



# 2020-2021 APPLICATION WORKSHEET

State Form 56495 (R2 / 7-20)  
COMMISSION FOR HIGHER EDUCATION

PLEASE PRINT CLEARLY SO Application  
Information can be READ.



This worksheet is provided to assist local schools and community organizations in collecting information required to submit an official online application on behalf of eligible students for Indiana's 21st Century Scholars Program. THIS INFORMATION MUST BE SUBMITTED ONLINE AT WWW.SCHOLARTRACK.IN.GOV BY JUNE 30, 2021 TO BE CONSIDERED BY THE SCHOLARS PROGRAM.

## School / Community Organization

THIS IS NOT AN OFFICIAL ENROLLMENT FORM. The school or organization listed below is requesting permission to submit an application on behalf of a potential 21st Century Scholar student. The organization listed below agrees to take full responsibility for the timely submission of the application, for the safeguarding of sensitive information contained on this form, and for the destruction of this form after the online application has been submitted.

PROJECT LEADERSHIP

PROJECT LEADERSHIP - DELAWARE COUNTY  
(765) 896-8616

PROJECT LEADERSHIP - GRANT COUNTY  
(765) 651-0650

\* Indicates information required to submit 21st Century Scholar application.

### Student Information

\*Student First Name (MUST HAVE) Middle Initial \*Student Last Name (MUST HAVE)

\*Current Grade Level  
 7th  
 8th  
\*Student Gender  
 Male  
 Female  
 Not Provided

Racial Identity  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian  
 Native Hawaiian  
 Guamanian or Chamorro  
 Other Pacific Islander  
 Samoan  
 Other

Hispanic, Latino or Spanish Origin?  
 None  
 Mexican, Mexican American, Chicano  
 Puerto Rican  
 Cuban  
 Other

\*Date of Birth (month, day, year) (MUST HAVE) \*Social Security Number (MUST HAVE)

- Not NEEDED -  
Student Test Number (STN)

\*Mailing Address (number and street) (MUST HAVE)

\*City IN State \*ZIP Code \*County

\*E-mail Address (MUST HAVE - either student's or parent's)

\*Telephone Number (Need)

Type  
 Cell  
 Home  
 Work

Current Middle School (MUST HAVE)

High School Student Will Attend (MUST HAVE)

### Student's 21st Century Scholars Pledge

For application to be considered, a student must agree to the following pledge by signing below. As a Scholar, you pledge to:

- Complete the Scholar Success Program, which includes activities at each grade level in high school and in college to help you plan, prepare and pay for college.
- Graduate from a state-accredited high school with a minimum of a Core 40 diploma and a cumulative grade point average (GPA) of at least 2.5 on a 4.0 scale.
- Not use illegal drugs, commit a crime or delinquent act, or consume alcohol before reaching the legal drinking age.
- File the Free Application for Federal Student Aid (FAFSA) by April 15 as a high school senior and each year thereafter until you graduate from college.
- Apply to an eligible Indiana college as a high school senior, and enroll as a full-time student within one year of high school graduation.
- Maintain Satisfactory Academic Progress (SAP) standards established by my college.
- Complete thirty (30) credit hours each year you are in college to stay on track toward earning your degree on time.
- I understand that I must be an Indiana resident (as determined by the permanent residence of my parent or legal guardian), a U.S. citizen or eligible non-citizen, and meet all other eligibility requirements.

(Your signature is required for this application to be submitted online on your behalf.)

\*Student Signature

\*Date (month, day, year)

### Household Information

Parents must report the type and amount of ALL sources of income received in the household during the most recent tax year. If applying after December 31, 2020, please use 2020 gross income. If there are more than five (5) household members, list additional members on a separate sheet and attach to this worksheet.

- ? Who should I include as members of my household?  
You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses.
- ? What is considered to be my household income?  
Household income is any money received on a recurring basis, including gross earned income. Gross earned income means all money received before such deductions as income taxes. Income includes but is not limited to: earnings from work, net income from self-owned businesses (cannot be less than \$0), unemployment and worker's compensation, welfare, child support, alimony, and retirement and disability benefits.
- ? What is considered "Other" income?
  - Regular contributions from persons not living in household
  - Income from estates, trusts, investments
  - Net rental income, annuities, net royalties
  - Military allowance for off-post housing
  - Cash withdrawal from savings
  - Interest/dividends
  - Any other income

1. Total Number of Members in Household: (MUST HAVE) (Give all money amounts for the full year)

STUDENT	Student Income			
	\$ _____	\$ _____	\$ _____	\$ _____
	Work	TANF	Child Support	Alimony
	\$ _____	\$ _____	\$ _____	\$ _____
Disability	Self Employment	Social Security	Other	

\* Household total income may NOT equal zero.

OVER →

**\* MUST HAVE First and Last Name for all those in the household.**

**2. PARENT #1**

Parent Income

\*Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\* Social Security Number/ITIN (MUST HAVE) \_\_\_\_\_ \*E-mail Address (MUST HAVE either student's or parent's) \_\_\_\_\_  
 No SSN or ITIN

\$ _____	\$ _____	\$ _____	\$ _____
Work	TANF	Child Support	Alimony
\$ _____	\$ _____	\$ _____	\$ _____
Disability	Self Employment	Social Security	Other

**3.**

Other Household Member

\*Relationship Type:  Parent/Stepparent  Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

\* First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\$ _____	\$ _____	\$ _____	\$ _____
Work	TANF	Child Support	Alimony
\$ _____	\$ _____	\$ _____	\$ _____
Disability	Self Employment	Social Security	Other

**4.**

Other Household Member

\*Relationship Type:  Parent/Stepparent  Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

\* First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\$ _____	\$ _____	\$ _____	\$ _____
Work	TANF	Child Support	Alimony
\$ _____	\$ _____	\$ _____	\$ _____
Disability	Self Employment	Social Security	Other

**5.**

Other Household Member

\*Relationship Type:  Parent/Stepparent  Other Household Member (e.g., sibling, grandparent, other friend or relative, etc.)

\* First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\$ _____	\$ _____	\$ _____	\$ _____
Work	TANF	Child Support	Alimony
\$ _____	\$ _____	\$ _____	\$ _____
Disability	Self Employment	Social Security	Other

**6. \*If there are more than five (5) household members, list additional members on a separate sheet and attach to this worksheet.**

**Parent Verification and Permission to Release**

**(for 6 or more in household)**

By signing this enrollment form, I certify that all of the above information is true and correct, including all income information that has been listed above.

- ✓ I understand that this application is to apply for the receipt of state funds.
- ✓ I authorize the 21st Century Scholars Program to verify any information on this application, including verification from school officials, case workers and from the Internal Revenue Service (IRS) and Indiana Department of Revenue (IDOR).
- ✓ Upon request, as a parent or legal guardian, I agree to provide all of my income information including tax forms, W-2 forms and any other supporting documentation.
- ✓ I understand that misrepresentation will terminate my student's enrollment in this program and may subject me to prosecution under applicable state and federal laws.
- ✓ I give permission for the Indiana Commission for Higher Education to obtain the applicant's Student Test Number (STN) and related information from the Indiana Department of Education.
- ✓ I authorize the release of my student's information to providers of education, to the school my student attends, community partner organizations approved by the school, and to CHE staff so that information and assistance can be provided to my student.
- ✓ I understand any released information will not be shared for commercial purposes.
- ✓ I certify that my student is a full-time student at a public or nonpublic school that is accredited either by the state board of education or by a national or regional accrediting agency whose accreditation is accepted as a school improvement plan under IC 20-31-4-2.
- ✓ I understand and authorize that the information presented in this 21st Century Scholars enrollment application is accurate.

I acknowledge and understand my student must be Title IV eligible to receive 21st Century Scholarship funds. Having a Social Security Number does not automatically make a student Title IV eligible. Failure to be Title IV eligible by April 15th of your student's senior year of high school automatically disqualifies him/her from receiving the 21st Century Scholarship.

I give consent for this information to be used to submit an application on my behalf by the recruiting organization listed on this form.

\*Parent Signature (MUST HAVE) \_\_\_\_\_ \*Date (month, day, year) \_\_\_\_\_

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. If the parent or legal guardian signing the application worksheet does not possess a Social Security Number or Individual Taxpayer Identification Number, sign below.

I hereby certify that I, the parent or legal guardian signing this application worksheet, do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). I further understand that not having a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) will not adversely affect the determination of eligibility for the Program.

Parent Signature \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

**↳ only sign here if you have NO social security number or Tax ID.**