

Louisiana Department of Education
Student Scholarships for Educational Excellence Program

Student Scholarships for Educational Excellence Program
Student Application Completion Instructions
2009-2010 School Year

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH STUDENT APPLYING FOR A SCHOLARSHIP

Student Information of the Scholarship Applicant:

- 1) **Social Security Number:** Enter the nine-digit social security number of the student.
- 2) **Last Name:** Enter the last name of the student.
- 3) **First Name:** Enter the first name of the student.
- 4) **M.I.:** Enter the initial of the middle name of the student.
- 5) **Suffix:** Enter the suffix of the student (*for example, Sr., Jr., III*).
- 6) **Date of Birth:** Enter the date of birth of the student in MM/DD/YYYY format (*for example, 09/30/2003*).
- 7) **Ethnicity:** Circle the applicable ethnicity of the student (to be used for reporting purposes only).
- 8) **Sex:** Circle the applicable gender of the student.
- 9) **Street Address:** Enter the current street address of the student.
- 10) **Apartment Number (If Applicable):** Enter the current apartment number of the student.
- 11) **City:** Enter the current city where the student lives.
- 12) **ZIP Code:** Enter the current zip code of the student.
- 13) **Name & Social Security Numbers of Multiple Birth Siblings Applying for Scholarships:** Enter the full name(s) (Last, First, and M.I.) and social security number(s) for multiple birth siblings of the student (*for example, twins, triplets*).

Parent/Adult Responsible for the Student's School Attendance (hereinafter "responsible adult") Information of the Scholarship Applicant:

- 14) **Parent /Responsible Adult's Last Name:** Enter the last name of the parent or responsible adult.
- 15) **First Name:** Enter the first name of the parent or responsible adult.
- 16) **M.I.:** Enter the initial of the middle name of the parent or responsible adult.
- 17) **Suffix:** Enter the suffix of the parent or responsible adult.
- 18) **Relationship to Student:** Enter the applicable relationship to the student.
- 19) **Mailing Address:** ONLY applies if different from the student's street address that was provided in #9 above.
- 20) **City:** ONLY applies if different from the student's city that was provided in #11 above.
- 21) **ZIP Code:** ONLY applies if different from the student's ZIP code that was provided in #12 above.
- 22) **Telephone No.:** Enter a current home phone number of the parent or responsible adult.
- 23) **Annual Family Household Income:** Enter the total amount of income for all individuals residing within the family household of the student. Family Household is defined as the student's parent, step-parent, spouse, grandparent, brother, sister, uncle, or aunt, whether of the whole or half blood or by adoption, who lives in the same residence and any other adult who is acting as tutor or guardian for the student and who lives in the same residence.
- 24) **Number in Family Household:** Enter the total number of individuals residing within the family household of the student.

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25) **Alternate Telephone No.:** Enter a current alternate phone number of the parent or responsible adult (*for example, cellular, work*).

School Information of the Scholarship Applicant:

- 26) **School Selection:** Enter the name of an applicable school for enrollment.(see attached list)
- 27) **School-Site code:** Enter the six digit identification number for the school. (see participating school booklet)
- 28) **Grade Level-School Year 2009-2010:** Circle the applicable grade level of the student for the 2009-2010 school year.
- 29) **Public School Attended During School Year 2008-2009:** Enter the name of the public school which the student attended during the 2008-2009 school year. (see attached list)

Supporting Documentation:

See page 2 of the student application for details of required documentation.

Signature:

The parent/responsible adult must submit the application with original signature in **blue ink**.

Income Verification Guidelines:

The student's family household income must not exceed 250% of the current federal poverty guidelines as established by the Federal Office of Management and Budget. The table below will be used to determine income eligibility.

Total Family Household Size (including applicant)	Scholarship Eligibility Gross Income Amounts*			
	Annual	Monthly	Bi-Weekly	Weekly
2	\$35,000	\$2,917	\$1,346	\$673
3	\$44,000	\$3,667	\$1,692	\$846
4	\$53,000	\$4,417	\$2,038	\$1,019
5	\$62,000	\$5,167	\$2,385	\$1,192
6	\$71,000	\$5,917	\$2,731	\$1,365
7	\$80,000	\$6,667	\$3,077	\$1,538
8	\$89,000	\$7,417	\$3,423	\$1,712
For each additional family member, add	\$9,000	\$750	\$346	\$173

*The income amounts above represent the total family household income (for all employed individuals) before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds.