

**Scholarships for Kids
2025-2026 Scholarship Application**

All applications should be submitted to the participating school your child plans to attend for the 2025-2026 academic year.

SCHOOLS: Use the checklist below to confirm all requested and necessary documentation has been provided. Requested documentation is mandatory for the application to be considered complete.

Parent responsibility amounts (PER STUDENT):
\$500 - K-12th grade

Renewal Groups -
Group A: Last income check 24/25, or first award 24/25
Group B: Last income check 23/24 - Due for an income check

GROUP A - Renewal - No income check

This renewal application packet should include:

- _____ Application
 - _____ Applicant's LATEST report card from participating school
 - _____ Written verification of assigned school from the applicable city or county school board office
- *This must be current for reporting purposes. District print outs are acceptable.**

Scholarship limit:
\$10,000 K-12th

Applications submitted are assumed finalized. Scholarships for Kids reserves the right to deny any application which does not provide documentation as requested and as required by the program at the time of submission. Failure to provide a fully completed application by the deadline may result in denial of the application. Applications submitted via email will not be considered. Parents may request a copy of this completed coversheet for confirmation of submission.

Do not submit this page with the application.

FOR SCHOOL USE

Submitted by: _____

Date: _____

2025/2026 Assigned School: _____

Is the assigned school ZONED PRIORITY? -- Y or N
(Should be confirmed by the school receiving the applicant.)

STUDENT NAME: _____

STUDENT ID: _____

Ethnicity: _____

Sex: ___ M ___ F ___ Other

Birthdate: _____ Age: _____

Social Security #: _____

PLEASE PROVIDE CONTACT INFORMATION FOR BOTH PARENTS.
IF THE CHILD LIVES WITH A GUARDIAN OR IS A WARD OF THE STATE, DOCUMENTATION
MUST BE PROVIDED.

APPLICANT'S ADDRESS:	With whom does the student reside? (circle one) PARENT(S) GUARDIAN(S)
PARENT/GUARDIAN #1 NAME:	PARENT/GUARDIAN #2 NAME:
ADDRESS:	ADDRESS: Same? ___
PHONE:	PHONE:
EMAIL:	EMAIL:

GRADE FOR 2025/2026 : K5 1 2 3 4 5 6 7 8 9 10 11 12

Is the applicant a previous SFK scholarship recipient? If **YES**, check ALL academic years that apply.

___ Yes ___ 13/14 ___ 14/15 ___ 15/16 ___ 16/17 ___ 17/18 ___ 18/19
___ No ___ 19/20 ___ 20/21 ___ 21/22 ___ 22/23 ___ 23/24 ___ 24/25

Has the applicant received a scholarship from another SGO? If **YES**, check ALL years that apply.

___ Yes ___ 13/14 ___ 14/15 ___ 15/16 ___ 16/17 ___ 17/18 ___ 18/19
___ No ___ 19/20 ___ 20/21 ___ 21/22 ___ 22/23 ___ 23/24 ___ 24/25

TOTAL number of years receiving a scholarship, including the 25/26 academic year. _____ (Only SFK)

Has the applicant APPLIED for a scholarship through the CHOOSE Act? ___ No ___ Yes
If yes, what is the date of the application submission? _____

Is student receiving accommodations for a learning disability: ___ No ___ Yes

Does the student have an IEP or 504 Plan? ___ IEP ___ 504 ___ N/A

Does the student have limited English language proficiency: ___ No ___ Yes

Has the student ever repeated a grade: ___ No ___ Yes ___ Not sure

If so, what grade(s)? K5 1 2 3 4 5 6 7 8 9 10 11 12

What school(s) did the student attend during the 24/25 academic year? Check ALL that apply.

___ Non-Public: _____ from: _____ to _____

Has the student been on academic probation in the past year: ___ No ___ Yes

TUITION VERIFICATION - To be completed by school receiving the applicant.

Tuition rate <u>prior to</u> discounts/subsidies: \$	Discounts and subsidies: \$ \$
List all mandatory fees: \$ \$	\$ \$
Cost of standardized testing: \$	Family responsibility: (\$500 minimum PER CHILD) \$
Other financial assistance: \$	

SCHOOL CERTIFICATION

I certify that the information provided on this scholarship application, including, but not limited to, the tuition verification and the family size and income statement, is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of the Scholarship Granting Organization.

I certify that the tuition, fee, family responsibility and additional scholarship/financial assistance amounts provided are true, correct, accurate and a complete acknowledgement of the participating school's current published rates and subsidies. I understand that maximum scholarship amounts and family responsibility amounts are subject to change at the discretion of the Scholarships for Kids and are dependent on funding available for the academic year.

School representative:

Date:

Has your school applied to participate in the CHOOSE Act as an Education Service Provider (ESP)? YES or NO

PARENT/GUARDIAN CERTIFICATION

I certify the information and documentation provided as part of this Scholarship Application, which may include previous school information and family size and income information is true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Scholarships for Kids. I understand that maximum scholarship amounts and minimum family responsibility amounts are subject to change and are dependent on funding available for the academic year.

Media release: I give my consent for my child's name, image, photograph, video, audio, or other form of recording of my child to be used in any and all print materials, videos, and/or any other media venues for the promotion of this school and/or for organizations that help support the mission of the school or provide scholarships for students at this school. ___ Yes ___ No

Parent/Guardian Name:

Signature:

Date:

Parents should ensure:

1. All pages of the application are completed in full.
2. Minimum parent responsibility amounts (PER STUDENT):
\$500 - K-12th grade
3. All other requested documents are included with the application:
Report Card, Verification/Written Confirmation of Assigned School

SFK 2025-2026 Verification of Alabama Public School Assignment
To be completed by an authorized official of the assigned public school system.

District Address: _____

Assigned Public School: _____

 Name of person completing form

 School System Title

 Signature

 Phone

 Date

the link that appears next to the county where you live. You may provide the map or listing populated by the school district's online tool.

Birmingham City:	excensus-guidek12.net/birminghamal/school_search/2014
Dothan City:	http://apps.schoolsitelocator.com/?districtcode=00080
Jefferson County:	https://app.guidek12.com/jeffersoncountyal/school_search/current/
Huntsville City:	https://huntsvilleal.gismapsonline.com/schools/default.js.aspx
Hoover City:	https://hooveralabama.maps.arcgis.com/apps/webappviewer/index.html?id=743e3795d4f
Mobile County:	https://www.mcps.com/attendancezones
Montgomery County:	https://app.guidek12.com/montgomeryal/school_search/current/
St. Claire County:	https://map.stclairco.com/portal/home/item.html?id=59fe76bb29ad4603bee751b66fdd573
Tuscaloosa County:	http://www.infofinderi.com/ifi/?cid=TCSD1QR1K1FAJ

[State Board District Map](#)

OFFICE USE ONLY

Parent/Guardian Name: _____

Applicant's Name: _____