

School Choice Scholarships

P.O. Box 221546 Louisville, KY 40252-1546

PHONE: 502-254-7274 FAX: 502-245-4792 EMAIL: info@schoolchoiceky.org

Request to Add Person to Attend SCS Events

I request School Choice Scholarships (SCS) authorize the following parent or guardian receive credit for attending SCS events: (please print clearly)

Name: _____

Relationship to Child: _____

Child/ren's Name: _____

Child/ren's School: _____

PLEASE CHECK ONE:

- This person is listed as an adult member of my household on my School Choice application and all financial documentation is included in my School Choice application.
- This person is ***NOT*** listed as an adult member of my household on my School Choice application. This person is a noncustodial parent of this child. I have included my child's birth certificate with this person's name on it and proof of their residency outside of the child's home.

Signature of Person requesting to be added

Date

Printed Name of Person requesting to be added

List All Requested Contact Information for Person requesting to be added below:

Relationship to Child: _____

Home Address

Place of Employment

Home Phone

Cell Phone

Work Phone

Email Address

Guardian Signature

Date

Printed Name of Guardian

Guardian's Relationship to person requesting to be added: _____

This request will be reviewed by School Choice Scholarships within 10 business days of submittal. You will receive notification by mail after your request has been approved or denied.