

# Invest in Kids Act

## 2019–20 Student Application

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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 and support materials for each student applying.
- Fill out the application COMPLETELY, along with required documentation. Incorrect/incomplete applications cannot be processed.

### **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; 2017 or 2018), 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\*

\_\_ / \_\_ / \_\_\_\_

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, 2019\* \_\_\_\_\_

PLEASE NOTE: Students must be at least 5 yrs old and no older than 18 yrs on August 15, 2019 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 2018–19

\_\_\_ 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