

**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: \_\_\_\_\_

- 
- 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.***