*

American Indian/Alaskan Native Asian/Pacific Islander African
American Hispanic White, Caucasian Two or more Other (specify
below) Unknown If "Other," please specify: _____

Has your student been identified as eligible to receive services under the federal
Individuals with Disabilities Education Act? _____

Has your student been identified as a student who is an English learners, as defined in
subsection (d) of Section 14C-2 of the School Code? _____

Has your student been identified as a student who is gifted and talented, as defined in Section 14A-20 of the School Code? _____

Special Instructions or Notes—If needed, please supply any explanations or additional information: _____

School Information*

Current School District**:

_____ Preferred School to
attend: _____ Grade student will
be entering in August, 2020* _____

PLEASE NOTE: Students must be at least 5 yrs old and no older than 18 yrs on August 15, 2020 in order apply.

Type of Application you are submitting for this Student*:

___ New—You did not receive a scholarship for any student in your home in 2019–20

___ Add on—You received a school choice scholarship for another student last year, but not for this one

___ Renewal—You received a school choice scholarship for this student last year (see next question)

Special Instructions or Notes—If needed, please supply any explanations or additional information here: _____

By signing below, you certify that all information provided in this application is true and accurate, to the best of your knowledge.

Signature* : _____

*Items marked with a * are required.

*For household income, proof of residence, or proof of age, please submit copies. No items will be returned.

*MAIL OR RETURN YOUR COMPLETED APPLICATION TO:

INSTITUTE FOR COMMUNITY SGO PROGRAM

175 S. HighPoint Dr.,
Romeoville, IL 60446



