

**SCHOLARSHIP REQUEST FORM
OZARK EDUCATION, INC.**

STUDENT NAME:

PARENT NAME:

PHONE:

Please attach one of the following proofs of eligibility:

- Free or reduced lunch card
- EBT or SNAP card
- Copy of 1040 or 1040EZ tax return (use chart below to determine income eligibility)

Persons in family 2013 poverty guidelines:

Persons in family/household	Poverty guideline
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630

Families not qualifying by above standards may still be eligible for scholarships if any are left over the day before classes start. The student will be put on a waiting list by checking the space below:

_____ We do not qualify for the scholarship qualifications but are unable to pay and would like to go on the waiting list for extra scholarships.

Signature of applicant: _____ Date: _____