



ILLIANA CHRISTIAN
HIGH SCHOOL

Dear ICBS Parents~

Attached please find the application for the Indiana Choice Scholarship voucher for the 2023-2024 school year.

Please read it over carefully and submit by or before Friday, July 14, 2023:

- Voucher Application
- Parent Agreement form(s) – complete one per child
- Proof of financial eligibility – 2022 Federal Tax Returns for all members of household
- Household size & Income Assurance forms (if the AGI on your 2022 Federal Tax Return forms are incorrect)

Since this information is financially sensitive and contains confidential information please be sure to return to my attention in a sealed envelope or email me directly.

The Indiana Choice voucher program is somewhat complicated and can be difficult to understand. We hope all of our families will check carefully to see if they qualify and will seek information if you have any questions. A very helpful website is <https://www.in.gov/doe/students/indiana-choice-scholarship-program/>. Please don't hesitate to contact me if you have any questions.

David Boer – dboer@illianachristian.org
Choice Voucher Specialist

INDIANA CHOICE SCHOLARSHIP VOUCHER QUESTIONNAIRE

Please go through the following questions carefully to determine whether your family qualifies for participation in the Indiana Choice Scholarship voucher program. Further information can be found at <https://www.in.gov/doe/students/indiana-choice-scholarship-program/>.

Does My Student Qualify?

1. Are you an Indiana resident?

- If yes, continue
- If no, you do not qualify

2. Is your household income at or below the income limit qualification? (chart is on the next page).

- If your Total Household Income falls within chart guidelines, please continue
 - Total Household Income includes:
 - Earnings for **all persons living in your home, including older siblings.** Include a copy of the first two pages of their Form 1040 also.
 - Welfare/Child Support/Alimony
 - Child's Income, if applicable
 - Retirement/Disability Benefits
 - Other Income – outlined on the Indiana Choice website: <https://www.in.gov/doe/files/12-Income-Verification-Rules.pdf>
 - Please refer to the amount of your **adjusted gross income** found on your 1040 tax form for your household income. Other documentation is acceptable in certain situations.
- If your Total Household Income exceeds the chart guidelines, you do not qualify.

CHOICE SCHOLARSHIP VOUCHER APPLICATION:

Parent(s) Name _____

Address, City, State, Zip _____

Email _____

Phone # _____

Public School District of where your home is currently located (**very important that this is correct**)

_____ (name or #)

Student's name, birth date, and grade for the **2023-2024 school year**

Name _____ Birthdate _____ Grade for **23-24** _____

Name _____ Birthdate _____ Grade for **23-24** _____

Name _____ Birthdate _____ Grade for **23-24** _____

Please return this application and required paperwork by Friday, July 14, 2023.

Choice Scholarship Program Income Limits by Household Size 2023-2024 School Year	
Persons in Household	Annual household income limit for a Choice Scholarship
1	\$107,892.00
2	\$145,928.00
3	\$183,964.00
4	\$222,000.00
5	\$260,036.00
6	\$298,072.00
7	\$336,108.00
8	\$374,144.00
9	\$412,180.00
10	\$450,216.00
For a household size of eleven (11) or more, add \$38,036 to the annual limit for each additional household member.	



INDIANA CHOICE SCHOLARSHIP PARENT AGREEMENT

State Form 54719 (R2 / 1-17)
DEPARTMENT OF EDUCATION

I, _____, the parent / guardian of

Printed name of parent / guardian

_____ understand and agree to the following:

Printed name of student

- The information provided in this application is true and correct. Any misrepresentation could result in termination of the student's enrollment in the Choice Scholarship Program.
- The information provided will be used only to administer the Choice Scholarship Program.
- I have supplied the participating school with any additional documentation required by the school.
- I understand that I may only submit one Choice Scholarship application for the student per application period and have decided which school the student would attend if approved for a scholarship.
- I may be required to pay additional tuition or other fees as prescribed by the school.
- The statutory protection for failure to pay fees under Indiana Code 20-33-5-11 does not apply to private schools, and the student will be subject to the individual school's policy regarding failure to pay if the student attends a private school.
- I will sign all scholarship disbursement forms from the school in a timely manner for the State of Indiana's payments of the student's Choice Scholarship. I understand that if I fail to do so, I may be responsible for the payment.
- If the student transfers to another school, I understand the current scholarship will not transfer to the new school.
- I will inform the Indiana Department of Education and the participating school of any change in the student's residential address or custody status.
- I understand that current eligibility for the Choice Scholarship Program does not ensure future eligibility.

I authorize the school administrator / designee listed below to submit this application to the Indiana Department of Education on behalf of the student.

Signature of parent / guardian

Date (month, day, year)

FOR SCHOOL USE ONLY

As the administrator responsible for student admissions, I have reviewed the student application and have concluded that, to the best of my knowledge, it is accurate and complete; I attest that documents verifying income and residency are on file at the school and that the student has been accepted for admission pending approval of a Choice Scholarship.

Based on the information provided by the parent or guardian, the student is eligible.

☐ Yes ☐ No

Signature of school administrator or designee

Date of signature (month, day, year)

Printed or typed name of school administrator or designee