

**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, 2015**, to be considered for the 2015-2016 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, 2015, 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 2015-2016 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 2014-15 school year?     **Yes**     **No**

If yes, please explain: \_\_\_\_\_

Please contact Ms. Barby Osborn, Administrative Asst. or Mr. Brian Irvine, 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](http://ok.gov/sde/lindsey-nicole-henry-lnh-scholarship-program-children-disabilities)>.

## OSDE-SES

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

**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: Mr. Brian Irvine  
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 2015-2016 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: \_\_\_\_\_ IEP Date: \_\_\_\_\_  
State Aid Verification Date: \_\_\_\_\_ MEEGS Date: \_\_\_\_\_  
Acceptance Date for Private School: \_\_\_\_\_ Primary Disability: \_\_\_\_\_



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](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](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](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](mailto: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	Brian Irvine	Phone #:	(405) 521-4872
		Email:	Brian.Irvine@sde.ok.gov
<b>1099 Reportable Status</b>	<b>Attention Paying Agency:</b> Please check the <b>Add</b> 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 <b>Remove</b> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:		
<input type="checkbox"/> Add:	<input type="checkbox"/> 1 - Rents	<input type="checkbox"/> 2 - Royalties	<input type="checkbox"/> 3 - Prizes & Awards
<input type="checkbox"/> Remove:	<input type="checkbox"/> 6 - Medical & Health Care	<input type="checkbox"/> 7 - Non-Employee Compensation	<input type="checkbox"/> 10 - Crop Insurance Proceeds
	<input type="checkbox"/> 14 - Gross Proceeds to an Attorney		
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:	<input type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN)	
<b>Business Address:</b> (To be used for 1099 Reporting)		
LNH scholarships - use optional address - please provide home address in this section (PO Box or Street, City, State, 9-Digit Zip Required)	LNH pmt must be issued as paper warrant	EFT Payment Notification E-mail
	n/a	EFT Payment Notification E-mail
<b>Optional Addresses</b> – select address type as applicable:		
<input checked="" type="checkbox"/> Mailing <input type="checkbox"/> Pricing <input type="checkbox"/> Ordering <input type="checkbox"/> Invoicing <input type="checkbox"/> Remitting <input type="checkbox"/> Returning	see above Phone #	see above Fax #
(PO Box or Street, City, State, 9-Digit Zip Required)	E-mail Address	
Contact Name & Title:	State Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

**U.S. Taxpayer Identification Number (TIN)**

Federal Employer Identification Number (FEIN) LNH - fill out SSN information If none, but applied for, date applied \_\_\_\_\_

**OR**

U.S. Social Security Number (SSN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

**Companies:**

- Domestic (U.S.) Sole Proprietor     Domestic (U.S.) Partnership     Domestic (U.S.) Corporation    Type: \_\_\_\_\_
- Domestic (U.S.) Other    Explain: \_\_\_\_\_
- Foreign (Non-U.S.) Sole Proprietor\*     Foreign (Non-U.S.) Partnership\*     Foreign (Non-U.S.) Corporation\*    Type: \_\_\_\_\_
- Foreign (Non-U.S.) Other\*    Explain: \_\_\_\_\_

**Individuals:**

- Citizen (individual) of the United States     Resident alien (individual) of the United States     Non-resident alien (individual) \*\*

\* **NOTE: FOR FOREIGN VENDORS, ADDITIONAL DOCUMENTATION IS REQUIRED.** Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate Of Foreign Status. Select Form below matching entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/fw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-8BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

\_\_\_\_\_  
Signature of Vendor Representative or Individual Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of individual signing form for company

\_\_\_\_\_  
Vendor/Payee (Same as Company Name from Page 1)