



ST. ANTHONY  
— DE PADUA —  
CATHOLIC SCHOOL

## SCHOOL CHOICE SCHOLARSHIP (VOUCHER) APPLICANT INFORMATION FORM

2025-26 School Year

St. Anthony Student Name (one form per student): \_\_\_\_\_

Who does the student live with more than 50% of the time? ☐ Mother ☐ Father ☐ Both in same household

Address of Student: \_\_\_\_\_

2025-26 Grade Level: \_\_\_\_\_

Public School Corporation of Legal Settlement: \_\_\_\_\_  
(for example, South Bend Community School Corporation)

**Household Income** (This must include income from ALL people living in the household)

I have completed my financial aid application through FACTS at:

<https://online.factsmgt.com/signin/3FFKJ> - required before assistance applications can be processed

☐ Yes ☐ No

A. Adjusted Gross Income from federal 2024 taxes = \$ \_\_\_\_\_

B. Other Income received in 2024 not represented on taxes = \$ \_\_\_\_\_ (Total of all items checked below)

**Check all below that apply and attach income documentation:**

\_\_\_\_\_ Wages, salaries, tips, commissions, overtime pay, and bonuses that are not part of the adjusted gross income above

\_\_\_\_\_ Child Support/Welfare/Alimony

\_\_\_\_\_ Net income from self-owned businesses and farms

\_\_\_\_\_ Unemployment compensation/Worker's compensation/Strike benefits

\_\_\_\_\_ Child's income (Seasonal or temporary earnings of a child are not included)

\_\_\_\_\_ Social Security/Retirement/Disability benefits

\_\_\_\_\_ Distributions from retirement or investment accounts

\_\_\_\_\_ Net rental income, annuities, and net royalties

\_\_\_\_\_ Interest and dividend income

\_\_\_\_\_ Inheritance, income from estates, trusts, and/or investments

\_\_\_\_\_ Regular contributions/Investment gifts from persons not living in the household

\_\_\_\_\_ Military pay received prior to deployments or not resulting from deployments

\_\_\_\_\_ Life insurance benefits

\_\_\_\_\_ Subsidy payments for adopted students

\_\_\_\_\_ Other Income from \_\_\_\_\_

C. TOTAL HOUSEHOLD INCOME (A+B from above) = \$ \_\_\_\_\_

Over

Household Size: # \_\_\_\_\_ This must include the total number of **ALL ADULTS AND CHILDREN** living in the household):

**Names and Ages:**

1. Name	_____	Age	_____
2. Name	_____	Age	_____
3. Name	_____	Age	_____
4. Name	_____	Age	_____
5. Name	_____	Age	_____
6. Name	_____	Age	_____
7. Name	_____	Age	_____
8. Name	_____	Age	_____

The number living in my household is different from the household size on my taxes because . . . (example - their father/mother who does not live with us claimed “child’s name” on their 2024 taxes)

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*I certify that the income and household size I have reported are accurate. It includes **all** income as stated in the Choice Program Income Verification Rules summarized in the list above. I am providing documentation for other income listed.*

*I authorize the school administrator/designee to input the information included in this form and the income information from my FACTS application onto the Choice Scholarship Application on behalf of the student.*

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Parent/Guardian Signature

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Date

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Parent/Guardian Printed Name

Additional School Choice Scholarship (Voucher) information may be found at  
<https://school.stasb.org/scholarships> or at  
<https://www.in.gov/doe/students/indiana-choice-scholarship-program/>

Questions regarding the Choice Scholarship (Voucher) process may be directed to  
Pam White at [pwhite@stasb.org](mailto:pwhite@stasb.org) or 574-233-7169