

For Office Use Only
Date Received: _____
Control Number: _____

## Education Scholarship Account (ESA) Application

### Applicant Information

Parent/Legal Guardian's

Full Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Address: \_\_\_\_\_  
*Street Address*
*Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Phone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Student's Date of Birth: \_\_\_\_\_ Student's Age: \_\_\_\_\_  
*Month/Day/Year*

Ethnicity: (Check One)	American Indian Or Alaskan Native <input type="checkbox"/>
	Asian <input type="checkbox"/>
	Black or African American <input type="checkbox"/>
	Hispanic or Latino <input type="checkbox"/>
	White <input type="checkbox"/>

Gender: (Check One)	Female <input type="checkbox"/>
	Male <input type="checkbox"/>

Are you eligible to receive free or reduced lunch? Yes  or No   
 (Check One)

Student's Primary Disability: \_\_\_\_\_

Home School District: \_\_\_\_\_

Current School: \_\_\_\_\_

The MDE shall conduct random audits throughout the year to ensure all ESA funds are being appropriately spent for the education of the participating students. Any fraudulent use of ESA funds shall be required to be repaid to the ESA and referred to the appropriate law enforcement agency, if needed. Educational service providers that defraud parents shall be immediately removed from the program.

*I do hereby certify that all information provided by me in this application and attached documents are true and correct to the best of my knowledge. I further understand that in the event I have knowingly and willfully made any false statements, my student will be immediately removed from the ESA program and all funds will be forfeited.*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

## Required Documentation

The following documents **MUST be included with your original signed application**. Incomplete or missing information will not be processed due to the limited number of ESAs available and the narrow time frame allowed for eligibility determination.

1. Copy of parent/legal guardian's driver's license or State issued identification.
2. Copy of student's birth certificate.
3. If person listed at the top of the application as the parent/legal guardian is not shown as the mother or father of the student on his/her birth certificate, then please submit a copy of the legal paperwork proving the person stated above has the authority to act on behalf of the student.
4. Proof of Residency (Copy of utility bill, rental agreement, or mortgage statement showing the above listed parent/legal guardian's name and physical address.)
5. Copy of student's most recent Individualized Education Program (IEP) that was active within the last five (5) years.
6. Copy of student's most recent eligibility and/or evaluation.
7. Original signed "Responsibilities of Parents" page with all boxes properly initialed.

## Submission Requirements

Initial application period begins on February 9, 2018 to June 30, 2018. Applications will be reviewed on a first-come, first-served basis until 50% of the annual enrollment limits are reached. A random selection process will then be used to choose the recipients of the remaining ESAs. A midyear lottery may be held in the event scholarships become available.

**Incomplete applications will not be processed.**

**Applications will only be accepted via United States Postal Service (USPS).** Mail to:

Mississippi Department of Education  
Office of Special Education  
Education Scholarship Account  
P.O. Box 771  
Jackson, MS 39205-0771

**The Mississippi Department of Education cannot be held liable for applications lost in the mail.**

Attachment A

## Education Scholarship Account (ESA) Responsibilities of Parents

In order for an eligible student to qualify to participate in the ESA program per ***The Equal Opportunity for Students with Special Needs Miss. Code Ann. § 37-181-5***, the parent or legal guardian must agree to the following items. (***Please initial by each item*** signifying your promise to abide by these items if your student is selected to participate.)

- 1. I promise to provide an education for my qualified student in at least the subjects of reading, grammar, mathematics, social studies, and science; provide an organized, appropriate educational program with measurable annual goals to their participating student and, to the extent reasonably deemed appropriate by the parent, to provide an education for the qualified student in at least the subjects of reading, grammar, mathematics, social studies and science;
- 2. I promise to provide documentation from the school district, a federal or state agency, or a licensed physician or psychometrist that my participating student continues to be identified as a child with a disability, as defined by the federal Individuals with Disabilities Act (20 USCS Section 1401(3), every three (3) years after initial enrollment in the program, unless my student is diagnosed with a permanent disability;
- 3. I promise to not enroll my participating student in a public school and to acknowledge that my home school district has provided clear notice that my student has no individual entitlement to a free appropriate public education (FAPE) from their home school district, including special education and related services, for as long as my student is participating in the program;
- 4. I promise to not file for my participating student a certificate of enrollment indicating participation in a home instruction (homeschool) program under section 37-13-91, Mississippi Code of 1972;
- 5. I promise to not participate in the Mississippi Dyslexia Therapy Scholarship for Students with Dyslexia Program or the Mississippi Speech-Language Therapy Scholarship for Students with Speech-Language Impairments Program while participating in the ESA program.

If my student is selected for participation in the Education Scholarship Account program I, \_\_\_\_\_ (parent/legal guardian/custodian), promise to abide by the items enumerated above throughout the duration of participation in the program by my eligible student, \_\_\_\_\_. I further promise that I will notify the Mississippi Department of Education (MDE) immediately upon a change in status that causes one or more of the above items to no longer be met. I acknowledge that immediately upon one or more of the above items not being satisfied, my ESA account will be closed and all remaining funds will be forfeited. I further acknowledge that random audits will be conducted by MDE throughout the year to ensure all ESA funds are being appropriately spent for the education of the participating students. Any fraudulent use of ESA funds shall be required to be repaid to the ESA and referred to the appropriate law enforcement agency, if needed.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*