

DINOSAURS & ROSES SCHOOL CHOICE SCHOLARSHIP APPLICATION

School Year 2017/2018

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 2017/18 _____

School you would like to attend this school year 2017/18 _____

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: _____

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 2016.

Parents/Guardian _____ Children _____ Other _____ = Total _____

Estimated Annual Income

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 – July 1, 2016 – June 30, 2017

Household size	Annual Income		Household size	Annual Income
2	\$16,240		6	\$32,960
3	\$20,420		7	\$37,140
4	\$24,600		8	\$41,320
5	\$28,780		For each additional family member add	\$4,180

Required documents (all documents must be submitted)

- A copy of your 2016 tax return (first 2 pages). 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 2017 change from 2016? _____ [] 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: _____

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- 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/Guardian 2 _____ Date _____

Please submit completed application, documents and \$25.00 per family application fee to:

Dinosaurs & Roses, 7310 Smoke Ranch Rd, #B, Las Vegas, NV 89128

Application fees will only be returned if you are denied a scholarship due to us running out of funds.