

# Lindsey Nicole Henry Scholarship for Student with Disabilities Application



The Lindsey Nicole Henry (LNH) Scholarship application must be received by the Oklahoma State Department of Education (OSDE) no later than December 1, 2017, to be considered for the current 2017-2018 school year. *Proration of the scholarship will occur if the applicant is approved after the school year begins.* This applies to New and Renewal applicants. For students renewing the scholarship, failure to submit this application by December 1, 2017, will be considered voluntary forfeiture of the LNH Scholarship.

## SECTION A – CONTACT INFORMATION

Student's Full Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Private School Name: \_\_\_\_\_

Date of Private School Acceptance letter: \_\_\_\_\_

*(The acceptance letter must be dated prior to the parent/guardian signature date at the bottom of this page).*

Is the parent/guardian a State of Oklahoma employee?    Yes    No

## SECTION B – REQUIRED LNH INFORMATION AND SIGNATURE

- The information I have provided the OSDE for the LNH Scholarship is correct and complete to the best of my knowledge.
- I understand that I must complete the LNH Scholarship application each year and submit to OSDE.
- 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 FY2018 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 approval 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 2017-2018 school year before the approval date of scholarship by the OSDE and all other non-educational cost 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 (70 O.S. § 13-101.2).
- I understand that the application and vendor payee form must have a handwritten signature and date before application can be approved.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OSDE USE ONLY

Acceptance Date for Private School: \_\_\_\_\_ IEP Date: \_\_\_\_\_

State Aid Verification Date: \_\_\_\_\_ MEEGS Date: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

**SECTION C – NEW APPLICANTS ONLY PLEASE COMPLETE THE FOLLOWING**

Child's Name: \_\_\_\_\_

Did your child attend an Oklahoma public school last year? If yes, list district name and attendance date: \_\_\_\_\_

Is your child currently enrolled in a public school?      Yes      No

*The documents listed below must be submitted by email, fax or mail for all new applicants.*

*I have enclosed these documents:*      Yes      No

Y   N

Application

Vendor Payee form (You are the Vendor. THE ADDRESS WITH THE 9 DIGIT ZIP CODE IS REQUIRED OR THE APPLICATION CANNOT BE PROCESSED).

Acceptance letter from Private School.

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) Form and most current evaluation/reevaluation documentation. Provided from the public school.

Current Individualized Education Program (IEP) provided from the public school.

*If you mark NO beside any of the above documents, please do not submit this application until it is complete.*

**SECTION D – RENEWAL APPLICANTS ONLY PLEASE COMPLETE THE FOLLOWING**

Child's Name: \_\_\_\_\_

Have there been any changes in the child's address, private school selection, name changes for child or parent, or other relevant information since the 2016-2017 school year? If yes, please explain: \_\_\_\_\_

*The documents listed below must be submitted by email, fax or mail for all renewal applicants.*

*I have enclosed these documents:*      Yes      No

Y   N

Application

Vendor Payee form (Renewal applicants only need to resubmit if you have moved or had a name change. THE ADDRESS WITH THE 9 DIGIT ZIP CODE IS REQUIRED OR THE APPLICATION CANNOT BE PROCESSED).

Acceptance letter from private school.

*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: Stacy Eden  
2500 North Lincoln Boulevard, Suite 412  
Oklahoma City, Oklahoma 73105  
or FAX (405) 522-2380 Attention: Stacy Eden  
or EMAIL Stacy.Eden@sde.ok.gov



## Vendor/Payee Form

**Agency:** OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

**DO NOT use this form for:**

- > **Garnishment Payees:** 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).
- > **State Employees:** Use OMES FORM ADD/CHANGES FOR EMPLOYEES/BOARD MEMBERS located at: <http://www.ok.gov/OSF/documents/OMESVendorFileChanges.pdf>
- > **Vendors pending contract award** to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to Central Purchasing Vendor Registration 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 email completed and signed form to [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or fax to 405-522-3663.

<b>Agency Name</b>		<b>Contact Name</b>	
<b>Phone #</b>	<b>Fax #</b>	<b>Email</b>	
<b>Agency Request To</b> – Please select all applicable request types			
<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Update Existing Vendor	PeopleSoft 10-digit Vendor ID	_____
<input type="checkbox"/> Add New Address	<input type="checkbox"/> Change Address/Location	PeopleSoft Address #	_____ PeopleSoft Location # _____
<input type="checkbox"/> Change Vendor Tax ID	<input type="checkbox"/> Change Vendor Name	<input type="checkbox"/> Add Alternate Payee Name	PeopleSoft Location # _____
<input type="checkbox"/> Other	Explain _____		
<p><b>Vendor 1099 Reportable Status</b> <del>Attention Paying Agency:</del> Please check the <del>Add</del> 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 <del>Remove</del> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:</p>			
<input type="checkbox"/> <del>Add:</del>	<input type="checkbox"/> <del>1 – Rents</del>	<input type="checkbox"/> <del>2 – Royalties</del>	<input type="checkbox"/> <del>3 – Prizes &amp; Awards</del>
<input type="checkbox"/> <del>Remove:</del>	<input type="checkbox"/> <del>6 – Medical &amp; Health Care</del>	<input type="checkbox"/> <del>7 – Non-Employee Compensation</del>	<input type="checkbox"/> <del>10 – Crop Insurance Proceeds</del>
	<input type="checkbox"/> <del>14 – Gross Proceeds to an Attorney</del>		

**VENDOR/PAYEE SECTION** (To be completed by vendor/payee)

**Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.**

<b>Payee Information:</b> Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.						
<b>Name</b>		<b>Contact Name</b>				
Payee Legal Name for Business, Individual or Government Entity as filed with IRS			<b>Contact Title</b>			
<b>DBA Name</b>			<b>Phone #</b>			
Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name			<b>Fax #</b>			
<b>Tax Identification Number (TIN) and Type:</b>			<input type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN)			
<b>Business Address</b> -- Please provide primary business address as filed with the U.S. Internal Revenue Service						
<b>Address</b>				<b>City</b>		
<b>State</b>	<b>Zip+4</b>			<b>Remittance Email</b>		
<b>Optional Addresses</b> – Please select address type as applicable						
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other:
<b>Address 1</b>				<b>City</b>		
<b>State</b>	<b>Zip+4</b>			<b>Remittance Email</b>		
<b>Financial Registration:</b> Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.						
<b>Name</b>			<b>Title</b>	<b>Email</b>		

**W-9 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 future payments.

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

Federal Employer Identification Number (FEIN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

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

**Entity Filing Classification:**

Domestic (U.S.) Sole Proprietor     Domestic (U.S.) Partnership     Domestic (U.S.) Corporation    Type: \_\_\_\_\_

Limited Liability Company    Type: \_\_\_\_\_    Disregarded Entity:     YES     NO

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: \_\_\_\_\_

**FOREIGN VENDOR INSTRUCTIONS:                      \* 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 the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/iw8.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/iw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/iw8bene.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/iw8eci.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/iw8exp.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/iw8imy.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 account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.**

Signature of Vendor Representative or Individual Payee	Date
Title of individual signing form for company	
Vendor/Payee (Must be the same as Payee Name from page 1)	