



SCHOLARSHIP PROGRAM

Scholarship Application: **Program Purpose Guidelines & Priorities**

- Seeking to assist families in financial need with a record of volunteerism in school fundraisers and participation in extracurricular school activities.
- Scholarship funds (if awarded) will be applied against applicant's tuition and fees for the 2018-2019 school year.
- Application deadline is **April 16, 2018 by 2:00 p.m.** to be received at the school's administrative office. Late applications are not accepted.

Mail one copy of a completed application package, including essay, 2 letters of recommendation, 2016-2017 Tax returns to:

**Special Needs Schools of Gwinnett
660 Davis Road, Lawrenceville, GA 30046**

The applications will be reviewed and recipients selected by a committee consisting of volunteers of SNS of Gwinnett. The SNS volunteers on this committee do not have a family member who attends the school. The recipients of the scholarships will be notified by May 31, 2018 for scholarships awarded in August 2018.

Applications may be downloaded from the SNS of Gwinnett website at
www.specialneedsschools.org/4parents.html

Please submit any questions to
scholarship@specialneedsschools.org

Scholarship Application: **PARENT/GUARDIAN INFORMATION**

Enter names exactly as they appear on tax/official forms.

PARENT/GUARDIAN A (*Parent/Guardian A will be our primary contact for correspondence.*)

Full Name (Last, Middle First) _____ Suffix _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male / Female

Email _____ Primary Phone #, please check one: Home Work Cell

Employer Name _____ Years with Employer _____ Occupation _____

If Parent/Guardian A has more than one job, explain _____

PARENT/GUARDIAN B

Full Name (Last, Middle First) _____ Suffix _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male / Female

Email _____ Primary Phone #, please check one: Home Work Cell

Employer Name _____ Years with Employer _____ Occupation _____

If Parent/Guardian B has more than one job, explain _____

OTHER PARENT (*If the applicant(s) has another living biological or legal (adoptive) parent not listed above, complete this section.*)

Full Name (Last, Middle First) _____ Suffix _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Indicate the relationship between the parents: Never married Divorced Separated no court action Separated

Legally Year of divorce/separation (yyyy): _____

Is there a joint custody agreement: Yes No

Does the joint custody agreement address who is responsible for the payment of educational expense for the child? Yes No

If Yes, please elaborate: _____

Scholarship Application: **APPLICANT/STUDENT INFORMATION**

Enter names exactly as they appear on tax/official forms.

Full Name (Last, Middle First)

Social Security Number

Current Grade

Current School

Grade applicant will enter in fall 2017

Applicant lives with

Parent/Guardian A & B

Parent/Guardian A

Parent/Guardian B

Other (identify)

DEPENDENT INFORMATION: Enter names exactly as they appear on tax/official forms.

Complete this section for all dependent individuals in your household who are NOT applying for the 2018 SNS Scholarship Program . A dependent is identified as an individual—child or adult— for whom you provide at least 50% of their financial support each year. Include children for whom you provide support, even if they do not live with you. If you have dependents who are not children, include them here. DO NOT add anyone to this section you have already identified as a Parent/Guardian or an Applicant.

DEPENDENT 1

Full Name (Last, Middle First)

Date of Birth (mm/dd/yyyy)

Current Grade

Current School

Gender: Male / Female

DEPENDENT 2

Full Name (Last, Middle First)

Date of Birth (mm/dd/yyyy)

Current Grade

Current School

Gender: Male / Female

DEPENDENT 3

Full Name (Last, Middle First)

Date of Birth (mm/dd/yyyy)

Current Grade

Current School

Gender: Male / Female

DEPENDENT 4

Full Name (Last, Middle First)

Date of Birth (mm/dd/yyyy)

Current Grade

Current School

Gender: Male / Female



SCHOLARSHIP PROGRAM



Scholarship Application: **ESSAY**

On a separate sheet please write an essay (250 - 500 words) answering the questions below:

Why should the applicant be selected to receive a scholarship? Also, share in your essay any challenges or obstacles you or your family have dealt with and overcome in life and how this will help you succeed at Special Needs Schools of Gwinnett and beyond.

Scholarship Application: **FAMILY INCOME**

BASIC TAX INFO

Have you completed your 2017 Tax Return? Yes No (use estimated)

Income tax filing status for 2017:

1. Single
2. Married, Filing Jointly
3. Married, Filing Separately
4. Head of Household
5. Did Not File
6. Qualifying Widow(er) with Dependent Child

How many federal income tax exemptions did you or will you claim for 2017?

If you filed or will file IRS Schedule A, what did you or will you report as your total itemized deductions?

What did you or will you pay in total federal taxes in 2017? Refer to IRS Form 1040 (line 63 minus line 57), Form 1040A (line 39) or Form 1040EZ (line 10)

TOTAL TAXABLE INCOME

SALARIES AND WAGES

Total salaries and wages can be found in Box 1 of the W2 form given to you by your employer. If you have more than one W2, add the amount from each W2.

	2017	2018 (estimated)
Salaries and wages for Parent/Guardian A	\$	\$
Salaries and wages for Parent/Guardian B	\$	\$

DIVIDENDS & INTEREST INCOME

Refer to your 1099-INT statement (or line 8a from your 1040) for interest income and/or your 1099-DIV statement (or line 9a from your 1040) for dividend income.

	2017	2018 (estimated)
Total interest income	\$	\$
Total dividends	\$	\$

ALIMONY

	2017	2018 (estimated)
Alimony received (Do not include child support)	\$	\$

ADJUSTMENTS TO INCOME

	2017	2018 (estimated)
Total adjustments reported (IRS Form 1040, line 36)*	\$	\$
Total IRA pre-tax payments (IRS Form 1040, line 32 or IRS Form 1040A, line 17)	\$	\$
Total Keogh, Simplified Employee Pension (SEP), SIMPLE or other qualified plan payments (IRS Form 1040, line 28)	\$	\$
Total deductible portion of self-employment tax (IRS Form 1040, line 27)	\$	\$
*Itemize other adjustments:		

Scholarship Application: **FAMILY INCOME**

OTHER TAXABLE INCOME

This includes income you received from pensions, annuities, rental properties, royalties, estates or trusts, household expenses paid in lieu of alimony, unemployment compensation benefits, capital gains, and taxable social security benefits. These amounts are all listed in the Income section of your Form 1040 or 1040A

	2017	2018 (estimated)
Total other taxable income	\$	\$

TOTAL NONTAXABLE INCOME

CHILD SUPPORT

	2017	2018 (estimated)
Child support received for ALL children	\$	\$

SOCIAL SECURITY BENEFITS

	2017	2018 (estimated)
Social Security benefits received by all members of your household	\$	\$

OTHER NONTAXABLE INCOME

This includes payments made to tax-deferred pension and savings plans as reported on W-2 forms (in box 12 of your W-2 labeled D, E, F, G or H). They include qualified retirement plans including 401(k) and 403(b) plans), pre-tax contributions to a fringe benefit plan (such as a cafeteria or 125 plan), cash support, gifts, or money paid to you (or to others on your behalf) by relatives or non-relatives, amount paid or provided by a separated or divorced spouse (in lieu of child support) to cover household expenses, value of allowances received for housing, food and other living expenses as a member of the military or clergy, cash value of earned income credits, welfare benefits, veteran's benefits, and worker's compensation, income received from tax-exempt investments, income earned abroad, and other untaxed income/benefits not specified above.

	2017	2018 (estimated)
Total other nontaxable income	\$	\$

STUDENT INCOME

STUDENT INCOME

	Applicant Filed 2017 Federal Tax Return?	2017	2018 (estimated)
Applicant A:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Applicant B:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Applicant C:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		

STUDENT ASSETS

Enter the total value of each student applicant's assets. Include student's saving account(s), IRA, stocks, bonds, inheritances, trust funds, real estate, and cash value of annuities and education insurance policies. Do NOT include life insurance policies, stamp/coin collections, value of personal property, 529 plans or education IRAs held on behalf of students.

	Total Value	Itemize Assets
Applicant A:	\$	
Applicant B:		
Applicant C:		

Scholarship Application: **FAMILY ASSETS AND DEBTS**

REAL ESTATE

	2017	2018 (estimated)
If you PAY RENT on the home you currently live in, provide the TOTAL amount you paid/will pay in rent for the entire year.	\$	\$

If you OWN the home you currently live in, provide the following information:				
Year Purchased (yyyy)	Purchase Price	Current Market Value	Unpaid Principal on 1st Mortgage	Annual Payments on 1st Mortgage
	\$	\$	\$	\$
If you have a 2nd mortgage or home equity loan, provide the following information:				
Unpaid Principal on 2nd Mortgage	Unpaid Principal on 2nd Mortgage	Describe the purpose of the 2nd mortgage or equity loan:		
\$	\$			

If you own property other than your primary home, provide the following information for each property. If this property is used as a rental, please include the income (loss) in question 7q.

PROPERTY 1				
Address:	Purpose/Use of Property: Additional Family Home <input type="checkbox"/> / Rental Income <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> / Vacant Land Other <input type="checkbox"/>			
Purchase Price	Current Market Value	Unpaid Principal on 1st Mortgage(s)	Annual Total Payments on 1st Mortgage(s)	
\$	\$	\$	\$	
PROPERTY 1				
Address:	Purpose/Use of Property: Additional Family Home <input type="checkbox"/> / Rental Income <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> / Vacant Land Other <input type="checkbox"/>			
Purchase Price	Current Market Value	Unpaid Principal on 1st Mortgage(s)	Annual Total Payments on 1st Mortgage(s)	
\$	\$	\$	\$	
PROPERTY 1				
Address:	Purpose/Use of Property: Additional Family Home <input type="checkbox"/> / Rental Income <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> / Vacant Land Other <input type="checkbox"/>			
Purchase Price	Current Market Value	Unpaid Principal on 1st Mortgage(s)	Annual Total Payments on 1st Mortgage(s)	
\$	\$	\$	\$	

Scholarship Application: **FAMILY ASSETS AND DEBTS**

VEHICLES

Provide the following information about all family vehicles (cars, recreational vehicles, boats) owned or leased by your family.

VEHICLE 1			
TYPE: Car <input type="checkbox"/> / Boat <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/>	Make	Model	Year (yyyy)
OWNERSHIP STATUS: Own <input type="checkbox"/> /Lease <input type="checkbox"/> Provided By Employer <input type="checkbox"/>	Current Debt	Annual Lease Cost	Notes
	\$	\$	
VEHICLE 1			
OWNERSHIP STATUS: Own <input type="checkbox"/> /Lease <input type="checkbox"/> Provided By Employer <input type="checkbox"/>	Make	Model	Year (yyyy)
		\$	
OWNERSHIP STATUS: Own <input type="checkbox"/> /Lease <input type="checkbox"/> Provided By Employer <input type="checkbox"/>	Current Debt	Annual Lease Cost	Notes
	\$		
VEHICLE 1			
OWNERSHIP STATUS: Own <input type="checkbox"/> /Lease <input type="checkbox"/> Provided By Employer <input type="checkbox"/>	Make	Model	Year (yyyy)
OWNERSHIP STATUS: Own <input type="checkbox"/> /Lease <input type="checkbox"/> Provided By Employer <input type="checkbox"/>	Current Debt	Annual Lease Cost	Notes
	\$	\$	

OTHER ASSETS & DEBTS

BANK ACCOUNTS	
Total value of both parents'/guardians' checking and savings (interest bearing and non-interest bearing) accounts	\$
INVESTMENTS	
Total net value of all investments (stocks, bonds, mutual funds, cash value of whole life insurance policies)	\$
RETIREMENT PLAN	
Is there a retirement plan for Parent/Guardian A? yes <input type="checkbox"/> no <input type="checkbox"/> Is there a retirement plan for Parent/Guardian A? yes <input type="checkbox"/> no <input type="checkbox"/>	
Total value of parents'/guardians' IRAs, pensions and other retirement plans	\$
DEBTS	
Total outstanding debt (includes past parent education debt, legal expenses, etc.)	\$
CONSUMER DEBT	
Total consumer debts (includes balances from all credit card purchases not reported elsewhere)	\$

Scholarship Application: **FAMILY EXPENSES**

The information provided in this section helps schools better assess your full obligation to pay tuition and other educational expenses. Please be realistic about the amount you can contribute, keeping in mind that the primary responsibility for paying for your child's education lies with you.

EDUCATIONAL EXPENSES

How many children (applicants and other dependents) are/will be receiving support from you in 2018?	
How many will attend tuition-charging institutions (childcare centers, schools or colleges)?	

LIST ALL OF THE TUITION CONTRIBUTIONS YOU RECEIVED IN 2017-18

How much money did you contribute from your own earnings or assets (including loans)?	\$
How much did you contribute from the applicant's earnings or assets?	\$
How much did you receive from friends, relative, trust funds or other sources?	\$
From all combined sources except financial aid, your tuition contribution was (add each amount in this section)?	\$
What is the estimated full cost of tuition for this applicant for the academic year 2017-18	\$

LIST ALL OF THE TUITION CONTRIBUTIONS YOU PLAN TO MAKE IN 2018-19

How much money will you contribute from your own earnings or assets (including loans)?	\$
How much will you contribute from the applicant's earnings or assets?	\$
How much will you receive from friends, relative, trust funds or other sources?	\$
From all combined sources except financial aid your tuition contribution will be (add each amount in this section)?	\$

OTHER EXPENSES

MEDICAL/DENTAL

	2017	2018 (estimated)
Total medical/dental expenses not reimbursed by insurance companies	\$	\$
Total paid for medical/dental insurance premiums	\$	\$

ADDITIONAL EXPENSES

Total unusual expenses (major, unanticipated costs for non-routine situations)	\$
Itemize unusual expenses:	
Total annual fees/club dues for clubs that cost more than \$250	\$
Itemize annual fees/club dues:	
Total amount paid for camps and lessons in 2017 for all members of your household	\$
Itemize camps/lessons:	
Total amount paid for vacations in 2017 for all members of your household	\$

Scholarship Application: **BUSINESS/FARM**

This information is only asked of families who report being a sole proprietor of or partner in one or more businesses/farms. Please complete this information for each business or farm you own (do not combine the businesses).

BUSINESS INFORMATION

You will need to provide this information for each business/farm owned.

Owner(s)/partner(s) in business/farm

Business/farm name

Year business/farm operation began _____ Business Type: Sole Proprietorship / Partnership / Corporation

Street address

City

State

Zip Code

Describe service or product provided

BUSINESS INCOME

If you are an owner/partner in more than one business/farm, provide the following items for each business or farm you own.

	2017	2018 (estimated)
Gross receipts and sales	\$	\$
Cost of goods sold and/or operations	\$	\$
Other business/farm income	\$	\$

BUSINESS EXPENSES

If you are an owner/partner in more than one business/farm, provide the following items for each business or farm you own.

	2017	2018 (estimated)
Salaries/wages paid to you or your spouse	\$	\$
Other wages	\$	\$
Additional compensation	\$	\$
Business property rent	\$	\$
Business property mortgage	\$	\$
Depreciation	\$	\$
Other expenses (will need to explain)	\$	\$
Amount paid for self-employment tax	\$	\$



SCHOLARSHIP PROGRAM



Scholarship Application: **BUSINESS/FARM**

BUSINESS ASSETS AND DEBTS

If you are an owner/partner in more than one business/farm, provide the following items for each business or farm you own.

BUSINESS AND/OR FARM ASSETS

	2017	2018 (estimated)
Current business/farm assets minus amounts reserved for bad debts	\$	\$
Land and buildings (present market value)	\$	\$
Cash reserve for depreciation	\$	\$
Other capital assets of the business/farm	\$	\$
Accounts receivable	\$	\$
Other business/farm assets	\$	\$

BUSINESS AND/OR FARM DEBTS

	2017	2018 (estimated)
Mortgage on land and buildings	\$	\$
Debts on equipment and machinery	\$	\$
Other business or farm debts	\$	\$

Scholarship Application: **OTHER INFORMATION**

Please provide any other information you believe is pertinent to your family's situation.

Scholarship Application: **STATEMENT OF ACCURACY**

STATEMENT OF ACCURACY FOR STUDENTS/FAMILIES

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant

Date

Scholarship Application: **CHECKLIST**

- Application
- Essay
- 2 letters of recommendation from a teacher or family friend
- 2016-2017 Tax Returns
- List of Fundraising activities attended in 2017-2018

DROP OFF OR MAIL COMPLETE APPLICATION PACKAGE TO

SPECIAL NEEDS SCHOOLS OF GWINETT
660 Davis Rd, Lawrenceville, GA 30046

REMINDER:

The deadline for this application to be received by the School's Office is:

April 16, 2018 by 2:00 p.m
NO EXCEPTIONS!

SPECIAL NEEDS SCHOOLS OF GWINETT

660 Davis Road, Lawrenceville, GA 30046 | 678-442-6262 | SpecialNeedsSchools.org

The Special Needs Schools of Gwinnett is a nonprofit, tax-exempt charitable organization under section 501(c)(3) of the Internal Revenue Code. Donations are tax-deductible as allowed by law.