

# Rocket City SGO



## Rocket City Scholarship Granting Organization 2024-2025 Application

### Student Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade for Scholarship Year (circle one): K5 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race/Ethnicity (check one):

- |  |  |
|--|--|
| _____ 1-American Indian/Alaskan Native | _____ 5-White/Caucasian                    |
| _____ 2-Asian/Pacific Islander         | _____ 6-Two or more (please specify below) |
| _____ 3-Black/African American         | _____                                      |
| _____ 4-Hispanic                       | _____ 7-Unknown                            |

Does this student have a sibling who receives a Rocket City SGO Scholarship?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Provide their name(s): \_\_\_\_\_

*Please fill out the following questions completely. This information is **not** used to render scholarship decisions but **must be included** to process your application.*

Has this student ever repeated a grade: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student or will the student require special accommodations or services due to a learning disability: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have a limited English language proficiency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the parent/legal guardian have a limited English language proficiency? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Household Information

Parent/Legal Guardian #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Legal Guardian #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*This information is required by the state of Alabama and does not affect scholarship award decisions in any way. Rocket City SGO **never** discriminates based on the gender, race, language, or disability status of the scholarship applicant or their parent/guardian.*

**(Household Information Cont.)**

The applicant lives with:  Parent(s)  
 Legal Guardian (custodial documentation required)  
 Other (please explain) \_\_\_\_\_

List any additional adult family members, over the age of 18, living in the household:

Additional Adult #1: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Additional Adult #2: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Are these additional adults living in the household considered dependents being claimed on the 2023 1040 Tax Form?  Yes  No

List all dependent children, 18 years or younger living in the household. Please include their age and relationship to parent/guardian.

Applicant's Name: \_\_\_\_\_

Child #2: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

Child #3: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

Child #4: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

Child #5: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

Child #6: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

\*Please use an additional piece of paper if additional space is needed to list ALL DEPENDENTS.

Total Number of Persons Living In the household: \_\_\_\_\_

Number of Persons Over the age of 18 in the household: \_\_\_\_\_

**Household Income Statement**

All questions must be answered as part of a complete application package. If a question does not apply, indicate N/A. Supporting documents and annual totals must be provided for all household income.

Did Parent/Guardian #1 file taxes for 2023? Y/N

If yes, please provide the Adjusted Gross Income (AGI) from the 2023 IRS Form 1040

\$ \_\_\_\_\_

Did Parent/Guardian #1 have any additional income in 2023?

<input type="checkbox"/> No	
<input type="checkbox"/> SSI/SS Disability	\$ _____
<input type="checkbox"/> Unemployment Compensation	\$ _____
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Other	\$ _____

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**(Household Income Statement Cont.)**

Did Parent/Guardian #2 file taxes in 2023?

- Yes, married filed jointly with parent/guardian #1
- Yes, filed separately from parent/guardian #1

If yes, and filed separately, please provide the Adjusted Gross Income (AGI) from the 2023 IRS Form 1040

\$ \_\_\_\_\_

Did Parent/Guardian #2 have any additional income in 2023?

- No
- SSI/SS Disability \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

Was there any additional income in 2023?  Yes  No

If yes, please provide name(s) of family/household members, support documents and 2023 annual totals below (use a separate piece of paper if necessary).

Name: \_\_\_\_\_

- SSI/SS Disability \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

**2023 TOTAL ANNUAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**Parent/Guardian Certification**

By signing this form, I certify that the student currently lives with the person whose income is attached and the information and documentation provided, including family size and income statement(s) are true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Rocket City SGO. I understand that maximum scholarship amounts are subject to change depending on funding available. I understand that should my child receive a scholarship award from Rocket City SGO, the scholarship is awarded to my child and not specifically to the school listed on this application.

Email Consent: I give permission for Rocket City Scholarship Granting Organization use my email for correspondence regarding my child, their scholarship and the organization as a whole. (initial please) \_\_\_\_\_

Media Release: I give consent for my child's name, image, photograph, video, audio or other form of media to be used in any and all print materials, videos and social media venues for promotion of the school and/or Rocket City SGO that help support our mission of providing scholarships for students. (initial please) \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**School Information**

School of Choice: \_\_\_\_\_ Public or Private (circle one)  
Is this student a first time RCSGO Scholarship Recipient? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What was the year of the student’s first Rocket City SGO scholarship? \_\_\_\_\_  
How many years has this student received a scholarship? (including the 2024-2025 school year) \_\_\_\_\_  
Did this student receive a scholarship from another SGO last year? \_\_\_\_\_  
What school is the student zoned for: \_\_\_\_\_  
Is it a failing School: \_\_\_\_\_ Yes \_\_\_\_\_ No  
In what county is the zoned school: \_\_\_\_\_  
What school did the student attend in 2023-2024 School year? \_\_\_\_\_  
Did the student attend multiple schools in the 2023-2024 School year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list additional school(s): \_\_\_\_\_

**Tuition Verification – Must Be Completed by School**

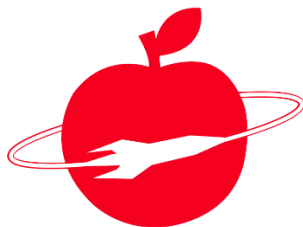
Annual Tuition Rate Without Discounts (*NO fees to be included*): \$ \_\_\_\_\_  
List All Discounts That Apply: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**2024-25 Tuition Total:** \$ \_\_\_\_\_  
  
**Tuition Requested from RCSGO:** \$ \_\_\_\_\_

**School Official Certification**

I certify that the information provided on this scholarship application, which includes the tuition verification, family size statement, and the family income statement is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of Rocket City SGO.  
I certify that the tuition, fees, family responsibility and additional scholarship/financial assistance amounts provided are true, correct, accurate and complete acknowledgement of the partner schools current published rates and subsidies.  
I understand that maximum scholarship amounts are subject to change at the discretion of Rocket City SGO and are dependent on funding available.

School Name: \_\_\_\_\_  
Print Name of Principal: \_\_\_\_\_  
Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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# Rocket City Scholarship Granting Organization

## Application Checklist

\_\_\_\_\_ I have attached a copy of the 2023 Federal Tax Return (first two pages of Form 1040) of the student's parent/guardian to verify income.

\_\_\_\_\_ I have attached a copy of all additional forms of income verification listed in the Household Income Statement portion of this application.

\_\_\_\_\_ I have attached an acceptance letter from my school of choice.

\_\_\_\_\_ I have attached a School Assign Form (only required for students zoned for priority schools)

\_\_\_\_\_ I have attached Custodial Documentation (if needed).

Please submit your application to your school of choice. Schools will submit complete applications to Rocket City SGO.

Rocket City SGO will accept applications for returning scholarship recipients April 15-30, 2024, and for new applicants May 1-15, 2024. **We will not accept late or incomplete applications.**

Please contact Rocket City SGO to find out more about your rights as an SGO scholarship recipient. Submission of a scholarship application does not guarantee a scholarship award for the upcoming academic year. Scholarship award notifications will be made by the school of choice on August 1, 2024.