

DINOSAURS AND ROSES SCHOOL CHOICE SCHOLARSHIP APPLICATION

School year 2019/2020

Section One – Student and School Information

Student Name _____ Date of Birth _____ [] Male [] Female

Race: [] Asian [] Black [] Hispanic [] White [] Other: _____

Does the student have any disabilities? Yes [] No [] Grade entering for 2019/20 _____

School you would like to attend the 2019/20 school year? _____

School registrar or contact person _____ Phone # _____

School attended last year? _____

[] Public school [] Charter School [] Private school [] Home School [] Virtual [] Not Applicable

Section Two – Family Information

Parent/Guardian 1: Check one: [] Father [] Mother [] Step-Father [] Step-Mother [] Other Adult/Guardian

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____
Cell Home Work

Email address: _____ Social Security # _____

Check one: [] Married [] Divorced [] Single/never married [] Widowed [] Separated [] Remarried

Employer: _____ Position: _____

If unemployed – Date unemployed: _____ Does child live with this person? _____

Parent/Guardian 2: Check one: [] Father [] Mother [] Step Father [] Step Mother [] Other Adult/Guardian

Name: _____

Address: _____

Phone: _____
Cell Home Work

Email address: _____ Social Security # _____

Check one: [] Married [] Divorced [] Single/never married [] Widowed [] Separated [] Remarried

Employer: _____ Position: _____

If unemployed – Date unemployed: _____ Does child live with this person? _____

Section Three – Financial Information
Family Income Budget Worksheet – Complete all applicable items

Number of people living in the home that you claim on your tax return during 2018:

Parents/Guardian: _____ Children: _____ Other: _____ Total: _____

Estimated Annual Income For 2018

Parent/Guardian #1 Salary/Wages _____

Parent/Guardian #2 Salary/Wages _____

Child support received _____

Unemployment _____

Food stamps/housing assistance _____

Workers compensation/SS disability _____

Alimony _____

Friend/Family assistance _____

Business/Investment income _____

Other income (please describe) _____

Total Family Annual Income \$ _____

Is your annual household income within 300% of the federally designated poverty level?

Yes No

Federal Poverty Level – January 2019

Household size	Annual Income	Household size	Annual Income
2	\$16,910	6	\$34,590
3	\$21,330	7	\$39,010
4	\$25,750	8	\$43,430
5	\$30,170	For each additional family member add	\$4320

Required documents (all documents must be submitted)

- Copies of your 2018 tax return (first 2 pages only). If you are not required to file a tax return because of your income level, please check box: Yes my income is below filing requirement.
- A copy of your last 2 paystubs. If you are self-employed and don't receive a paycheck, please provide a copy of your last month's personal bank statement.
- If you receive government aid such as food stamps, social security, student loans/grants, housing assistance, workers compensation, disability, unemployment, please provide documentation.

Did or will your financial situation for 2019 change from 2018? _____ Yes No

If yes, in what way? _____

Section Four – Grant Information

Did the student receive a Scholarship from a Scholarship Grant Organization for the last school year? Yes [] No []

If yes, from which Organization was it received? _____ How much? _____

Did you/will you be applying to other Scholarship Grant Organizations for this coming school year? Yes [] No []

How much of a Grant are you requesting? \$ _____

How much is the yearly tuition at the school you would like to attend? \$ _____

If your child attended a private school last year, how did you get the funds to pay the tuition? _____

If you receive a partial Grant, do you have other resources to cover the balance? [] Yes [] No

If yes, please explain: _____

- I certify that all the information I provided on the application and the supporting documentation are true, correct and completed to the best of my knowledge.
- I authorize the release of personal financial and educational information for the purpose of determining eligibility and I understand that any information I provided may be independently verified.
- I agree that should I receive a scholarship, I will submit a written statement to Dinosaurs & Roses that I informed my child’s public school or charter school that my child will now be attending a private school.
- I understand that if I am awarded a scholarship for this year, I am not automatically entitled to a scholarship in the following year.
- I understand that Dinosaurs & Roses does not discriminate on the basis of race, color, sex, age, disability, religion, nationality or political belief.
- I understand that Dinosaurs & Roses will treat my personal information with the utmost privacy; however, by signing this application, I agree to hold Dinosaurs & Roses harmless from any liability.

Sign here:

Parent/Guardian 1 _____

Date _____

Parent/Guardian2 _____

Date _____

***Please submit completed application, documents and \$25.00 non-refundable application fee per family to:
Dinosaurs & Roses, 6655 W. Sahara Ave. #D106, Las Vegas, NV 89146
Early applications and drop-offs will not be accepted.***