

Choice Scholarship Application 2025

Phone 317-984-3252

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www.cicerosdaschool.com

principal@cicerosdaschool.com

Student Name (First / Middle / Last): _____

DOB: _____ Grade for 24/25 school year: _____ Gender M / F Ethnicity: _____

Parent/Legal Guardian Name(s): _____

Address: _____

City/State: _____ Zip Code: _____

Parent/ Legal Guardian Phone Number(s) _____

Parent/Legal Guardian Email: _____

I understand that I am applying for the Indiana Choice Scholarship through Cicero Adventist Elementary School. I understand that this is just the application and does not mean that my child has been approved for a Choice Scholarship. I understand that if I pull my child out of school prior to the last day of school I could be responsible for the full tuition and fees amount. I understand that the Choice Scholarship amount could change once the State of Indiana reviews my child's application.

Signature of Parent/Legal Guardian(s)

Date

To Be Completed by IN Choice Coordinator Only

Does the student have an IEP? Yes / No **STN:** _____

How was income verified? **Tax Return** **W2's** **Other:** _____

Gross household income for 2023: _____ **People in Household:** _____

Corporation of Legal Settlement: _____

Tuition and Fees: _____ **Discount Amount:** _____

Scholarship Award amount from IDOE _____

Remaining tuition amount that is Parent/Guardian responsibility _____

IN Choice Coordinator signature of approval: _____ **Date:** _____



Solicitud de beca Choice 2025

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Nombre del estudiante (nombre/segundo nombre/apellido): _____

Fecha de nacimiento: _____ Grado del año escolar 24/25: _____ Género M / F Etnia: _____

Nombre(s) del padre/tutor legal: _____

Dirección: _____

Estado de la Ciudad: _____ Código postal: _____

Número(s) de teléfono del padre/tutor legal: _____

Correo electrónico del padre/tutor legal: _____

I understand that I am applying for the Indiana Choice Scholarship through Cicero Adventist Elementary School. Entiendo que esto es sólo la solicitud y no significa que mi hijo haya sido aprobado para una Beca Choice. Entiendo que si saco a mi hijo de la escuela antes del último día de clases, podría ser responsable del monto total de la matrícula y las tarifas. Entiendo que el monto de la Beca Choice podría cambiar una vez que el Estado de Indiana revise la solicitud de mi hijo..

Firma del padre/tutor legal

Fecha

To Be Completed by IN Choice Coordinator Only (Ser completado solo por la Coordinadora de IN Choice)

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Corporation of Legal Settlement: _____

Tuition and Fees: _____ ***Discount Amount:*** _____

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