



Rocket City Scholarship Granting Organization

2025-26 Application

Student Information

First Name: _____ Middle: _____ Last Name: _____

Grade for Scholarship Year (circle one): K5 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: _____ Age: _____ Gender: M F

Social Security # _____ - _____ - _____

Race/Ethnicity (check one):

- | | |
|---|---|
| <input type="checkbox"/> 1-American Indian/Alaskan Native | <input type="checkbox"/> 5-White/Caucasian |
| <input type="checkbox"/> 2-Asian/Pacific Islander | <input type="checkbox"/> 6-Two or more (please specify below) |
| <input type="checkbox"/> 3-Black/African American | _____ |
| <input type="checkbox"/> 4-Hispanic | <input type="checkbox"/> 7-Unknown |

Has this student/family applied for CHOOSE Act funds? Yes No

Does this student have a sibling who receives a Rocket City SGO Scholarship?
 Yes No If Yes, Provide their name(s): _____

*Please fill out the following questions completely. This information is **not** used to render scholarship decisions but **must be included** to process your application.*

Has this student ever repeated a grade: Yes No

Does this student or will the student require special accommodations or services due to a learning disability: Yes No

Does the student have a limited English language proficiency? Yes No

Does the parent/legal guardian have a limited English language proficiency?
 Yes No

Household Information

Parent/Legal Guardian #1 Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

Parent/Legal Guardian #2 Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

*This information is required by the state of Alabama and does not affect scholarship award decisions in any way. Rocket City SGO **never** discriminates based on the gender, race, language, or disability status of the scholarship applicant or their parent/guardian.*

(Household Information Cont.)

The applicant lives with: Parent(s)
 Legal Guardian (custodial documentation required)
 Other (please explain) _____

List any additional adult family members, over the age of 18, living in the household:

Additional Adult #1: _____ Age: _____ Relation to Applicant: _____

Additional Adult #2: _____ Age: _____ Relation to Applicant: _____

Are these additional adults living in the household considered dependents being claimed on the 2024 1040 Tax Form? Yes No

List all dependent children, 18 years or younger living in the household. Please include their age and relationship to parent/guardian.

Applicant's Name: _____

Child #2: _____ Age: _____ Relationship to Parent/Guardian: _____

Child #3: _____ Age: _____ Relationship to Parent/Guardian: _____

Child #4: _____ Age: _____ Relationship to Parent/Guardian: _____

Child #5: _____ Age: _____ Relationship to Parent/Guardian: _____

Child #6: _____ Age: _____ Relationship to Parent/Guardian: _____

*Please use an additional piece of paper if additional space is needed to list ALL DEPENDENTS.

Total Number of Persons Living In the household: _____

Number of Persons Over the age of 18 in the household: _____

Household Income Statement

All questions must be answered as part of a complete application package. If a question does not apply, indicate N/A. Supporting documents and annual totals must be provided for all household income.

Did Parent/Guardian #1 file taxes for 2024? Y/N

If yes, please provide the Adjusted Gross Income (AGI) from the 2024 IRS Form 1040

\$ _____

Did Parent/Guardian #1 have any additional income in 2024?

<input type="checkbox"/> No	
<input type="checkbox"/> SSI/SS Disability	\$ _____
<input type="checkbox"/> Unemployment Compensation	\$ _____
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Other	\$ _____

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(Household Income Statement Cont.)

Did Parent/Guardian #2 file taxes in 2024?

_____ Yes, married filed jointly with parent/guardian #1

_____ Yes, filed separately from parent/guardian #1

If yes, and filed separately, please provide the Adjusted Gross Income (AGI) from the 2024 IRS Form 1040

\$ _____

Did Parent/Guardian #2 have any additional income in 2024?

_____ No

_____ SSI/SS Disability \$ _____

_____ Unemployment Compensation \$ _____

_____ Child Support \$ _____

_____ Other \$ _____

Was there any additional income in 2024? _____ Yes _____ No

If yes, please provide name(s) of family/household members, support documents and 2024 annual totals below (use a separate piece of paper if necessary).

Name: _____

_____ SSI/SS Disability \$ _____

_____ Unemployment Compensation \$ _____

_____ Child Support \$ _____

_____ Other \$ _____

2024 TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

Parent/Guardian Certification

By signing this form, I certify that the student currently lives with the person whose income is attached and the information and documentation provided, including family size and income statement(s) are true, correct, accurate and complete. I recognize that eligibility determination is exclusively the responsibility of Rocket City SGO. I understand that maximum scholarship amounts are subject to change depending on funding available. I understand that should my child receive a scholarship award from Rocket City SGO, the scholarship is awarded to my child and not specifically to the school listed on this application.

Email Consent: I give permission for Rocket City Scholarship Granting Organization use my email for correspondence regarding my child, their scholarship and the organization as a whole. (initial please) _____

Media Release: I give consent for my child's name, image, photograph, video, audio or other form of media to be used in any and all print materials, videos and social media venues for promotion of the school and/or Rocket City SGO that help support our mission of providing scholarships for students. (initial please) _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

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School Information

School of Choice: _____ Public or Private (circle one)
Is this student a first time RCSGO Scholarship Recipient? _____ Yes _____ No
What was the year of the student’s first Rocket City SGO scholarship? _____
How many years has this student received a scholarship? (including the 2025-2026 school year) _____
Did this student receive a scholarship from another SGO last year? _____
What school is the student zoned for: _____
Is it a Priority School: _____ Yes _____ No
In what county is the zoned school: _____
What school did the student attend in 2024-2025 School year? _____
Did the student attend multiple schools in the 2024-2025 School year? _____ Yes _____ No
If yes, list additional school(s): _____

Tuition Verification – Must Be Completed by School

Annual Tuition Rate Without Discounts (*NO fees to be included*): \$ _____
List All Discounts That Apply: _____ \$ _____
List All Fees That Apply: _____ \$ _____
_____ \$ _____
2025-26 Tuition Total: \$ _____

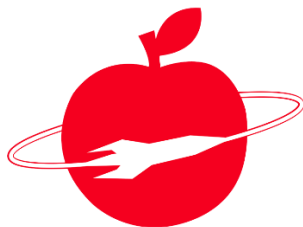
Tuition Requested from RCSGO: \$ _____

School Official Certification

I certify that the information provided on this scholarship application, which includes the tuition verification, family size statement, and the family income statement is true, correct, accurate and complete to the best of my knowledge. I recognize that eligibility determination is exclusively the responsibility of Rocket City SGO.
I certify that the tuition, fees, family responsibility and additional scholarship/financial assistance amounts provided are true, correct, accurate and complete acknowledgement of the partner school’s current published rates and subsidies.
I understand that maximum scholarship amounts are subject to change at the discretion of Rocket City SGO and are dependent on funding available.

School Name: _____
Print Name of Principal: _____
Signature of Principal: _____ Date: _____

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Rocket City Scholarship Granting Organization

Application Checklist

_____ I have attached a copy of the 2024 Federal Tax Return (first two pages of Form 1040) of the student's parent/guardian to verify income.

_____ I have attached a copy of all additional forms of income verification listed in the Household Income Statement portion of this application.

_____ I have attached an acceptance letter from my school of choice.

_____ I have attached a School Assign Form (only required for students zoned for priority schools)

_____ I have attached Custodial Documentation (if needed).

Please submit your application to your school of choice. Schools will submit complete applications to Rocket City SGO.

Rocket City SGO will accept applications for returning scholarship recipients April 1-30, 2025, and for new applicants April 15-30, 2025. **We will not accept late or incomplete applications.**

Please contact Rocket City SGO to find out more about your rights as an SGO scholarship recipient. Submission of a scholarship application does not guarantee a scholarship award for the upcoming academic year. Scholarship award notifications will be made by each school on August 1, 2025.