



2012-2013 APPLICATION WORKSHEET

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.SCHOLARS.IN.GOV BY JUNE 30, 2013 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: _____
 Phone number: _____ Email address: _____

Section 1: Student Information

Name of student (First) _____ (Middle initial) _____ (Last) _____
 Social Security Number (required)* _____ Student Test Number (STN) _____
 Mailing address (number and street name) _____ Apt/suite _____
 City _____ State **IN** Zip code _____ Telephone number _____
 Grade level during 2012-2013 school year: 7th 8th Date of Birth: (required) _____ Email address (required): _____
 (Month) (Day) (Year)
 School attending in 2012-2013 _____ School code _____ City (Do not use abbreviations) _____
 High School student will attend _____ School code _____ City (Do not use abbreviations) _____

Section 2: Student's Gender/Ethnicity (optional)

Please indicate student's gender, race, and ethnicity by completely **filling in the circles** for all that apply.

- A. Student's gender: Male Female
- B. Student's ethnicity: (fill in all that apply)
- White Black or African American Hispanic/Latino American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Multiracial

Section 3: Student's 21st Century Scholars Pledge

For application to be considered, student must agree to the following pledge by signing below.

- I will graduate with an Indiana High School Diploma from a state-accredited high school.
- I will participate in the Scholar Success Program that helps me plan, prepare and pay for college success.
- I will achieve a cumulative high school Grade Point Average (GPA) of at least 2.5 on a 4.0 scale.
- I will not use illegal drugs or alcohol, or commit a crime or delinquent act.
- I will apply for college admission and financial aid on time as a high school senior.

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, enroll as a full-time student at an eligible Indiana college or university or proprietary institution and meet all other financial aid requirements at the institution I attend. (Your signature is required for this application to be submitted online on your behalf.)

Signature of student: _____ Date of signature: _____
 (Month) (Day) (Year)

Section 4: Student Eligibility – Parent/Legal Guardian Income Information

Parents and legal guardians must report the **type and amount** of **ALL** sources of income received in the household during the most recent tax year. For example, if applying on or before December 31, 2012, please provide total income received in 2011. If applying after December 31, 2012, please provide total income received in 2012. If there are more than five household members, list additional members on a separate sheet and attach to this application worksheet.

Number of People in the Household: <input type="text"/>		Total YEARLY GROSS INCOME (of each household member)	Work	TANF	Child Support	Alimony	Social Security	Disability	Other
Name of each household member. (Please list all household members)									
1.	<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/>						
2.	<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/>						
3.	<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/>						
4.	<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/>						
5.	<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/>						
		Total \$ <input type="text"/> , <input type="text"/>							

Section 5: 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 under section 4. I understand that this enrollment form is to apply for the receipt of state funds. I authorize the 21st Century Scholars Program to verify any information on this enrollment form, including verification from school officials, case workers and from the Internal Revenue Service and Indiana Department of Revenue. Upon request, as a parent or the 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 Department of Education (IDOE) to provide the Indiana Commission for Higher Education (ICHE) my student applicant's Student Test Number (STN) and information regarding my student's enrollment, including school and grade, from the Indiana Department of Education for the limited purpose of the 21st Century Scholars application. I provide this consent to the IDOE with the understanding that the IDOE will condition such release on assurances by ICHE that the information will be used solely for the identified purpose and the information will either be returned to the IDOE or destroyed after such use. I authorize the release of my student's information to providers of education, to the school my student attends and to 21st Century Scholars personnel 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 charter school, freeway school or any other Indiana school recognized by the Indiana Department of Education. **I give consent for this information to be used to submit an application on my behalf by the recruiting organization listed on this form.**

Signature of parent or legal guardian: _____

Date of signature: -- Social Security Number*

(Month) (Day) (Year)

Printed name of parent or legal guardian (First) (Middle initial) (Last)

Email address:

***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.

Signature of parent or legal guardian: _____

Date of signature: --

(Month) (Day) (Year)

ORGANIZATION USE ONLY	ONLINE APPLICATION DATE	SUBMITTED BY	CONFIRMATION CODE