

STEP ONE

OPTION I. PUBLIC SCHOOL DESIGNATION

PROOF OF ELIGIBILITY – STUDENT GRANT APPLICATION

EDUCATIONAL CREDIT FOR EXCEPTIONAL NEEDS CHILDREN (ECENC)

The IDEA is a federal law that requires public school districts to provide certain services to students with disabilities. IDEA includes a process of evaluating students for those services. The ECENC –a scholarship program in South Carolina– uses the process and paperwork from the IDEA program to verify a student’s eligibility for grants. **Specifically, students applying for grants under the ECENC must provide Scholarship Funding Organizations with a copy of an IDEA Eligibility Report or IEP completed within the last three years.**

WHICH STUDENTS ARE ELIGIBLE TO APPLY FOR ECENC GRANTS?

Students in South Carolina determined eligible for special education services under IDEA are also eligible to apply for ECENC grants. The process for determining eligibility under IDEA requires steps taken by a multidisciplinary team within the public school district. After initial eligibility is determined, the child must be re-evaluated every three years for continued verification of documented need for special education services. The report that verifies eligibility for services under IDEA is the same report that is to be used for participation in South Carolina’s ECENC.

WHAT IS THE PROOF OF ELIGIBILITY PARENTS MUST PROVIDE FOR THE ECENC?

Applicants submit the most current eligibility report completed within the last three years by the multidisciplinary team from the local public school district to the SFOs to show proof of eligibility. Alternatively, they can submit a child’s IEP completed within the last three years. In some cases, public school districts may choose to provide parents with a letter declaring a child’s eligibility.

HOW DO PARENTS OBTAIN THAT PROOF?

If parents do not have a copy of the current eligibility report, they may obtain a copy of it by submitting a written request to the special education department of the school district in which their child was evaluated.

If the eligibility report is older than three years *-or-* If the student has never been issued an eligibility report, the student will need to be evaluated. Under IDEA, public schools districts are required to identify all children with disabilities attending private schools physically located within that public district. This process is known as “Child Find.” Parents can also request an evaluation in the school district where they currently reside.

PARENTS COMPLETE THIS SECTION

Student Name: _____

Social Security Number / Student Unique Identifier: _____

Public District the issued Eligibility Report or IEP: _____

Documented Disability: _____

Eligibility/Continued Eligibility Determination or IEP Date: _____

Parent Confirmation that IDEA Eligibility Report or IEP dated within the last three years is **attached**.

Parent Initial: _____ Date: _____

Parent Confirmation that district issued letter confirming student’s eligibility to receive an ECNEC grant is **attached**.

Parent Initial: _____ Date: _____

The information provided herein is for general informational and educational purposes only. It is not intended and should not be construed to constitute legal advice. To learn more about the Educational Credit for Exceptional Needs Children (ECNEC), visit www.AdvanceCarolina.com. Form updated August 2014.

STEP 1

OPTION II. THIRD PARTY DESIGNATION

PROOF OF ELIGIBILITY – STUDENT GRANT APPLICATION

EDUCATIONAL CREDIT FOR EXCEPTIONAL NEEDS CHILDREN (ECENC)

WHICH STUDENTS ARE ELIGIBLE TO APPLY FOR ECENC GRANTS?

Eligible students are those diagnosed as having a neurodevelopmental disorder; a substantial sensory or physical impairment (such as deaf, blind, or orthopedic disability); or some other disability or acute or chronic condition that significantly impedes the student's ability to learn and succeed in school without specialized instructional and associated supports and services tailored to the child's unique needs.

WHO CAN MAKE THE DETERMINATION?

A licensed speech-language pathologist, psychiatrist, or medical, mental health, psycho-educational, or other comparable licensed healthcare provider can provide the determination.

HOW LONG DOES A DETERMINATION LAST?

The diagnosis must be dated within the last three years when a family submits it as part of their application for a grant from a Scholarship Funding Organization (SFO).

TO WHOM IS THE DOCUMENTATION PROVIDED?

Prior to awarding any grant, an SFO must receive written documentation from the parent documenting that the qualifying student is an exceptional needs child. Upon approving the application, the scholarship funding organization must issue a check to the eligible school in the name of the qualifying student.

PARENTS COMPLETE THIS SECTION

Student Name: _____

Social Security Number / Student Unique Identifier: _____

Diagnosis Provided by (Name): _____

Above Provider is a:

- licensed speech-language pathologist
- licensed psychiatrist
- licensed medical healthcare provider
- licensed mental healthcare provider
- licensed psycho-educational healthcare provider
- other comparable licensed healthcare provider (_____)

Above Provider has diagnosed the student as having a:

- neurodevelopmental disorder
- a substantial sensory or physical impairment
- some other disability OR acute/chronic condition (_____)

Diagnosis Date: _____

Parent Confirmation that a third party's determination, dated within the last three years, is attached. Parent's Initials: _____ Date: _____

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STEP TWO

CHARACTERISTICS SURVEY – STUDENT GRANT APPLICATION EDUCATIONAL CREDIT FOR EXCEPTIONAL NEEDS CHILDREN (ECENC)

PARENTS COMPLETE STEP TWO

1. Student's gender: _____ Male _____ Female

2. Student's racial/ethnic group:

_____ White

_____ African American

_____ Asian/Pacific Islander

_____ Hispanic

_____ American Indian/Alaskan

_____ Other (_____)

3. Student's residential address:

Number	Street	City	State	Zip	County
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4. Your child's grade level: _____ and chronological age

5. Students' documented disability(ies):

_____ Autism (Spectrum Disorder including Asperger's Syndrome)

_____ Deafness or Blindness

_____ Developmental Delay

_____ Emotional Disturbance

_____ Hearing Impaired

_____ Intellectual Disability

_____ Multiple Disability

_____ Orthopedic Impairment

_____ Other Health Impairment (AD/HD, cerebral palsy)

_____ Specific Learning Disability

_____ Speech and Language Impairment

_____ Traumatic Brain Injury

_____ Visual Impairment

[please complete the reverse side of this form]

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6. Your child's school enrollment history (Check all that apply):

- Has attended/attends private school
- Has attended/attends public school
- Has attended/attends home school
- Transferring to private school this year

7. Your child is: applying for a new scholarship –OR–
 seeking a scholarship renewal

8. Please number the TOP THREE factors that led to your family's selection of the private school your child will/does attend.

- | | |
|--|--|
| <input type="checkbox"/> Academic Achievement of Students | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Extracurricular Programs | <input type="checkbox"/> Faith or Religious Considerations |
| <input type="checkbox"/> Curriculum (<i>what</i> is taught) | <input type="checkbox"/> Instructional Method (<i>how</i> it is taught) |
| <input type="checkbox"/> Family or Friend Reasons | <input type="checkbox"/> Graduation / College Entrance Rate |
| <input type="checkbox"/> Location of Campus | <input type="checkbox"/> Size of School or Classes |
| <input type="checkbox"/> Special Services/Program Within | <input type="checkbox"/> Student/School Safety |

9. Student's siblings (check all that apply) presently attend, or have attended:

- | | |
|--|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Traditional Public School | <input type="checkbox"/> Public Charter School |
| <input type="checkbox"/> Magnet School | <input type="checkbox"/> Online or Distance Learning Program |

10. Would your child be able to attend/continue to attend the private school without a grant from an SFO?

- No
- Probably not
- Yes, if the school provides in-house tuition assistance
- Yes, if our family makes *significant* financial sacrifices
- Yes, if our family makes *moderate* financial sacrifices
- Yes

STEP THREE—To be completed by the School

STUDENT DETAILS – STUDENT GRANT APPLICATION EDUCATIONAL CREDIT FOR EXCEPTIONAL NEED CHILDREN (ECENC)

School Name _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ Email _____

The following information should be provided concerning the school—

Annual tuition _____ Add on for exceptional need students _____

Additional costs for books or travel _____

The following information should be provided based on information available about the student/family requesting the scholarship—

Student's Name _____ Age _____ Grade in School _____

School Year(s) for Which Scholarship to be Used: _____

Siblings (living in the home): Male _____ / Female _____

Siblings attending your school or other private school/college: Male _____ / Female _____

What do anticipate the total tuition to be for this student for the school year _____

List below any abatements, scholarships, or additional financial assistance provided for this student—

After all assistance considered, what do you anticipate the parent's out-of-pocket costs to be for this student's education for this school year? _____

By signing below, I am affirming that all information on this page is true. I have read Proviso 1.85 and agree to abide by the guidelines set therein. Further, our school has been approved by SC Education Oversight Committee to receive these scholarships.

Administrator (or designee)

Date