



# Choice Impact Study

*Learning Session*

# Prayer

O God,

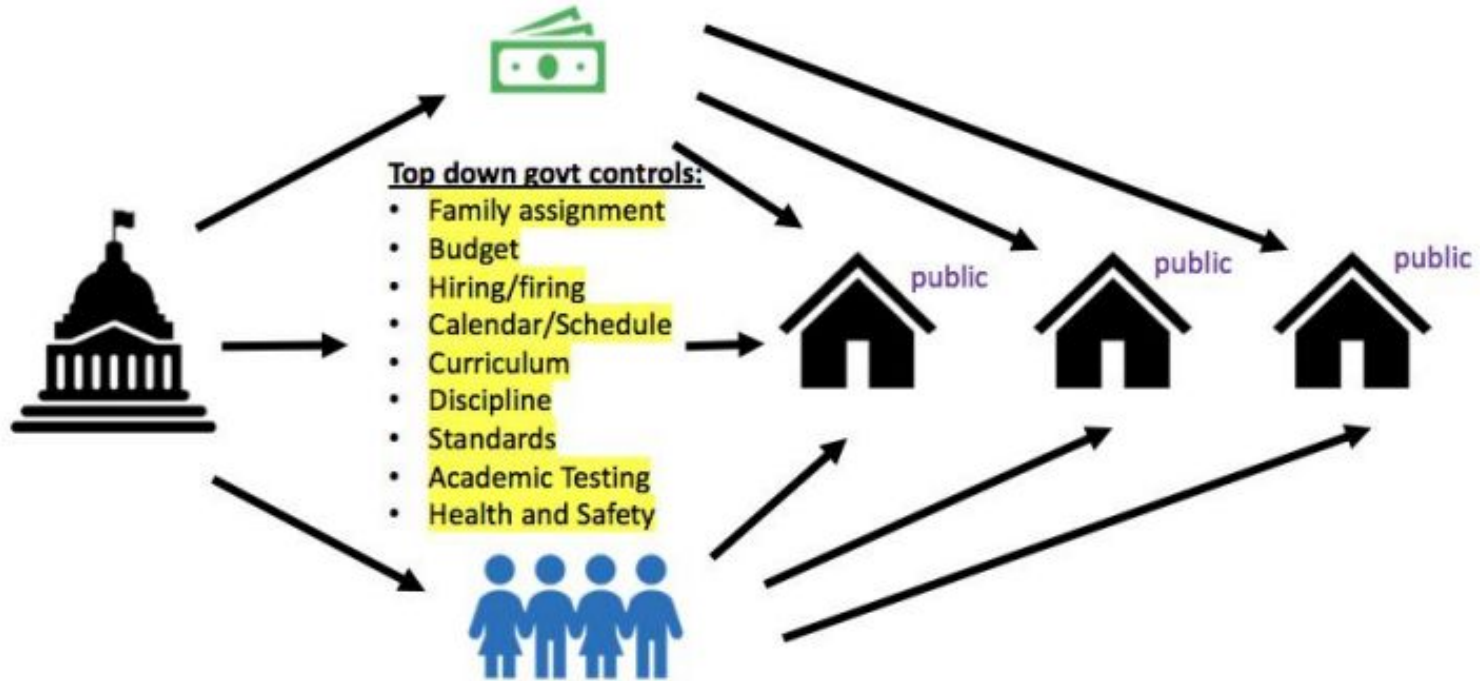
You have blessed us in so many ways. We ask for wisdom and discernment in this study. Our goal is to honor what came before, strengthen it in the present, and preserve it for the future. We ask you unite us in this great mission of helping each student, family, and member of our community grow in knowledge and love of you.

Amen.

# Agenda

- Welcome
- Explanation of Indiana Choice Scholarship Program
- Indiana School Choice History
- SPP Choice Program
- Income Guidelines
- Tithing
- Impact on Parish
- Next Steps
- Questions

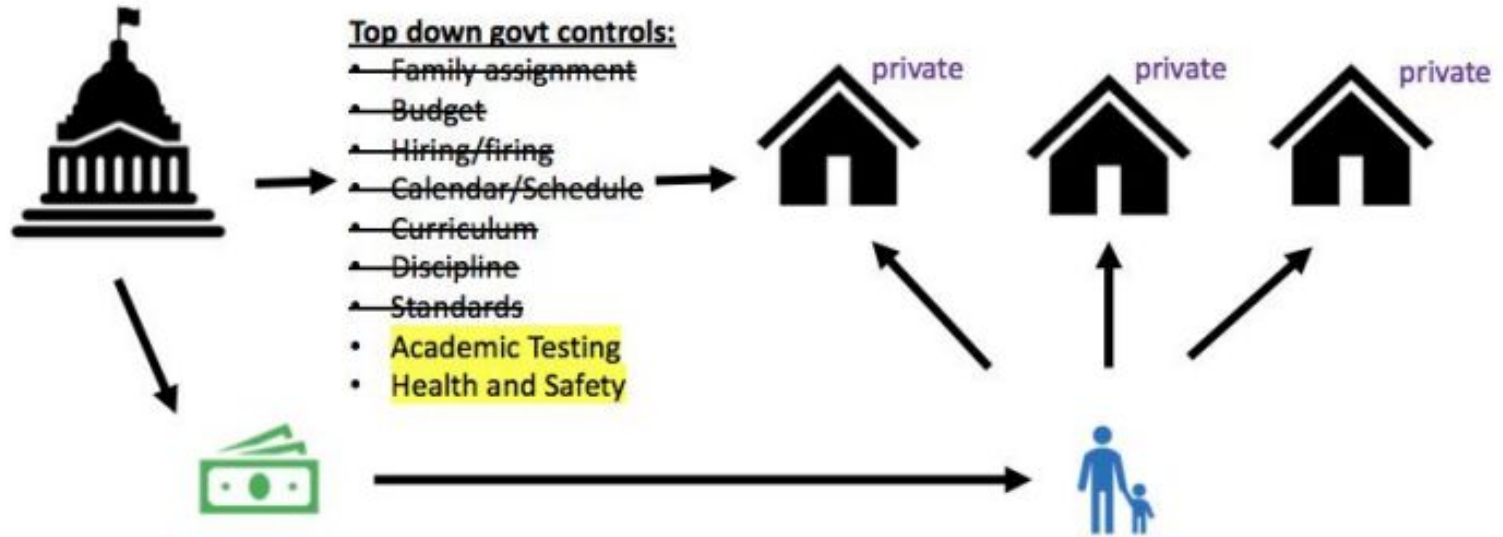
# Traditional K-12 Public Schooling (since the Progressive Era)



# K-12 Private Schooling



# K-12 Private Schooling w/ Public Funding (since 1989) (via vouchers, tax credit scholarships, etc.)





**Choice Scholarship Program  
Eligibility Requirements  
2023-2024 School Year**

**Student Eligibility Criteria**

To be eligible, a student must satisfy each of the following requirements:

- Have a legal settlement in Indiana;
- Is at least five years of age and less than 22 years of age on or before October 1 of the school year;
- Is a member of a household with an annual income of not more than 400% of the amount required for the individual to qualify for the federal free or reduced price lunch program.

Choice Income Guidelines	
Household Size	400% of Free/Reduced Lunch Eligibility Annual Household Income Limit <sup>1</sup>
1	\$107,892
2	\$145,928
3	\$183,964
4	\$222,000
5	\$260,036
6	\$298,072
7	\$336,108
8	\$374,144
9	\$412,180
10	\$450,216

<sup>1</sup>Add \$38,036 for each additional family member.

Note: Income levels are determined in accordance with the Income Verification Rules document available [here](#).

To view additional Indiana Choice Scholarship resources, scan the QR code.



# 2023-2024 Sts. Peter & Paul School Scholarship Application

Student Name \_\_\_\_\_ Grade for 2023-2024 \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

The student resides in which public school corporation? \_\_\_\_\_

Number of Members in Household \_\_\_\_\_ 2022 Household Income (AGI from tax return) \_\_\_\_\_

Did you receive any additional income during 2022? Y N If yes, please provide amount \_\_\_\_\_

If the 2022 tax return does not provide an accurate description of your financial situation, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Does this student receive special education services (IEP or ISIP including speech)? Y N

School attended in 2022-2023 \_\_\_\_\_

Did this student receive a School Choice Scholarship (Voucher) or SGO during the previous school year? Y N

Did a sibling of this student receive a School Choice Scholarship (Voucher) or SGO during the previous school year? Y N

Signature of parent (s) applying for scholarship: \_\_\_\_\_

I/We certify that all submitted information is true, correct, and complete to the best of my/our knowledge. I/We understand that we are applying for all forms of scholarship, including Tax Credit Scholarship (SGO) and/or School Choice Scholarship and have provided the requested documents.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AN APPLICATION MUST BE FILLED OUT FOR EACH STUDENT APPLYING FOR A SCHOLARSHIP**

Please return completed application with required documentation via email to [mhowington@evdio.org](mailto:mhowington@evdio.org) or to the school office.

<b>1040</b>	Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	<b>2022</b>	OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.																																			
<b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.																																						
Your first name and middle initial _____ Last name _____		Your social security number _____																																				
If joint return, spouse's first name and middle initial _____ Last name _____		Spouse's social security number _____																																				
Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																			
City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____		Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____																																				
<b>Digital Assets</b> At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Standard Deduction</b> <input type="checkbox"/> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																						
<b>Age/Blindness</b> You: <input type="checkbox"/> Were born before January 2, 1958 <input type="checkbox"/> Are blind <input type="checkbox"/> Spouse: <input type="checkbox"/> Was born before January 2, 1958 <input type="checkbox"/> Is blind																																						
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