



## 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](http://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](mailto: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