



Scholarship Renewal Checklist

D.C. Opportunity Scholarship Program

2012-13

- ✓ **Fill out D.C. OSP Renewal Form for 2012-13 school year**
- ✓ **Provide 2011-12 report card for student(s) currently using D.C Opportunity Scholarship**
Report card must have student's name, current grade, and current school name
- ✓ **Submit current documentation of housing assistance (if applicable)**
- ✓ **Submit proof of current D.C. residency**
Documents must show BOTH parent/guardian name on record with the Trust and current resident address

ONE of the following

- All pages of 2011 D-40 (D.C. Individual Income Tax Return) – **page 2 must be signed**
- Proof of current financial assistance from DC government (**dated within the past 3 months**)
- Paystub showing DC tax withheld (dated within the past 45 days)
- Supplemental Security Income (SSI) annual benefits notification (**dated within the past 3 months**)
- Current Verification Letter and Military Housing Orders; or DEERS Statement
- Housing assistance letter from a housing shelter, including contact name, physical address and phone number or a letter from the Housing Authority (**dated within the past 12 months**)

-OR-

TWO of the following

| | | | |
|---|--|---|--|
| D.C. Driver's License or non-driver ID (unexpired) | D.C. motor vehicle registration (unexpired) | Current lease/rental agreement (dated within past 12 months) | Gas, water, or electric bill (dated within past 2 months) |
|---|--|---|--|

- ✓ **Documentation of all 2011 income for you and all adults in financial household**
You must provide official documentation with total annual amounts for 2011. Contact the Trust if you have any questions about acceptable forms of documentation.
 - All pages of Individual Federal Income Tax Return (Form 1040) – **page 2 must be signed**
 - All schedules, W2 and/or 1099 forms
 - Gifts from family/friends
 - Social Security Income, pensions, retirement, veterans' benefits
 - Public assistance payments, welfare benefits (ex. TANF, GC)
 - Child support or alimony payments
 - Disability benefits (include SSI for dependents)
 - Any other income received

SCHOLARSHIP RENEWAL DEADLINE IS MARCH 30, 2012

Submit your documents at the Trust office, fax to 202.478.0991, or email info@dcscholarships.org

Allow at least 7-10 business days for processing your documents. You may be asked to submit additional documentation or clarify previously submitted information. You will receive a letter in the mail or an email with the status of your student's scholarship renewal.

REMEMBER, YOUR RENEWAL IS NOT COMPLETE UNTIL YOU RECEIVE A LETTER FROM THE TRUST



Household Number: _____

Scholarship Renewal Form

D.C. Opportunity Scholarship Program

2012-13

FOR TRUST USE ONLY

Date: _____
 Location: _____
 Initials: _____

Instructions

- Fill out all pages of this form – **do not leave any questions blank**
- Submit documents in person at the Trust office, fax to 202.478.0991, or email to info@dcscholarships.org
- You will receive a letter in the mail with the status of your renewal
- Allow at least 7-10 business days for processing

1. Residency and Contact Information

Fill in contact information for applying parent/guardian (you).

Parent/Guardian Name (You) _____

Home Address (No PO Boxes) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

2. Current Residence Information

a. How many people live in your residence? 1 _____
You # of Other Adults (older than 18) _____ # of Children (younger than 17) _____

b. What is your monthly rent or mortgage?
 Rent \$ _____ Mortgage \$ _____ Other _____

c. Who pays your monthly rent or mortgage? (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Myself (OSP Parent/Guardian) | <input type="checkbox"/> Non-government organization |
| <input type="checkbox"/> DCHA/HCV/ HUD | <input type="checkbox"/> Friend or relative (does not reside with you) |
| <input type="checkbox"/> Spouse or other adult (living with you) | <input type="checkbox"/> Other: _____ |

d. Check if any of the following apply:

Live with friend or relative (other than minor children) Live with roommate or housemate

Household Number: _____

| 3. Student Information | | | |
|--|--|--|--|
| <i>Complete Section below only for students USING their OSP scholarship.</i> | | | |
| | <u>OSP Student 1</u> | <u>OSP Student 2</u> | <u>OSP Student 3</u> |
| OSP Student Name | _____ | _____ | _____ |
| School Name (2011-12) | _____ | _____ | _____ |
| How happy are you with your student's school? | <input type="checkbox"/> Very happy <input type="checkbox"/> Somewhat happy <input type="checkbox"/> Somewhat unhappy <input type="checkbox"/> Very unhappy | <input type="checkbox"/> Very happy <input type="checkbox"/> Somewhat happy <input type="checkbox"/> Somewhat unhappy <input type="checkbox"/> Very unhappy | <input type="checkbox"/> Very happy <input type="checkbox"/> Somewhat happy <input type="checkbox"/> Somewhat unhappy <input type="checkbox"/> Very unhappy |
| Where are you sending your student (Fall '12)? | <i>Write in school name(s)</i> | <i>Write in school name(s)</i> | <i>Write in school name(s)</i> |
| Return to same school | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Accepted to new school | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Applying to new schools | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Looking for schools | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Undecided about using | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| How is the D.C. Opportunity Scholarship Program working out for your family this year? | _____ _____ _____ | | |

4. Complete the following statement
List all children – OSP and non-OSP – in your household for whom you are the guardian

I certify that I, _____ am the current guardian of the child(ren) listed below:
OSP Parent/Guardian Name

| Child Name(s) (17 and Younger) | DOB (mm/dd/yyyy) | Foster Child/Ward of DC (Check box if applicable) |
|--------------------------------|------------------|---|
| _____ | ____/____/____ | <input type="checkbox"/> |
| _____ | ____/____/____ | <input type="checkbox"/> |
| _____ | ____/____/____ | <input type="checkbox"/> |
| _____ | ____/____/____ | <input type="checkbox"/> |
| _____ | ____/____/____ | <input type="checkbox"/> |
| _____ | ____/____/____ | <input type="checkbox"/> |

| 5. Parent/Guardian and Additional Adult Information | | | |
|--|---|---|---|
| <i>Your financial household includes people who financially contribute to your household expenses and/or vice versa. Fill the table below for all adults (18+) in your financial household.</i> | | | |
| | <u>You</u> | <u>Adult 2</u> | <u>Adult 3</u> |
| Name | _____ | _____ | _____ |
| Relationship to You | Self | <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Son/Daughter (18+) <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Son/Daughter (18+) <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____ |
| Birth date (mm/dd/yy) | ___/___/___ | ___/___/___ | ___/___/___ |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status & Date (mm/yy) | <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____ | <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____ | <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, Date: _____ <input type="checkbox"/> Widowed, Date: _____ <input type="checkbox"/> Divorced, Date: _____ <input type="checkbox"/> Separated, Date: _____ |
| Does the adult currently have a job? | <input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working | <input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working | <input type="checkbox"/> Yes, full-time job (35 hr+) <input type="checkbox"/> Yes, part-time job <input type="checkbox"/> Not currently working |
| 6. In the past 12 months, did any members of your household listed on this application receive SNAP (formerly Food Stamps) and/or public assistance payments, welfare benefits (ex. TANF/GC)? | | | |

- Yes ➡ Do not fill out chart below. Complete *ESA Statement Release Form*.
- No ➡ Fill out income chart below for all adults.
- Not Sure ➡ Fill out income chart below for all adults and complete *ESA Statement Release Form*.

| Income Sources (2011) | You | Adult 2 | Adult 3 |
|---|--------------------------|--------------------------|--------------------------|
| No income received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filed (or will file) federal tax return | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WILL NOT file tax return: total wages, salaries, tips earned | \$ _____ | \$ _____ | \$ _____ |
| Social Security Income, pensions, retirement, veterans' benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability benefits (include SSI for dependents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child support or alimony payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monetary gifts from family/friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other income: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To determine eligibility, you are required to provide official documentation with 2011 annual amounts.

7. Alternate Contacts

Do not list yourself as a contact. Common examples of contacts are relatives and neighbors.

Contact Person 1 Name _____

Relationship to You _____ Home Phone _____

Work Phone _____ Cell Phone _____

Contact Person 2 Name _____

Relationship to You _____ Home Phone _____

Work Phone _____ Cell Phone _____

Student Contact Name _____

Cell Phone _____ Email _____

8. Certification

I certify that all information on this form and ALL supporting documentation are **true, correct and complete** to the best of my knowledge and ALL household income has been reported. I understand that the Trust will have access to my child’s report cards while my child is participating in the program and that this information will be held strictly confidential. **I understand that deliberate misrepresentation of the information or documentation will result in the scholarship being denied or revoked, and may subject me to prosecution under District and Federal laws.**

Signature

OSP Parent/Guardian Name (*Print*)

Date



| | |
|-----------------------|---|
| Trust Use Only | <input type="checkbox"/> Sent _____ |
| | <input type="checkbox"/> Received _____ |

Household Number: _____

Authorization for Release of Information

Economic Security Administration D.C. Opportunity Scholarship Program

Once you have completed this form, it will be submitted to the Economic Security Administration (ESA) on your behalf. A report of all DC benefits you have received will be sent directly to the Trust.

While this release form is designed to assist with obtaining necessary information, completing this form does not guarantee the information will be received by the Trust in a complete and timely manner. Delays sometime occur receiving the requested information from the ESA. If you receive notification that the information has not been provided, you should follow-up directly with the ESA to obtain the necessary information.

ATTENTION:

Rita Wood-Hinton
Economic Security Administration
645 H Street, NE
Washington, DC 20002
Fax: 202.724.2041

The person listed below is applying and/or renewing their D.C. Opportunity Scholarship. In order to prove eligibility, they need to provide their benefit and/or income information from ESA. Please fax a print-out to 202.478.0991 of this person's:

1. **Current address**
2. **All members in the household**
3. **Verification of SNAP benefits received**
4. **Any TANF and/or GC payment made between 1/1/11 – 12/31/11**
5. **Verification of income for all members of the household**

Name _____

Social Security Number _____

Case Number (if known) _____

Certification

You are hereby requested and authorized to furnish the DC Children and Youth Investment Trust Corporation any information in my official benefit file, and to permit the examination of, copying and/or reproduction or otherwise, by the this organization of all or any portions desired by them of my file.

I also authorize you to furnish any other oral and written reports relevant to my case and in your custody, as the DC Children and Youth Investment Trust Corporation may request.

Signature

Name (*Print*)

Date



Household Number: _____

Housing Assistance Affidavit

D.C. Opportunity Scholarship Program

Please have this form completed by the **primary leaseholder/property owner** with whom you share the total rent/mortgage.

I certify that I, _____
Your first and last name

Live at: _____
Address *City* *State*

- The total Rent for my residence is: \$ _____ per month.
 Mortgage
- The OSP parent/guardian _____ pays \$ _____ per month.
First & last name of OSP parent/guardian *Their rent/mortgage*

Additional Explanation:

Certification

Pursuant to 28 USC Section 1746, I declare under penalty of perjury that the foregoing is true and correct:

Signature *Name (Print)* Date