2019-2020 APPLICATION WORKSHEET

State Form 56495 (5-18)
COMMISSION FOR HIGHER EDUCATION

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, 2020 TO BE CONSIDERED BY THE SCHOLARS PROGRAM.**

School / Community Organization

THIS IS NOT AN OFFICIAL ENROLLMENT FORM. The school or organization listed below is requesting permission to submit an application on behalf of a potential 21st Century Scholar student. The organization listed below agrees to take full responsibility for the timely submission of the application, for the safeguarding of sensitive information contained on this form, and for the destruction of this form after the online application has been submitted.

Organization name: _____ Organization contact: _____

Telephone number: _____ E-mail address: _____

*** Indicates information required to submit 21st Century Scholar application.**

Student Information

*Current Grade Level
□ 7th
□ 8th

*Student Gender
□ Male
□ Female
□ Not Provided

*Student First Name _____ Middle Initial _____ *Student Last Name _____

Racial Identity
□ White
□ Black or African American
□ American Indian or Alaska Native
□ Asian Indian
□ Chinese
□ Filipino
□ Japanese
□ Korean
□ Vietnamese
□ Other Asian
□ Native Hawaiian
□ Guamanian or Chamorro
□ Other Pacific Islander
□ Samoan
□ Other

Hispanic, Latino or Spanish Origin?
□ None □ Cuban □ Other
□ Mexican, Mexican American, Chicano
□ Puerto Rican

*Date of Birth *(month, day, year)* _____ *Social Security Number ___-___-___ Student Test Number (STN) _____

*Mailing Address *(number and street)* _____

*City _____ State IN *ZIP Code _____ *County _____

*E-mail Address _____ *Telephone Number (___) _____

Type
□ Cell
□ Home
□ Work

Current Middle School _____ High School Student Will Attend _____

Student's 21st Century Scholars Pledge

For application to be considered, a student must agree to the following pledge by signing below. As a Scholar, you pledge to:

- ✓ Complete the Scholar Success Program, which includes activities at each grade level in high school and in college to help you plan, prepare and pay for college.
- ✓ 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 and year)* _____

Household Information

*Parents must report the **type and amount** of **ALL** sources of income received in the household during the most recent tax year. If applying after December 31, 2019, please use 2019 gross income. If there are more than five (5) household members, list additional members on a separate sheet and attach to this worksheet.*

Who should I include as members of my household?
You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses.

What is considered to be my household income?
Household income is any money received on a recurring basis, including gross earned income. Gross earned income means **all** money received before such deductions as income taxes. Income includes but is not limited to: earnings from work, net income from self-owned businesses (cannot be less than $0), unemployment and worker's compensation, welfare, child support, alimony, and retirement and disability benefits.

What is considered "Other" income?

- Regular contributions from persons not living in household
- Income from estates, trusts, investments
- Net rental income, annuities, net royalties
- Military allowance for off-post housing
- Cash withdrawal from savings
- Interest/dividends
- Any other income

Total Number of Members in Household: _____

Student Income

$ _____ Work	$ _____ TANF	$ _____ Child Support	$ _____ Alimony
$ _____ Disability	$ _____ Self Employment	$ _____ Social Security	$ _____ Other

Parent Income

*Parent/Guardian First Name | Middle Initial | *Last Name

* Social Security Number/ITIN | *E-mail Address
□ No SSN or ITIN

$ Work | $ TANF | $ Child Support | $ Alimony

$ Disability | $ Self Employment | $ Social Security | $ Other

Other Household Member

*Relationship Type: □ Parent/Stepparent □ Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

* First Name | Middle Initial | *Last Name

$ Work | $ TANF | $ Child Support | $ Alimony

$ Disability | $ Self Employment | $ Social Security | $ Other

Other Household Member

*Relationship Type: □ Parent/Stepparent □ Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

* First Name | Middle Initial | *Last Name

$ Work | $ TANF | $ Child Support | $ Alimony

$ Disability | $ Self Employment | $ Social Security | $ Other

Other Household Member

*Relationship Type: □ Parent/Stepparent □ Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

* First Name | Middle Initial | *Last Name

$ Work | $ TANF | $ Child Support | $ Alimony

$ Disability | $ Self Employment | $ Social Security | $ Other

If there are more than five (5) household members, list additional members on a separate sheet and attach to this worksheet.

Parent 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 that 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 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 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 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.

Parent Signature | Date *(month, day, year)*