Injured Police Officers Fund School Choice Scholarship Application School Year 2024/2025



Application Information

School Student Desires to	o Attend if Grant Awarded:			
School Phone:	Tuition Amount:			
Name and Phone Number	er of Student's Current School (it	f different than above):	
Name:	School Phone			
I. STUDENT INFORM	MATION			
Last Name:	First Name:_		M.I.:	
Birth Date:	Ethnicity: Gender:			
Does the student have a	disability? Yes No G	Grade level in 2024-20	025:	
*Parent/Guardian 1	AN AND HOUSEHOLD INF			
Last Name:	First Name:_	First Name:		
Street Address:				
Apt. #: Cit	y: Zip Cc	ode:	-	
SS#:	Email Address:			
Home Phone:	Cell Phone:	Work:		
Marital Status:	Relationship to S	Student:		
Employer:	Occupation:	If I Inemploy	ed date:	

*Parent/Guardian 2 (if applicable) Last Name:_____ First Name:_____ M.I.:____ Street Address: Apt. #:_____ City:____ Zip Code:_____ SS#: Email Address: Marital Status: Relationship to Student: Employer: _____ Occupation: _____ If Unemployed, date:_____ Additional Household Members (any person(s) living in household, sharing income and expenses) Relationship to Student:_____ Name:____ Relationship to Student:_____ Name:_____ Relationship to Student:_____ Name:____ Relationship to Student:_____ Name: _____ **Estimated Annual Income For 2023** Parent/Guardian #1 Salary/Wages:_____ Parent/Guardian #2 Salary/Wages: ______ Alimony:_____ Friend/Family assistance: Business/Investment income: Other income (please describe): Total Family Annual Income: \$_____

Is annual household income within 300% of the federally designated poverty level? Yes No

300% Federal Poverty Level – January 2024

500 /6 i cuciai i overty Level Sandary 2024				
Household Size	Annual Income	Household Size	Annual Income	
2	\$61,320	6	\$125,880	
3	\$77,460	7	\$142,020	
4	\$93,600	8	\$158,160	
5	\$109,740	9	\$174,300	
For each additional family member ever 0 people, add \$16,140				

4	\$93,600	0	\$138,100			
5	\$109,740	9	\$174,300			
For each additional family r	nember over 9 people, add	\$16,140.				
Are there any expected of	changes to income for 20	24? Yes No				
If yes, please explain rea	ason and expected amou	int of difference.				
III. NON-TAXABLE IN	1COME					
List annual amounts for all household members listed above:						
Child Support:						
Worker's Compensation/Unemployment:						
Social Security or Disabi	lity Benefits:					
Welfare and/or Aid for Families with Dependent Children (AFDC/ADC):						
Temporary Assistance for Needy Families (TANF):						
Food Stamps (SNAP):						
Other:						
IV. OTHER TUITION ASSISTANCE OR SUPPORT						
List the Amounts of all other forms of Tuition or other Educational Support or Assistance the Student will Receive or is Expected to Receive.						
A. Financial Aid or Tuition Assistance from School Student is Applying to:						

B. Support from Friends/Relatives/Employers/Other Educational Grants, etc.				
Did student receive a scholarship from any Scholarship Grad (2023-2024)? Yes No	nt Organization for the previous school year			
If yes, which organization:				
Amount of Scholarship received:				
 Copy of 2023 Tax Return (first 2 pages only. If your in return please check here Yes, my income is below paystubs showing all deductions. If you are self-emp submit a copy of last month's bank statement. Copy of award letter for any government aid (i.e. Soo benefits, etc.) Agreements: I (we) agree that should I/we receive a scholarship; I. Police Officers Fund Scholarships that my/our child's that my/our child will now be attending private school I (we) understand that the Injured Police Officers Furbasis of race, color, sex, age, disability, religion, nation I (we) certify that all information provided on this appearance of the personal financial/educe evaluating eligibility and that any information provide I (we) understand that receiving a scholarship for 202 student to a scholarship the following year. I (we) understand that I (we) are responsible for contatransfer to a private school. All grants are subject to availability of funds and said fully fund the amount of tuition, or the maximum amount and the page of the page	w filing requirement • Copies of last 2 loyed and do not receive a paycheck, please cial Security, Disability, Unemployment, Snap //we will submit a written statement to Injured a public or charter school has been informed I. Ind Scholarship does not discriminate on the conality, or political belief. Colication and the supporting documents are tige. In Information for the purpose of the discriminate on the conal information for the purpose of the conal information for the purpose of the discriminate on the conal information for the purpose of the conal information for the conal information for			
Parent/Guardian 1 (sign):	Date:			
Parent/Guardian 2 (sign):	Date:			

Please submit completed application, documents and \$25 per family processing fee to:

IPOF - School Choice Scholarship 6130 W Flamingo Rd. #261 Las Vegas, Nevada 89103

Opening date for <u>returning</u> families is July 22, 2024; for <u>new</u> families: August 2, 2024.

Closing date will be August 23, 2024. No applications will be accepted before the opening dates or after the closing date. Application fees will be returned if your application is not processed.

We anticipate determinations to be completed by September 13, 2024. Parents will receive notification by mail/ and or email if they are approved or not. Please do not ask us for determinations before then.

Please be advised that all non-returning and new families are not guaranteed awards. Granting scholarships, if the legislation allows, will be based on your qualification and the amount of funding we have available for the 2024-2025 school year after all the returning families have been awarded.