

**PRIVATE SCHOOL
AID SERVICE**

**Florida P.R.I.D.E.
K-12 Scholarship Application
2007-2008**



Florida P.R.I.D.E.
Parental Rights in Deciding Education

PARENT LAST NAME _____

Renewal applications and documentation must be postmarked no later than **May 1, 2007**.

Renewal applications mailed after this deadline may not be awarded.

No deadline for New Applications - New Scholarships are awarded on a first completed, first awarded basis.

DO NOT enroll your child into a private school until you have actually received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF)! Funding is not guaranteed. If you enroll your child before receipt of a SCF, you will be responsible for their tuition and may not qualify for future scholarship funding.

ARE YOU ELIGIBLE TO SUBMIT YOUR APPLICATION?

If you are a **NEW** applicant, please complete the **ENTIRE** checklist below.

If you are a **RENEWAL** applicant, go directly to Question 6 below.

- 1) Is one (or more) of your student's entering **Kindergarten through 12th grade** for the 2007-2008 school year?
 - Yes. Continue
 - No These students are not eligible to receive a scholarship.
- 2) Does one (or more) of your student's have a birth date on or before **September 1, 2002**?
 - Yes. Continue
 - No These students are not eligible to receive a scholarship.
- 3) For students entering 2nd through 12th grade: Were they **home schooled** at any point during the 2006-2007 school year?
 - No. Continue
 - Yes These students are not eligible to receive a scholarship.
- 4) For students entering 2nd through 12th grade: Did they attend a **non-Florida school** at any point during the 2006-2007 school year?
 - No. Continue
 - Yes These students are not eligible to receive a scholarship.
- 5) For students entering 2nd through 12th grade: Did they attend a **private school** at any point during the 2006-2007 school year?
 - No. Continue
 - Yes These students are not eligible to receive a scholarship.
- 6) Florida PRIDE considers **ALL** household members and their income. If you include **ALL** household members and **ALL** income, do you qualify according to the income guidelines below?
 - Yes. Continue
 - No Your household is not eligible to receive a scholarship.

STUDENT LAST NAME _____

If your answers indicated "continue" through all questions, proceed to Section A of the application.

If your answers for questions 1-5 indicated "Stop" do not apply for those students as they are not eligible.

If your answer for question 6 indicated "Stop", do not apply, because your household does not meet the income guidelines.

NOTE: The \$30.00 processing fee is non-refundable. Money orders only.

Income Guidelines

In order to meet the Income Guidelines for the Florida P.R.I.D.E. Scholarship your total household income must be equal to or below the amount stated for your household size. For New & Add-On households greater than 8, add \$6,438 for each additional household member; for Renewal households greater than 8, add \$6,960 for each additional household member.

Effective from July 1, 2007 to June 30, 2008.

Household Size	New & Add-On Income	Renewal Income
2	\$25,327	\$27,380
3	\$31,765	\$34,340
4	\$38,203	\$41,300
5	\$44,641	\$48,260
6	\$51,079	\$55,220
7	\$57,517	\$62,180
8	\$63,955	\$69,140

MAIL APPLICATION TO:

PSAS/FLORIDA P.R.I.D.E.
SCHOLARSHIP APPLICATION
P.O. BOX 458025
WESTLAKE, OHIO 44145

To check the processing status of your application (4-6 weeks after mailing), go to www.mypsas.org or call 800-664-1530.

Keep a copy of your completed application and all documents.

IMPORTANT: Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. Do not leave any spaces blank.

SCHOLARSHIP APPLICATION • 2007-2008

A PARENT A or GUARDIAN A *LIVING WITH STUDENT*

This individual will be required to sign each scholarship check.

Check one: Father Mother Grandparent Aunt/Uncle Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number* _____ Other Adult specify relationship _____
 Employed by _____
 (_____) _____ (_____) _____
 (Area Code) Home Phone (Area Code) Work Phone

B PARENT B or GUARDIAN B *LIVING WITH STUDENT*

This individual will NOT be able to sign the scholarship check.

Check one: Father Mother Grandparent Aunt/Uncle Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Other Adult specify relationship _____
 Employed by _____
 (_____) _____ (_____) _____
 (Area Code) Home Phone (Area Code) Work Phone

Home Address (must be street address, PO Box not acceptable) _____ Apt. # _____
 Home City _____ Home State _____ Home Zip _____
 Home County _____ E-mail address _____
 Home Mailing Address (if different from above) _____

*This number is your case number and must be noted on each piece of documentation.

C HOUSEHOLD INFORMATION

1. Number of individuals who lived in my/our household during the 2006 year:
 Parents/Guardians _____ Children _____ Other _____
2. What is the Primary Language spoken in your household? _____
3. Current marital status/housing arrangement of household: (Check one)
 a. Single, never Married* d. Divorced* g. Living w/Significant Other
 b. Married e. Divorced/remarried* h. Other: _____
 c. Widowed f. Separated* _____

*If Single, Divorced, Divorced/remarried or Separated, please complete Section E.

D HOUSEHOLD CLARIFICATION PLEASE LIST ALL INDIVIDUALS WHO LIVED IN THE HOUSEHOLD DURING 2006:

PLEASE PRINT NAME	Relationship to Student(s)	Age	Did they file a 2006 Federal Tax Return? (check one)	Total Income in 2006	How long has this person lived in the household?
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		
			<input type="checkbox"/> File / <input type="checkbox"/> Do Not File		

Please provide 2006 income documentation for the above individuals (Form 1040 Federal Tax Return, W-2, 1099/1099R, Social Security Income, etc.) List any additional household members on a separate sheet, if necessary. If any individual has moved out or there is a change in the current situation, you must explain in Section K.

E SINGLE, DIVORCED OR SEPARATED PARENTS/GUARDIANS (COMPLETE FOR THE ENTIRE HOUSEHOLD)

1. Date of Separation (Month/Year) _____ 4. Does the household receive or pay child support? Receive Pay Neither
2. Date of Divorce (Month/Year) _____ 5. Does the household have a divorce/separation agreement? Yes No
3. Non-custodial parent _____ Last Name _____ First Name _____ MI _____
 If YES, provide a copy of your divorce/separation agreement to show student(s) residency status.

To check the processing status of your application (4-6 weeks after mailing), go to www.mypsas.org or call 800-664-1530. Keep a copy of your completed application and all documents.

Print Name _____

IMPORTANT: Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. Do not leave any spaces blank.

F INCOME (INCLUDE ALL 2006 INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS)

INCOME SOURCES Please provide YEARLY amounts only.	Parent/Guardian A	Parent/Guardian B	Others (All adults and children)
1. Adjusted Gross Income reported on your 2006 Federal Income Tax Return. Document this income with a copy of your 2006 tax return.			
2. Social Security Benefits, SSI, and Disability Document this income with a year-end award letter/statement.			
3. Welfare/Cash Assistance (TANF) Document this income with a year-end award letter/statement.			
4. Child Support Document this income with a copy of court order or check received.			
5. Parsonage (religious leader paid housing) Provide documentation.			
6. Other Provide documentation.			

BEFORE YOU GO ON: Make sure you have included documentation of all your income and written the Social Security Number (your case number) of Parent/Guardian A on all of your copies. **Failure to complete this step may lead to your document not being matched up with your application, and may lead to your household not being eligible for a scholarship.**

G ADDITIONAL FINANCIAL RESOURCES (Used for living expenses in 2006)

H HOUSING INFORMATION (Amounts from 2006)

- Gifts from friends and relatives in 2006 \$ _____
- Loans from family members in 2006 \$ _____
- Loans from friends in 2006 \$ _____
- Amount of home equity used in 2006 \$ _____
- Personal savings and investment accounts used in 2006 \$ _____
- Increase in credit card debt in 2006 \$ _____
- Public assistance (cash assistance, food stamps, etc.) \$ _____
Must provide year-end (01/01/06-12/31/06) documentation.
- Housing assistance (HUD, Sec. 8, etc.) \$ _____
Must provide year-end (01/01/06-12/31/06) documentation.
- Other Income or explanation of how you survived day-to-day living expenses in 2006 (explain in Section K) \$ _____

1. Do you rent or own your residence? Rent (go to line 2) Own (go to line 3)
2. If you are renting:
 - a. What is your TOTAL monthly rental payment? \$ _____ per month
 - b. Amount paid by household? \$ _____ per month
 - c. Amount paid by other source(s)? (HUD, Sec. 8, etc.) \$ _____ per month
3. If you own your residence:
 - a. What is your TOTAL monthly mortgage payment? \$ _____ per month
 - b. Amount paid by household? \$ _____ per month
 - c. Amount paid by other source(s)? (HUD, Sec. 8, etc.) \$ _____ per month

All information must be disclosed. Failure to fully document and complete this application will result in your application being denied. This application is the **ONLY** chance you have to explain your household situation.

I CHILD(REN) NOT CLAIMED ON TAX RETURN

Who claimed each child in the household as a tax dependent in 2006?	Person Claiming	Student	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* All "Persons claiming", who reside in the household, must provide their 2006 tax return showing the child claimed.

**If NO ONE is claiming the child(ren) on a 2006 Tax Return, provide Guardianship Documentation. See instructions for acceptable documentation.

Print Name

**IMPORTANT: Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation.
Do not leave any spaces blank.**

J APPLICANT/STUDENT INFORMATION (ONLY COMPLETE FOR STUDENTS APPLYING FOR THE SCHOLARSHIP)

New applicants entering grades 2-12 must have attended a FLORIDA public school for the entire 2006-2007 school year, by law, to be eligible.

Student A -

1. Name: _____
Last Name First Name Middle Initial

2. Student SS#: _____
Social Security Number

3. Student Date of Birth (MM/DD/YY): _____
(In order to qualify for 2007-2008, the student birth date must be on or before September 1, 2002.
Students born after September 1, 2002 are not eligible by law.)

4. Grade Level Student will be **entering** in August of 2007: _____
(By law, student must be entering Kindergarten through 12th grade to qualify for this scholarship.)

5. Name of School **attended** 2006-2007: _____
(List the school the student attended in 2006-2007, not the school you wish to attend in 2007-2008.)

6. School County (for school listed above): _____

7. Type of School (for school listed above):
 Public Private
 Charter Not Applicable
 Home School

8. Gender of Student: Male Female

9. Student Relationship to Parent/Guardian A:
 Child/Stepchild
 Grandchild
 Niece/Nephew
 Other(Explain): _____

10. Race (Optional):
 Asian Black
 Hispanic White
 Multi-Racial Not Reporting
 Other: _____

11. Type of student:
 Renewal Add-on New
 (Renewal means you signed scholarship checks for this student in 2006/2007. Add-on means you signed scholarship checks for another student in your household. New means you did not sign scholarship checks in 2006/2007.)

Maximum Scholarship awarded is \$3,750, OR Tuition and Books
 (whichever is less) per student, per year.

Student B -

1. Name: _____
Last Name First Name Middle Initial

2. Student SS#: _____
Social Security Number

3. Student Date of Birth (MM/DD/YY): _____
(In order to qualify for 2007-2008, the student birth date must be on or before September 1, 2002.
Students born after September 1, 2002 are not eligible by law.)

4. Grade Level Student will be **entering** in August of 2007: _____
(By law, student must be entering Kindergarten through 12th grade to qualify for this scholarship.)

5. Name of School **attended** 2006-2007: _____
(List the school the student attended in 2006-2007, not the school you wish to attend in 2007-2008.)

6. School County (for school listed above): _____

7. Type of School (for school listed above):
 Public Private
 Charter Not Applicable
 Home School

8. Gender of Student: Male Female

9. Student Relationship to Parent/Guardian A:
 Child/Stepchild
 Grandchild
 Niece/Nephew
 Other(Explain): _____

10. Race (Optional):
 Asian Black
 Hispanic White
 Multi-Racial Not Reporting
 Other: _____

11. Type of student:
 Renewal Add-on New
 (Renewal means you signed scholarship checks for this student in 2006/2007. Add-on means you signed scholarship checks for another student in your household. New means you did not sign scholarship checks in 2006/2007.)

Maximum Scholarship awarded is \$3,750, OR Tuition and Books
 (whichever is less) per student, per year.

Student C -

1. Name: _____
Last Name First Name Middle Initial

2. Student SS#: _____
Social Security Number

3. Student Date of Birth (MM/DD/YY): _____
(In order to qualify for 2007-2008, the student birth date must be on or before September 1, 2002.
Students born after September 1, 2002 are not eligible by law.)

4. Grade Level Student will be **entering** in August of 2007: _____
(By law, student must be entering Kindergarten through 12th grade to qualify for this scholarship.)

5. Name of School **attended** 2006-2007: _____
(List the school the student attended in 2006-2007, not the school you wish to attend in 2007-2008.)

6. School County (for school listed above): _____

7. Type of School (for school listed above):
 Public Private
 Charter Not Applicable
 Home School

8. Gender of Student: Male Female

9. Student Relationship to Parent/Guardian A:
 Child/Stepchild
 Grandchild
 Niece/Nephew
 Other(Explain): _____

10. Race (Optional):
 Asian Black
 Hispanic White
 Multi-Racial Not Reporting
 Other: _____

11. Type of student:
 Renewal Add-on New
 (Renewal means you signed scholarship checks for this student in 2006/2007. Add-on means you signed scholarship checks for another student in your household. New means you did not sign scholarship checks in 2006/2007.)

Maximum Scholarship awarded is \$3,750, OR Tuition and Books
 (whichever is less) per student, per year.

New applicants entering grades 2-12 must have attended a FLORIDA public school for the entire 2006-2007 school year, by law, to be eligible.

Print Name

IMPORTANT: Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. Do not leave any spaces blank.



EXPLANATIONS (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION - use additional paper if needed)

Multiple horizontal lines for writing explanations.

All information must be disclosed. Failure to fully document and complete this application will result in your application being denied. This application is the ONLY chance you have to explain your household situation.



CERTIFICATION SIGNATURE(S) (DO NOT LEAVE BLANK)

- I certify that the information provided on this application and all supporting documentation is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my children receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and will result in the scholarship being denied or revoked.
In applying for a scholarship, I agree to abide by and accept the determination of eligibility made by PSAS and Florida P.R.I.D.E.
I understand the information I provide will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information.
I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
I understand that Florida P.R.I.D.E does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
I authorize PSAS and Florida P.R.I.D.E to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships. I authorize this form and all attachments to be returned to Florida P.R.I.D.E.
I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent Handbook, available online at www.FloridaPRIDE.org.
I understand that my child(ren) must take an approved nationally recognized standardized test.
I understand that if I am deemed eligible and am awarded a scholarship for 2007/2008, that I am not automatically entitled to a scholarship in following years.
I understand that it is my responsibility to reapply and document my eligibility each year if I accept a scholarship.
DO NOT enroll your child into a private school until you have actually received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF)! Funding is not guaranteed. I understand if I enroll my child before receipt of a SCF, I will be responsible for their tuition and may not qualify for future scholarship funding.

Parent/Guardian A Signature

Parent/Guardian B Signature

Date

PSAS / Florida P.R.I.D.E. Scholarship Application, P.O. Box 458025, Westlake, Ohio 44145

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To check the processing status of your application (4-6 weeks after mailing), go to www.mypsas.org or call 800-664-1530.

Keep a copy of your completed application and all documents.

DOCUMENTATION CHECKLIST

THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING AN INCOMPLETE APPLICATION. IN ORDER FOR AN APPLICATION TO BE REVIEWED, IT MUST INCLUDE:

- Detailed signed copies of all pages and Schedules of your 2006 Federal Income Tax Return Form 1040, 1040A or 1040EZ (**as filed with the IRS**) or IRS transcript for all household members. E-file Recaps and/or Summary Forms are not acceptable. (See INSTRUCTIONS for specific requirements.)
- Documentation of TOTAL YEARLY AMOUNTS received in 2006 for all Non-Taxable Income (see INSTRUCTIONS for specific requirements).
- For each student entering 1st-12th grade a report card showing at least 3 consecutive grading periods (must include 1st grading period) is required.
- For each student entering Kindergarten, a copy of their birth certificate is required.
- Money order payable to PRIVATE SCHOOL AID SERVICE (PSAS) for the non-refundable processing fee of \$30.00 per household application.

IMPORTANT REMINDERS:

- ✓ Additional postage will be required to mail this application.
- ✓ Do not send any original documents. Documents will not be returned.
- ✓ **Make a photocopy of your completed Application and all attachments for your records.**

If the above items and any additional documents required are not sent with this application, your household may not be eligible for a scholarship.

Renewal applications must be postmarked no later than **May 1, 2007.**
Renewal applications mailed after this deadline may not be awarded.

REQUIRED DOCUMENTATION

Guardianship documentation is required for every child in the household:

Acceptable guardianship documentation includes: a 2006 Federal Tax Return from you, or another household member, listing the child/children; Food stamp/TANF/etc. 2006 statements listing all household members including child/children; SSI/disability 2006 statements for the child/children showing you as the guardian; or a court document (i.e. Divorce agreement) showing that you have primary custody of the child/children.

If a 2006 Federal 1040 Tax Return was filed: You must submit photocopies of all pages of the 2006 Federal Tax Return Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules) for all individuals in your household. EVERY TAX RETURN MUST BE SIGNED by the individual for which it is submitted to the IRS. IRS Transcripts may be required.

Self-prepared tax returns are NOT acceptable, submit your tax return to the IRS early and request a transcript of your tax return to submit with your application (you may contact the IRS at 1-800-829-1040 or www.irs.gov). E-file returns and tax summaries are not acceptable.

If a 2006 Federal 1040 Tax Return was NOT filed: If you are not required to file a 2006 Federal 1040 Tax Return due to low income or only non-taxable income received in 2006, a statement from the IRS indicating that you did not file will be required. Contact the IRS at 1-800-829-1040 or www.irs.gov/pub/irs-pdf/f4506t.pdf. Photocopies of all documentation for income received during 2006 showing TOTAL YEARLY AMOUNTS will be required for all individuals residing in the household.

If you did not file a tax return yet due to filing for an extension, please file as soon as possible. Extensions will not be accepted. Failure to submit a 2006 Federal Tax Return will result in your household not being eligible for a scholarship.

INSTRUCTIONS

A & B PARENT OR GUARDIAN

This scholarship application should be completed by the parent(s)/guardian(s) with whom the student(s) is living. If the parents/guardians are divorced or separated, only the person with legal custody should fill out the form. Write Parent/Guardian A's social security number (your case number) on each page of the application, all other documents included, and any supplemental documentation sent in after the original application is submitted.

Answer *all questions* for both parent(s)/guardian(s) living with the applicant/student(s) listed in Section J. **Do not leave any questions blank.** If Parent/Guardian A is single, divorced or separated, answer all questions in Section E. If Parent/Guardian A is divorced and remarried, list information for custodial parent/guardian and new spouse.

Parent/Guardian A will be required to sign each scholarship check.

C HOUSEHOLD INFORMATION

ITEM 1: Enter total number of individuals living in household, including parents/guardians, children and all others. Do not include children who have moved out of the home.

ITEM 2: Please identify the primary language spoken in your household.

ITEM 3: Check only one box indicating the current marital status of the person listed in Section A. If parents/guardians are single, divorced or separated, complete Section E.

D HOUSEHOLD CLARIFICATION

List all individuals who lived in the household during 2006. Identify the relationship to the student(s) applying, the age of the individual, circle whether they did or did not file a 2006 tax return, list their total income and how long they have lived in the household. 2006 Income Documentation for each income-earning household member must be provided.

E SINGLE, DIVORCED OR SEPARATED

If student's parent/guardian is single, divorced or separated, the custodial parent /guardian must provide the information requested in Section E about the non-custodial parent/guardian.

For separated parents/guardians only: Documentation verifying a separate address is REQUIRED. Acceptable documentation from the separated spouse includes either a utility bill dated in 2006 showing a separate address or a 2006 Federal 1040 Tax Return Transcript showing a separate address. If Parent/Guardian A is unable to supply the above documentation, the household eligibility will not be able to be determined and no scholarship will be able to be awarded - please consider this when applying.

F INCOME

In order to meet the Income Guidelines for the Florida P.R.I.D.E. Scholarship your total household income must be equal to or below the amount stated for your household size. For New & Add-On households greater than 8, add \$6,438 for each additional household member; for Renewal households greater than 8, add \$6,960 for each additional household member.

Effective from July 1, 2007 to June 30, 2008.

Household Size	New & Add-On Income	Renewal Income
2	\$25,327	\$27,380
3	\$31,765	\$34,340
4	\$38,203	\$41,300
5	\$44,641	\$48,260
6	\$51,079	\$55,220
7	\$57,517	\$62,180
8	\$63,955	\$69,140

ITEM 1: Enter total adjusted gross income as reported on your 2006 IRS Form 1040, 1040A or 1040EZ. Include all pages of the applicable tax form (1040, 1040A, 1040EZ) as documentation for each individual living in the household.

ITEM 2: Enter total yearly amount of Social Security Benefits, SSI, and/or Disability income received during 2006. Include official year-end award letters/statements verifying total amounts received for each type of income for each individual living in the household.

ITEM 3: Enter total yearly amount of Welfare/Cash Assistance (TANF) received during 2006. Include official year-end award letters/statements verifying total amounts received for each individual living in the household.

ITEM 4: Enter total yearly amount of Child Support *received* during 2006. Include documentation verifying total amounts received for each individual living in the household. A copy of the court order or check received is acceptable. If total received differs from court ordered amount, list only the total received.

ITEM 5: Enter total yearly amount of Parsonage (religious leader paid housing) provided during 2006 for each individual living in the household.

ITEM 6: Enter total yearly amount of other income not previously listed that was received in 2006 for each individual living in the household. Include documentation or written explanation of all amounts.

G ADDITIONAL FINANCIAL RESOURCES

Check all applicable sources. List the total amounts received in 2006 from January to December (not monthly amounts). You must provide year-end statements for the following items: Public Assistance (cash assistance, etc.), Housing Assistance (Section 8, HUD, etc.) and any Student Loans or Grants received for the PARENT's continuing education.

H HOUSING INFORMATION

ITEMS 2a and 3a: List the total monthly amount paid including any assistance received and the amount you pay, see example.

ITEMS 2b and 3b: List the partial monthly amount that is paid by you and others living in your household, see example.

ITEMS 2c and 3c: List the partial monthly amount that is paid by other sources as assistance toward your housing payment, see example.

Example:

2. If you are renting:
- a. What is your monthly rental payment? \$ 800 per month
 - b. Amount paid by household) \$ 150 per month
 - c. Amount paid by other source(s) \$ 650 per month from HUD
or \$ 650 per month from family

All information must be disclosed. Failure to fully document and complete this application will result in your application being denied. This application is the ONLY chance you have to explain your household situation.

I CHILD(REN) NOT CLAIMED ON TAX RETURN

Identify person(s) claiming the child(ren) for the 2006 tax year. Provide all appropriate documentation (either 2006 Tax Return, or a different form of Guardianship Documentation verifying the child's permanent residence, as applicable).

J APPLICANT/STUDENT INFORMATION

Please list any student applying for the scholarship. Students must be entering Kindergarten through 12th grade and their birthday must be on/or before September 1, 2002, in order to qualify.

New applicants entering grades 2-12 must have attended a Florida public school for the entire 2006-2007 school year, by law, to be eligible.

Answer or check ALL questions. Leaving questions blank may delay processing and may lead to your household not being eligible for scholarship.

If the student is entering Kindergarten a copy of their birth certificate is required.

If the student is entering 1st through 12th grade a report card showing at least 3 consecutive grading periods (must include 1st grading period) is required.

If your student's school does not give report cards, provide (for each student) their birth certificate, 3 consecutive progress reports, and a letter from the school indicating how long your student has been attending and what grade they are currently in for the 2006-2007 school year. This letter must be signed by a school official and be on the school's letterhead.

If applying for more than three students, make a copy of Section J prior to completing and include this additional sheet with the application. Be sure to write Parent/Guardian A's social security number on this additional page.

K EXPLANATIONS

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please use an additional sheet if necessary.

L CERTIFICATION SIGNATURE(S)

You **must** sign the application in this section. Your signature authorizes PSAS to release the application and required documentation to the organization contracting with PSAS. By signing the application, you also certify that the information submitted is true, correct, and complete. This application CANNOT be completed without the appropriate signature(s) and the appropriate documentation.

To check the processing status of your application (4-6 weeks after mailing), go to www.mypsas.org or call 800-664-1530.

Keep a copy of your completed application and all documents.

ALONG WITH YOUR APPLICATION YOU MUST INCLUDE:

APPLICATION CHECKLIST

- Make sure that all the information about your household is correct.
- SIGN the completed application and second page of all tax returns and return it with all the required documentation. If two Parent/Guardian(s) are listed, both must sign the application for it to be processed.
- Send documentation of each member of your household's income. This must include a signed copy of last year's tax return(s), IRS Transcript and/or year-end award letters/statements for any and all income sources.
- Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. Do not leave any spaces blank. Attach an additional sheet of paper, if necessary.
- Write Parent/Guardian A's Social Security Number (your case number) on every document submitted; both with the application and any documents sent at a later time. **Failure to complete this step may lead to your document not being matched up with your application, and may lead to your household not being eligible for a scholarship.**
- Send readable copies of documentation only. DO NOT send original documents. Documents will not be returned.
- Address updates must be made to Florida P.R.I.D.E.: info@floridapride.org or call 866-590-5374.

Copies of your 2006 1040, 1040A or 1040EZ form (all pages)

Form 1040 Department of the Treasury—Internal Revenue Service 2006 U.S. Individual Income Tax Return

Label: Your first name and initial, Last name, Your social security number, Spouse's social security number, Home address (number and street), Apt. no., City, town or post office, state, and ZIP code.

Filing Status: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions: a Yourself, b Spouse, c Dependents.

Income: 7 Wages, salaries, tips, etc., 8a Taxable interest, 8b Tax-exempt interest, 9a Ordinary dividends, 9b Qualified dividends, 10 Taxable refunds, credits, or offsets of state and local income taxes, 11 Alimony received, 12 Business income or loss, 13 Capital gain or loss, 14 Other gains or losses, 15a IRA distributions, 15b Pensions and annuities, 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc., 16b Farm income or loss, 17 Unemployment compensation, 18 Social security benefits, 19 Other income.

Adjusted Gross Income: 23 Another MSA deduction, 24 Certain business expenses of reservists, performing artists, and fee-basis government officials, 25 Health savings account deduction, 26 Moving expenses, 27 One-half of self-employment tax, 28 Self-employed SEP, SIMPLE, and qualified plans, 29 Self-employed health insurance deduction, 30 Penalty on early withdrawal of savings, 31a Alimony paid, 31b IRA deduction, 32 Student loan interest deduction, 33 Jury duty pay you gave to your employer, 34 Domestic production activities deduction, 35 Add lines 23 through 31a and 32 through 35, 36 Subtract line 35 from line 34. This is your adjusted gross income.

Copies of all 2006 W-2 forms FROM ALL EMPLOYERS

Form W-2 Wage and Tax Statement 2006 Department of the Treasury—Internal Revenue Service

Control number, OMB No. 1545-0048, Sole, accounts, FAST! Use, Visit the IRS website at www.irs.gov/efile.

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

d Employer's social security number

e Employer's first name and initial, Last name, Suffix

f Employer's address and ZIP code

1 Wages, tips, other compensation, 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9 Advance EIC payment, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b, 12c, 12d, 13 Statutory rate, 14 Other, 15 State wages, tips, etc., 16 State income tax, 17 State income tax, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name.

Copies of all 2006 1099 forms (where applicable)

Form 1099-MISC 2006 Department of the Treasury—Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.

PAYER'S federal identification number

RECIPENT'S identification number

RECIPENT'S name

Street address (including apt. no.)

City, state, and ZIP code

Account number (see instructions)

1 Rents, 2 Royalties, 3 Other income, 4 Federal income tax withheld, 5 Fishing boat proceeds, 6 Worker and health care payments, 7 Nonemployee compensation, 8 Substitute payments in lieu of benefits or interest, 9 Payments made direct sales of \$5,000 or more of consumer products to a buyer (except for resale), 10 Crop insurance proceeds, 11 Excess golden parachute payments, 12 Gross proceeds paid to an attorney, 13a Section 408A deferrals, 13b Section 408A income, 14 State tax withheld, 15 State/Player's state no., 16 State income.

If you do not have all of the documentation required:

Contact the IRS for a copy of your 1040, 1040A or 1040EZ, and any Schedules, etc. 1-800-829-1040