ATTACHMENT 1 – Scholarship Information by Student

Page _____ of _____

02/15

You may use as many forms as necessary but enter summary on page 1.

A STUDENT NAME	B STUDENT SSN	C NAME OF PUBLIC SCHOOL TO WHICH STUDENT WOULD OTHERWISE ATTEND	D IS THIS A FAILING SCHOOL? ENTER "Y" FOR YES AND "N" FOR NO.	E NAME OF SCHOOL ATTENDED PRIOR YEAR	F IS THIS A PUBLIC SCHOOL? ENTER "Y" FOR YES AND "N" FOR NO.	G DATE SCHOLARSHIP WAS AWARDED FOR THIS CURRENT YEAR	H NAME OF THE SCHOOL RECEIVING SCHOLARSHIP FUNDS	I COUNTY WHERE SCHOLARSHIP SCHOOL IS LOCATED	J DATES OF FIRST ACADEMIC YEAR WHICH STUDENT WAS AWARDED A SCHOLARSHIP UNDER TAX CREDIT PROGRAM	K CHECK IF THE STUDENT WAS A FIRST TIME RECIPIENT OF A SCHOLARSHIP THIS YEAR. (FOR FIRST TIME RECIPIENTS ONLY)	L CHECK IF THE STUDENT WAS CONTINUOUSLY ENROLLED IN A PUBLIC SCHOOL FOR THE ENTIRE PREVIOUS SCHOOL YEAR. (FOR FIRST TIME RECIPIENTS ONLY)	M CHECK IF THE STUDENT WAS CONTINUOUSLY ENROLLED IN A PRIVATE SCHOOL FOR THE ENTIRE PREVIOUS SCHOOL YEAR. (FOR FIRST TIME RECIPIENTS ONLY)	N CHECK IF COLUMNS L AND M DO NOT APPLY. (SEE INSTRUCTIONS) (FOR FIRST TIME RECIPIENTS ONLY)	O CHECK IF INCOME ELIGIBILITY DOCUMENTATION WAS RECEIVED FOR THIS YEAR.	P CHECK IF THE STUDENT WAS A LOW-INCOME ELIGIBLE STUDENT FOR THIS YEAR.	Q CHECK IF THE STUDENT QUALIFIED FOR THE FEDERAL FREE OR REDUCED PRICE LUNCH PROGRAM THIS YEAR.	R AMOUNT OF THE EDUCATIONAL SCHOLARSHIP AWARDED TO THE STUDENT DURING THE YEAR
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16 Total the number of students for each column that checked K, L, M and N on this page		
17 **a.** Total number of students awarded educational scholarships this page. **b.** Total Amount ($) of Educational Scholarships Awarded for this page	**a.**	**b.**
18 Total line 16, columns K, L, M and N for all pages		
19 **a.** Total line 17a for ***all*** pages and enter here and on page 1, Section III, line 1. **b.** Total line 17b for all pages and enter here and on page 1, Section III, line 2	**a.**	**b.**