2022-2023 APPLICATIONWORKSHEET

State Form 56495 (R3 / 4-21) COMMISSION FOR HIGHER EDUCATION (CHE)



This worksheet is provided to assist local schools and community organizations in collecting information required to submit an official online application on behalf of eligible students for Indiana's 21st Century Scholars Program. THIS INFORMATION MUST BE SUBMITTED ONLINE AT WWW.SCHOLARTRACK.IN.GOV BY JUNE 30, 2023 TO BE CONSIDERED BY THE SCHOLARS PROGRAM.

| Organization name: E | EmployIndy (Indy Achieves) 317.522.6167 | | | | | Esther Wood | bodson | |
|---|---|--------------------|---|-----------|--|-------------------|--|---|
| Telephone number: 3 | | | | | | ewoodson@ | ewoodson@employindy.org | |
| * Indicates information required to | o submit 21st | Century Scholar a | pplication. | | | | | |
| Student Information | | | | | | | *Current Grade Level □ 7th □ 8th | * Student Gender □ Male □ Female |
| *Student First Name | _ | Middle Initial | *Student L | ast Name | | | | □ Not Provided |
| Racial Identity - White - Black or African American - American Indian or Alaska Native - Asian Indian | □ Chinese □ Filipino □ Japanese □ Korean | □ Othe □ Nativ | namese er Asian ve Hawaiian manian or Cham | orro | Other Pacific Samoan Other | Islander | Hispanic, Latino or Spanish Origin? None Cuban Other Mexican, Mexican American, Chicano Puerto Rican | |
| Date of Birth <i>(month, day, year)</i> | | *Socia | - *Social Security Number | | - | | Student Test Number (STN) | |
| *Mailing Address <i>(number and stree</i> | t) | | | | | | | |
| | | IN | | | | | | |
| *City | | State | | *ZIP Code | (| , | *County | Type □ Cel |
| *E-mail Address | | | | | - *Te | lephone Number | | |
| Current Middle School | | | | _ | High School St | udent Will Attend | | |
| I am in legal guardianship. (If ye | s, you must af | tach a copy of the | court documenta | ation.) | | | | |
| Student's 21st Century Schola | ve Diedre | | | | | | | |

✓ Graduate from a state-accredited high school with a minimum of a Core 40 diploma and a cumulative grade point average (GPA) of at least 2.5 on a 4.0 scale.

✓Not use illegal drugs, commit a crime or delinquent act, or consume alcohol before reaching the legal drinking age.

File the Free Application for Federal Student Aid (FAFSA) by April 15 as a high school senior and each year thereafter until you graduate from college.

✓ Apply to an eligible Indiana college as a high school senior, and enroll as a full-time student within one year of high school graduation.

✓ Maintain Satisfactory Academic Progress (SAP) standards established by my college.

✓ Complete thirty (30) credit hours each year you are in college to stay on track toward earning your degree on time.

I understand that I must be an Indiana resident (as determined by the permanent residence of my parent or legal guardian), a U.S. citizen or eligible non-citizen, and meet all other eligibility requirements.

(Your signature is required for this application to be submitted online on your behalf.)

*Student Signature

*Date (month, day, year)

21st Century Scholars Program Income Guidelines (2022-2023)

| Household Size | Maximum Annual Income |
|-------------------------------|-----------------------------|
| 2 | \$33,874 |
| 3 | \$42,606 |
| 4 | \$51,338 |
| 5 | \$60,070 |
| 6 | \$68,802 |
| For each additional person ir | the household, add \$8,732. |

| Parent/Guardian/Other Adult 1 | | | | |
|--|------------------------------|--------------------------------------|---|------|
| *Parent/Guardian First Name | Middle Initial | *Last Name | | |
| * Social Security Number/ITIN □ No SSN or ITIN | *E-mail Address | ; | | |
| Parent/Guardian/Other Adult 2 (Only include | parents living in the home.) | | | |
| *Parent/Guardian First Name | Middle Initial | *Last Name | | |
| * Social Security Number/ITIN □ No SSN or ITIN | | | | |
| Other Household Member (sibling, other relative | :, etc.) | | | |
| * First Name | Middle Initial | *Last Name | | |
| Other Household Member (sibling, other relative | , etc.) | | | |
| * First Name | Middle Initial | *Last Name | | |
| Other Household Member (sibling, other relative | , etc.) | | | |
| * First Name | Middle Initial | *Last Name | | |
| Other Household Member (sibling, other relative | , etc.) | | | |
| * First Name | Middle Initial | *Last Name | | |
| Total Number in Household *If there | are more than six (6) househ | nold members, list additional member | bers on a separate sheet and attach to this workshe | eet. |
| My family is eligible based on the income limit | its provided | | | |

Parent/Legal Guardian Verification and Permission to Release

By signing this enrollment form, I certify that all of the above information is true and correct, including all income information that has been listed above.

- ✓ I understand this application is to apply for the receipt of state funds.
- I authorize the 21st Century Scholars Program to verify any information on this application, including verification from school officials, case workers and from the Internal Revenue Service (IRS) and Indiana Department of Revenue (IDOR).
- Upon request, as a parent or legal guardian, I agree to provide all of my income information including tax forms, W-2 forms and any other supporting documentation.
- I understand that misrepresentation will terminate my student's enrollment in this program and may subject me to prosecution under applicable state and federal laws.
- I give permission for the Indiana Commission for Higher Education (CHE) to obtain the applicant's Student Test Number (STN) and related information from the Indiana Department of Education.
- I authorize the release of my student's information to providers of education, to the school my student attends, community partner organizations approved by the school, and to CHE staff so that information and assistance can be provided to my student.
- I understand any released information will not be shared for commercial purposes.
- I certify that my student is a full-time student at a public or nonpublic school that is accredited either by the state board of education or by a national or regional accrediting agency whose accreditation is accepted as a school improvement plan under IC 20-31-4-2.
- I understand and authorize that the information presented in this 21st Century Scholars enrollment application is accurate.
- ✓ I understand my student's financial eligibility will be reaffirmed during 12th grade and each year my student attends college.
- I acknowledge and understand my student must be Title IV eligible to receive 21st Century Scholarship funds. Having a Social Security Number does not automatically make a student Title IV eligible. Failure to be Title IV eligible by April 15th of your student's senior year of high school automatically disqualifies him/her from receiving the 21st Century Scholarship.

I give consent for this information to be used to submit an application on my behalf by the recruiting organization listed on this form.

*Parent/Legal Guardian Signature

*Date (month, day, year)

*This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. If the parent or legal guardian signing the application worksheet does not possess a Social Security Number or Individual Taxpayer Identification Number, sign below.

I hereby certify that I, the parent or legal guardian signing this application worksheet, do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). I further understand that not having a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) will not adversely affect the determination of eligibility for the Program.

*Date (month, day, year)