



February 14, 2023

## **SCHOLARSHIP AWARD APPLICATION INSTRUCTIONS**

### **LUTHERAN/CHRISTIAN ELEMENTARY SCHOOLS**

These instructions are intended to provide participating organizations with guidance on how to complete the attached Scholarship Award Application Form.

#### **SECTION TO BE COMPLETED BY THE APPLICANT**

At the top of the Application there are three instructions to parent(s)/guardian(s) completing the form. Please note that the instructions call for attaching page 1 of the applicant's most recently-filed federal 1040 tax form.

**SCHOOL YEAR:** Refers to the school year for which the applicant is seeking a scholarship award (e.g., 24/25).

**SCHOOL GRADE:** Refers to the grade the applicant will be in for the aforementioned School Year (e.g., 1<sup>st</sup> Grade).

**STUDENT DATES OF BIRTH:** This is being requested in the event that the State of Ohio ever requests from the SGO the ages of the award recipients.

**TOTAL NUMBER OF ADULTS AND CHILDREN IN YOUR HOUSEHOLD:** This information is necessary in order to calculate the poverty threshold of the household of the student. This number should be confirmed by examining page 1 of the federal 1040 tax form. If there is a discrepancy between the number of adults and children on the application and the number of adults and children listed on the tax return, please clarify with the applicant and attach a note explaining the discrepancy.

**SEND COMPLETED APPLICATION AND PROOF OF INCOME TO:** This line should be pre-printed on the forms you are using. Each participating organization will be encouraged to use a customized form provided for their use.

#### **FOR SCHOOL USE ONLY SECTION**

**PROOF OF INCOME RECEIVED:** Please place a 'check' on this line if the proof of income (page one of the federal 1040 tax return) has been provided by the applicant. This page should accompany the application when submitted to the SGO for approval.

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ROCKY RIVER, OHIO 44116  
[WWW.CLHSA.ORG/LSGO](http://WWW.CLHSA.ORG/LSGO)



**HOUSEHOLD SIZE:** This should be the number of adults and children living in the household as indicated by the applicant on the application and should correspond to the information on the aforementioned federal 1040 tax return.

**HOUSEHOLD INCOME:** This should be the adjusted gross income as reported on page 1, Line 11 of the aforementioned federal 1040 tax return.

**% OF POVERTY THRESHOLD:** Please use the following table to calculate the percentage of poverty threshold:

NUMBER IN HOUSEHOLD	AMOUNT
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For each individual in the household above 8 add an additional \$5,140.

**SOURCE:** Federal Register Notice, January 19, 2023

The percentage of poverty threshold should be calculated by dividing the applicant's household income by the amount above which corresponds to the number in the household. For example, if there are 5 individuals in the household, and the applicant's income is \$47,565 the percentage of poverty threshold would be 135% ( $\$47,565 / \$35,140 \times 100$ ).

In accordance with the MOU and the State of Ohio SGO program guidelines, scholarship awards are to be prioritized to students from households below 300 percent of the poverty threshold. This does not mean that awards cannot be granted to students from households above 300 percent, but rather that we must be able to demonstrate that students from households below 300 percent have been prioritized.

**PROPOSED AWARD: TUITION, FEES, TOTAL:** Indicate the recommended award by category (e.g., tuition and fees and total). In accordance with the MOU and the State of



Ohio SGO program guidelines, scholarship awards must not exceed full tuition and fees for the student.

INITIAL SIGN-OFF: The MOU calls for a Scholarship Award Committee of at least three individuals. The names of the three individuals approving awards should be communicated to the Executive Director of the LSGO of Ohio. These three individuals should then initial each scholarship award being recommended to the LSGO of Ohio Board of Directors for approval.

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**Scholarship award application forms will be accepted by the LSGO of Ohio between the dates of April 1 and August 31. Hardship cases may be submitted outside that window and will be considered on a case-by-case basis.**

Completed scholarship award application forms, along with the applicable page one of the federal 1040 tax return, should be scanned to the Executive Director of the LSGO of Ohio ([rluecke@clhsa.org](mailto:rluecke@clhsa.org)). The Executive Director will review each application, and if appropriate, will batch all applications received from all participating organizations and recommend them to the Board of Directors of the LSGO of Ohio for approval. The Executive Director will communicate to the participating organizations when the awards have been approved.

Should you have any questions regarding these instructions, or the application process, please contact Randall W. Luecke, Executive Director, at 727-242-3095 or [rluecke@clhsa.org](mailto:rluecke@clhsa.org).



## SCHOLARSHIP AWARD APPLICATION FORM

1. Complete the application below for each student applying for an SGO Scholarship.
2. Include Page 1 of most recent Federal Income Tax Return (Form 1040). (Your financial information will only be shared with those responsible for making a decision with regards to an award.)
3. Submit this Application and Page 1 of your Form 1040 to Mr. Keith Trent, Principal at ktrent@stpaulwestlake.org. Check with the school office regarding submission deadlines.

Please Note: Any scholarship distributions will be sent directly to the enrolling school to apply to your account.

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Name of school: **ST. PAUL WESTLAKE LUTHERAN SCHOOL**

School Year: **2023/34** School Grade: \_\_\_\_\_

Total number of adults and children in your household: \_\_\_\_\_

Name of Primary Parent/Guardian: \_\_\_\_\_

Name of Secondary Parent/Guardian (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

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### **FOR SCHOOL USE ONLY**

Proof of Income Received: Yes or No (Circle)

Proposed Award

Household Size: \_\_\_\_\_

Tuition: \_\_\_\_\_

Household Income: \_\_\_\_\_

Fees: \_\_\_\_\_

% of Poverty Threshold: \_\_\_\_\_

Total: \_\_\_\_\_

Sign Off (Initials): Committee Member 1 \_\_\_\_\_ Member 2 \_\_\_\_\_ Member 3 \_\_\_\_\_