

Oklahoma State Department of Education (OSDE)
Special Education Services (SES)

***Lindsey Nicole Henry Scholarship
for Students with Disabilities Application***

New Application **Annual Renewal Application** (check one)

The application for the Lindsey Nicole Henry (LNH) Scholarship must be completed by the parent or guardian and submitted to the OSDE **each year**. The LNH Scholarship application must be received by the OSDE **no later than December 1, 2014**, to be considered for the 2014-2015 school year. Proration of the scholarship will occur if the applicant is approved AFTER the school year begins. **For renewal purposes**, failure to submit this application by December 1, 2014, will be considered voluntary forfeiture of the LNH Scholarship.

Acceptance of the LNH Scholarship shall have the same effect as parent revocation of consent for special education services (See "Parents Rights in Special Education: Notice of Procedural Safeguards").

SECTION A – CONTACT INFORMATION (All Applicants Must Complete)

Application Date: _____ Is the parent/guardian a State of Oklahoma employee? **Yes** **No**

Student's Full Name: _____

Student's Date of Birth: _____

Student's Address: _____

City/State/Zip: _____

Parent/Legal Guardian: _____

Phone Number w/Area Code: _____

Parent's Address: _____

City/State/Zip: _____

School District of Residence: _____

Grade Entering: _____

Private School Name/Acceptance Date: _____

(**Attach 2014-2015 letter of acceptance** from the approved private school you wish your child to attend. The acceptance letter must be dated prior to the application date).

Parent email: _____

Have there been any changes in the child's address, private school selection, or other relevant information since the 2013-14 school year? **Yes** **No**

If yes, please explain: _____

Please contact Ms. Amanda Haley, Administrative Asst. or Ms. Anita Eccard, Director of Financial Planning if you need additional assistance. For updates and more information, please visit the OSDE Web site at <ok.gov/sde/lindsey-nicole-henry-lnh-scholarship-program-children-disabilities>.

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SECTION B – STUDENT ELIGIBILITY INFORMATION (New Applicants Only)

Please answer the following:

Child's Name: _____

1. Did your child attend an Oklahoma public school last year? If yes, list district name and attendance dates: _____
2. Is your child currently enrolled in a public school? Yes No
(The parent must formally **withdraw** the child from public school within ten (10) business days of receipt of written notification of scholarship approval, if school is in session, or the scholarship may be terminated.)

The following documents must be submitted along with the application by fax or mail:

- Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) Form and most current evaluation/reevaluation documentation
- Current Individualized Education Program (IEP)
- Vendor/Payee Form completed by the parent/legal guardian

Submit completed application and required documents to:

Oklahoma State Department of Education, Special Education Services
Attention: Ms. Anita Eccard
2500 North Lincoln Boulevard, Suite 412
Oklahoma City, Oklahoma 73105

or fax the application and documents to: (405) 522-2380

SECTION C – SIGNATURE (All Applicants Must Complete)

The information I have provided the OSDE for the LNH Scholarship is correct and complete to the best of my knowledge. I understand that acceptance of the LNH Scholarship has the same effect as parent revocation of consent for special education and related services (See attached "Parents Rights in Special Education: Notice of Procedural Safeguards"). I understand that the OSDE will not begin approval of LNH applications until after receiving FY2015 appropriations, which occurs in July of that fiscal year; this begins the timeline for notification. If my child is approved for the LNH Scholarship, submission of this application will be considered to be my acceptance of the scholarship. Once notified of acceptance by the OSDE, I will formally withdraw my child from public school within ten (10) business days (if school is in session), and my child will begin attendance at the private school listed on this application at that time. I understand that I am responsible for all costs incurred at the private school for the 2014-2015 school year **BEFORE** the date of scholarship approval by the OSDE and all other non-educational costs charged by the private school. I understand that the LNH Scholarship award may be terminated if I fail to notify the OSDE within ten (10) business days of changes in my child's address, private school choice, and/or other circumstances that could affect my child's educational progress or compliance with the LNH Scholarship Act. I agree to comply with all the terms and conditions specified in the ACT (70O.S.13-101-2).

Parent/Guardian Signature: _____ Date _____

For OSDE Use Only (Attach all required documentation)

Date Complete: _____

State Aid Verification Date: _____

Acceptance Date for Private School: _____

Approved by: _____

IEP Date: _____

MEEGS Date: _____

Primary Disability: _____

Secondary Disability (if applicable): _____

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
LINDSEY NICOLE HENRY SCHOLARSHIP PARTICIPANT
VENDOR/PAYEE FORM**

The State of Oklahoma requires the following information from new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file.

AGENCY SECTION:

Agency Name: Oklahoma State Department of Education	Agency # 265
Department Name: <u>Special Education Services</u> Phone: <u>405-522-3248</u> Fax: <u>405-522-2380</u>	
PeopleSoft Vendor # _____ (For internal use only)	
Contact <u>Amanda Haley/ Anita Eccard</u>	

- Change of Address Name Change I am a State employee

VENDOR / PAYEE SECTION: (All FIELDS REQUIRED)

Please print clearly: One Parent or legal guardian name per form

_____ Name of Individual (Legal Name on file with IRS)	_____ Phone # With Area code	
_____ Social Security Number of above Individual		
_____ Home Mailing Address		
_____ City	_____ State	_____ Zip (plus four = nine digits)
_____ Child (Children's) Name Receiving Scholarship		

I certify that the above information is correct:

Signature of Individual Payee

Date