

***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, 2016**, to be considered for the 2016-2017 school year. *Proration of the scholarship will occur if the applicant is approved **AFTER** the school year begins.* **For students renewing the scholarship**, failure to submit this application by December 1, 2016, 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/9 Digit Zip: _____

Parent/Legal Guardian: _____ Phone Number w/Area Code: _____

Parent's Address: _____ City/State/Zip: _____

School District of Residence: _____ Grade Entering: _____

Private School Name and Acceptance Date: _____

(**Attach 2016-2017 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 2015-16 school year? **Yes** **No**

If yes, please explain: _____

Please contact Stacy Eden, Administrative Asst., (405) 521-4876, or Anita Eccard, Executive Director, (405) 521-4865, if you need additional assistance. For updates and more information, 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 complete 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 documents listed below must be submitted along with the application by fax or mail. I have enclosed these documents:

- | | (Please circle one) |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ✓ Acceptance Letter | YES NO |
| ✓ Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) Form and most current evaluation/reevaluation documentation | YES NO |
| ✓ Current Individualized Education Program (IEP) | YES NO |
| ✓ Vendor/Payee Form completed by the parent/legal guardian | YES NO |

If you mark NO beside any of the above documents, please do not submit this application until it is complete. Completed application(s) and required documents may be sent to:

Oklahoma State Department of Education, Special Education Services
Attention: Ms. Stacy Eden
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 **NO** direct or indirect funds/services can be received for my child from public schools (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 FY2016 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 2016-2017 school year **BEFORE** the approval date of scholarship 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 (700.S.13-101-2).

Parent/Guardian Signature: _____ Date _____

For OSDE Use Only (Attach all required documentation)

Date Approved: _____ MEEGS Date: _____
State Aid Verification Date: _____ Primary Disability: _____/Secondary Disability _____
Acceptance Date for Private School: _____ IEP Date: _____



State of Oklahoma
Office of Management and Enterprise Services
Vendor Maintenance

Vendor/Payee Form

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be processed. This information is used to establish you in the State of Oklahoma PeopleSoft vendor file for payment and purchase activities.

- Use this form if adding or updating information for a State of Oklahoma Vendor Payee requiring a PeopleSoft Vendor Identification Number.
- Do not use this form for Vendors receiving garnishment payments. Please use OMES Form OSF_GARNVEND located at: http://www.ok.gov/OSF/documents/osf_garnvend.pdf.
- Do not use this form for State employee reimbursement vendor requests. Please use OMES Form Add/Changes for Employees/Board Members located at: http://www.ok.gov/OSF/documents/ap_emp_vend.pdf.
- Vendors pending contract award to a solicitation released by the Central Purchasing Division or other Oklahoma state agency **MUST** register online with the state unless exempt per statute. Please refer to Central Purchasing Vendor Registration for additional information located at: http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html.

AGENCY SECTION (To be completed by State Agency Representative): **State Agency should E-mail completed and signed form to vendor.form@omes.ok.gov or Fax to (405) 522-3663.**

New Vendor **Registered:** Yes No Exempt Explain: _____

Change Address/Location **Address #** _____ **Location #** _____

Change Name **Add New Address**

Change Tax ID # **Other** Explain: _____

Agency Name Oklahoma State Department of Education Fax #: (405) 522-2380

Contact Name Stacy Eden Phone #: (405) 521-4876 Email: Stacy.Eden@sde.ok.gov

1099 Reportable Status

Add: 1 - Rents 2 - Royalties 3 - Prizes & Awards

Remove: 6 - Medical & Health Care 7 - Non-Employee Compensation 10 - Crop Insurance Proceeds

14 - Gross Proceeds to an Attorney

Attention Paying Agency: Please check the **Add** box on the left if payments to this vendor/Payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the **Remove** box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

PeopleSoft (Oracle) 10-digit Vendor #: _____

VENDOR/PAYEE SECTION (To be completed by Vendor/Payee)
 Please print legibly or type this information. Complete and email or fax to requesting State Agency

Name (IRS Legal Name for Business, Individual, or Government Entity) _____ Phone # _____ Fax # _____

Name (Doing Business As Name "DBA" if different than above) _____ Phone # _____ Fax # _____

Tax Identification Number (TIN) and Type: _____ Federal Employer ID (FEIN) Social Security Number (SSN)

Business Address: (To be used for 1099 Reporting)

LNH scholarships - use optional address - please provide home address in this section LNH pmt must be issued as paper warrant

(PO Box or Street, City, State, 9-Digit Zip Required) EFT Payment Notification E-mail

n/a

EFT Payment Notification E-mail

Optional Addresses – select address type as applicable:

Mailing Pricing Ordering Invoicing Remitting Returning see above see above

Phone # Fax #

(PO Box or Street, City, State, 9-Digit Zip Required) E-mail Address

Contact Name & Title: _____

