

Online Application Form

Applying Student's First Name: _____

Applying Student's Last Name: _____

Date of Birth: _____

Gender of Applying Student: Male Female

Race of Applying Student: Caucasian/White Native Hawaiian or Other Pacific Islander
 Black/African American Asian American Indian or Alaskan Native

Hispanic Ethnicity: Hispanic/Latino Not Hispanic/Latino

Legal Address of Applying Student: _____

Address Line Two: _____

City of Residence: _____

State: Kansas _____

ZIP Code: _____

City of Private School: _____

Private School Being Applied to: _____

Scholarship Granting Organization: Support for Catholic Schools, Inc. _____

School District Assigned to Applying Student: _____

School Assigned to Applying Student: _____

Most recent grade level completed: No Grade Level Completed Kindergarten
 1st 2nd 3rd 4th 5th 6th 7th 8th

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Parent/Guardian Relationship to Applying Student: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Household Economic Survey

Tax Credit for Low Income Students Scholarship Program

There are: _____ people in my household, including all children and adults

The total annual income for all people in the household before any deductions for taxes, insurance, medical expenses, child support, etc. is: _____

Consent for Disclosure

Sharing Information with Other Programs

Dear Parent/Guardian: You are consenting to have your data shared with the Student Granting Organization named in your application and the Kansas State Department of Education. If you do not sign this consent For Disclosure form, your child will not be eligible for the Tax Credit Low Income Students Scholarship Program.

Verify and Complete Application

By signing this page I am agreeing to authorize the Kansas State Department of Education to release necessary Information to the Scholarship Granting Organizations that partner with KSDE as a part of the Tax Credit for Low Income Students Scholarship Program in order to determine eligibility for the students applying for the program. This information may come from federally-protected sources of information such as the student's educational records which are protected by the Family Educational Rights and Privacy Act (FERPA) and other sensitive data such as eligibility based on income. By signing I also certify that I am a parent or legal guardian of the student applying and have the legal right to authorize the Kansas State Department of Education to release the given information. I voluntarily assume full responsibility for any reasonable risks associated with disclosing such information and agree to hold the Kansas State Department of Education and its employees harmless for any and all claims, injuries, damages, losses or suits arising out of such disclosure for any acts taken within the person or person's scope of work as a state agency employee. I understand that any misrepresentation of facts by me or on my behalf may result in the denial of the application for this program.

I allow staff of the Private school in which my child will be attending to enter this information online for the TCLISSP Application on my behalf.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____