



Since 1998, providing educational choice to low-income children throughout the Louisville community

REQUEST TO ADD FOR MEETINGS

I _____ am requesting School Choice Scholarships
NAME OF PERSON REQUESTING TO BE ADDED

to authorize me to attend and receive credit for School Choice meetings. The School Choice children I wish to be added for are : _____

CHILD/REN'S NAME & CHILD/REN'S SCHOOL/S

My relationship to the child/ren is *(please circle one)* FATHER MOTHER CO-PARENT STEP-PARENT
FOSTER PARENT GRANDMOTHER GRANDFATHER OTHER *(EXPLAIN)* _____

PLEASE CHECK ONE:

- I am a member of the household on the School Choice application submitted for this child/ren & all financial documentation for me was included with it.
- I am not a member of this child's household, however I provide financial support as documented in this child/ren's School Choice application.

SIGNATURE OF PERSON REQUESTING TO ATTEND SCS MEETINGS

PRINTED NAME

DATE FORM SUBMITTED: _____

CONTACT INFORMATION FOR PERSON REQUESTING TO ATTEND SCHOOL CHOICE MEETINGS:

Address City State Zip

Cell Phone: (____) _____ Home Phone: (____) _____

Place of Employment & Job: _____ Work Phone: (____) _____

Email Address: _____

THIS REQUEST WILL BE REVIEWED BY SCHOOL CHOICE SCHOLARSHIPS.
WITHIN 10 BUSINESS DAYS, YOU WILL RECEIVE WRITTEN NOTIFICATION IF YOUR REQUEST HAS BEEN APPROVED.