

School Information

Please complete the following section about the school in which the applicant(s) will be enrolled next school year.

School Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

School Year for Which You Are Applying: _____

Need

Please briefly explain why you are applying for a scholarship from the SGO.

Income Verification

The State of Ohio requires Scholarship Granting Organizations to prioritize low-income families in scholarship awarding. To maintain our organizational certification, we verify applicant's income level. Please use the [Income Verification Form](#) available on our website to verify your income. Information about income verification is at www.ohiosgo.org/for-parents.

I have completed this application accurately to the best of my knowledge.

Signature of Primary Parent or Legal Guardian

Date

Please mail this form and all required documentation to the address below or email to info@ohiosgo.org.

Please send copies of original documents. Documents will not be returned.

Must be submitted by the scholarship application deadline.

BCSGO Scholarships

2400 Chandlersville Rd., Zanesville, OH 43701