

# Lindsey Nicole Henry Scholarship for Students 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 1st of the year that the scholarship will take effect. 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 1st will be considered voluntary forfeiture of the LNH Scholarship. The parent or legal guardian must complete this application. (Please type or print clearly).

**SCHOOL YEAR APPLYING FOR:** \_\_\_\_\_

## 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: \_\_\_\_\_

School District of Individualized Education Program (IEP): \_\_\_\_\_

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

*(Please contact the private school for a letter of acceptance to submit with the application).*

## SECTION B – AFFIRMATIONS *(Please read and sign below)*

- I affirm that once I receive my approval memorandum with the scholarship calculation, I have 10 days to accept the scholarship by submitting the Revocation of Consent for Special Education and Related Services document to the OSDE and to the IEP school district. *(This applies to new applicants with IEP's only).*
- I affirm that accepting the Lindsey Nicole Henry Scholarship it will have 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 "Parent Rights in Special Education: Notice of Procedural Safeguards").
- I affirm that pursuant to the *Individuals with Disabilities Education Act (IDEA)*, 20 U.S.C. § 1412 (a) (10)(A), a child with a disability placed by their parents or legal guardian in a private school does not have an individual right to receive special education and related services that the child would receive if enrolled in a public school.
- I affirm that the public school is not required to provide a Free Appropriate Public Education (FAPE) to students with disabilities enrolled by their parents or legal guardians in a private school.
- I affirm that by enrolling my child in a private school, my child and I are no longer entitled to the procedural safeguards granted by IDEA, including notice and discipline procedures.
- I affirm that by enrolling my child in a private school, I understand that neither I nor my child has the right to file a state complaint, except for child find, 20 U.S.C. § 1412 (a) (10)(A).
- I affirm that by enrolling my child in a private school, I understand that neither I nor my child has the right to a due process hearing for alleged violation of IDEA, except for child find, 20 U.S.C. § 1412 (a) (10)(A).
- I affirm that I will comply with all the terms and conditions specified in the [Act \(70 O.S. § 13-101.2\)](#).
- I affirm that the information on this application and required documentation is true and accurate, and I understand that if misrepresented or incomplete, may result in automatic forfeiture of the scholarship.
- I affirm that by typing my name in the signature line below, I understand that I am signing this application electronically. I further understand and agree that my electronic signature is the equivalent of my handwritten signature on this application.

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

**SECTION C - ELIGIBILITY VERIFICATION** *(Please initial the box that applies to your child's eligibility. Choose ONE.)*

I verify that my child has an Individualized Education Program (IEP) in accordance with the Individuals with Disabilities Education Act (IDEA). The IEP and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) is attached. **\*If you do not have a copy of both the IEP and MEEGS to attach, please contact your public school for a copy of the most current IEP and MEEGS documentation.**

I verify my child was adopted while in the permanent custody of the Department of Human Services (DHS), or is currently in out-of-home placement with DHS, or is currently in out-of-home placement with the Office of Juvenile Affairs and an Individualized Service Plan (ISP) pursuant to Section 1-4-704 of Title 10A of the Oklahoma Statutes has been developed. The Oklahoma State Department of Education (OSDE) has permission to obtain documentation from DHS regarding the ISP for the purpose of the Lindsey Nicole Henry (LNH) Scholarship.

I verify that my child is a recipient of the LNH Scholarship and would like to continue their eligibility. This is a renewal application.

**SECTION D - ENROLLMENT VERIFICATION**

*(Please initial the box that applies to your child's public school enrollment. Choose ONE.)*

I verify that my child has spent the prior school year in attendance at a public school in Oklahoma. For purposes of the scholarship, "prior school year in attendance" means that the student was enrolled in and reported by a school district for funding purposes during the preceding school year.

I verify that my child is a dependent of an active service member of the United States Armed Forces, therefore the prior school year enrollment requirement does not apply. I am submitting my permanent change of station order with the LNH application as documentation. **\*Only a copy of your change of station order will be accepted as proof.**

I verify that my child has been provided services under an Individual Family Service Plan (IFSP) through the SoonerStart program, and during transition was evaluated and determined to be eligible for school district services. Therefore, the prior school year enrollment requirement does not apply. I am submitting a copy of the most current IFSP. **\*If you do not have a copy of the IFSP, please contact your SoonerStart Coordinator.**

I verify that my child was adopted while in the custody of the DHS, therefore the prior school year enrollment requirement does not apply.

I verify that my child is currently in out-of-home placement with DHS or the Office of Juvenile Affairs, therefore the prior school year enrollment requirement does not apply.

I verify that my child is a recipient of the LNH Scholarship. Therefore, the prior school year enrollment requirement does not apply. This is a renewal application.

**SECTION E - RENEWAL APPLICANTS ONLY**

Have there been any changes in the private school selection, grade retention, name changes for the child or parent, address change or other relevant information since last year?

If yes, please explain:

## HOW TO COMPLETE THE VENDOR/PAYEE FORM FOR THE LNH SCHOLARSHIP

The purpose of the Vendor Payee form is to assign the Lindsey Nicole Henry recipient's parent or legal guardian a vendor ID number for scholarship payment. Upon issuance of the scholarship warrant, the parent or guardian to whom the warrant is made will endorse the warrant over to the approved private school for deposit into the account of the private school. The parent or guardian may not designate any entity or individual associated with the private school as the attorney in fact for the parent or guardian to endorse a warrant. A parent or guardian who fails to comply with this paragraph shall forfeit the scholarship.

**If your child is a LNH recipient and there have been no changes to your address or name, please skip the VENDOR/PAYEE FORMS on the following two pages.**

**Complete the following fields on page 1 ONLY:**

### AGENCY SECTION

- Add New Vendor (New LNH Applicants check mark this box).
- Update Existing Vendor (Renewal Applicants check mark this box if you have moved or changed your name in the last year).

**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.  
**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.*

Agency Name	Oklahoma State Department of Education		Contact Name	Stacy Eden
Phone #	(405) 521-4876	Fax #	(405) 522-2380	Email
stacy.eden@sde.ok.gov				
<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 #
<input type="checkbox"/> Change Vendor Tax ID		<input type="checkbox"/> Change Vendor Name		PeopleSoft Location #
<input type="checkbox"/> Add Alternate Payee Name		PeopleSoft Location #		
<input type="checkbox"/> Other		Explain		
<b>Vendor 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 - Other Income	
<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			

### VENDOR/PAYEE SECTION

- Name (Parent/Guardian Legal Name)
- Phone (home or cell phone number)
- Tax Identification Number (TIN) and Type (Parent/Guardian Social Security Number goes in this box)
- LNH recipients use the optional address boxes
- Address (Parent/Guardian address)
- City
- State
- Zip code (9 digit zip code required. The office of management & enterprise services (OMES) will not process your form without the 9 digit zip code).

**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.*

**Payee Information:** 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.

Name	Contact Name	n/a
Payee Legal Name for Business, Individual or Government Entity as filed with IRS	Contact Title	n/a
DBA Name	Phone #	
Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name	Fax #	n/a
Tax Identification Number (TIN) and Type:	<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)	
<b>Business Address</b> -- Please provide primary business address as filed with the U.S. Internal Revenue Service		
Address	LNH scholarships - use optional address - please provide home address in this section	City
State	Zip+4	Remittance Email
n/a	n/a	n/a
<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 checked="" type="checkbox"/> Mailing <input type="checkbox"/> Other:	
Address	City	
State	Zip+4	Remittance Email
		not applicable for LNH payments
<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.		
Name	Title	Email
n/a	n/a	n/a

**Complete the following fields on page 2 ONLY:**

- U.S. Social Security Number (Parent/Guardian SSN)
- Signature of Vendor Representative or Individual Payee (Parent/Guardian Signature)
- Date
- Vendor/Payee (Print Parent/Guardian name as it appears on Payee Name from page 1)

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) LNH - fill out SSN information    If none, but applied for, date applied    n/a  
U.S. Social Security Number (SSN)    If none, but applied for, date applied    \_\_\_\_\_

**Entity Filing Classification:**  
 Domestic (U.S.) Sole Proprietor or Individual     Domestic (U.S.) Partnership     Domestic (U.S.) Corporation    Type: \_\_\_\_\_

**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
<b>LNH Parent</b>	
Title of individual signing form for company	
Vendor/Payee (Must be the same as Payee Name from page 1)	

**Please submit a new vendor/payee form anytime you have a change of address, name change, or become a new state employee**



## 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 GarnVendor](#)
- > **State Employees:** Use [OMES FORM Employee Vendor Request](#)
- > **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](#).

**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.

**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>Agency Name</b>	Oklahoma State Department of Education		<b>Contact Name</b>	Stacy Eden	
<b>Phone #</b>	(405) 521-4876	<b>Fax #</b>	(405) 522-2380	<b>Email</b>	stacy.eden@sde.ok.gov
<b>Agency Request To – Please select all applicable request types</b>					
<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 _____				
<b>Vendor 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"/> <b>Add:</b>	<input type="checkbox"/> 1 - Rents	<input type="checkbox"/> 2 - Royalties	<input type="checkbox"/> 3 – Other Income		
<input type="checkbox"/> <b>Remove:</b>	<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				

**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>	n/a	
<i>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</i>				<b>Contact Title</b>	n/a	
<b>DBA Name</b>				<b>Phone #</b>		
<i>Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name</i>				<b>Fax #</b>	n/a	
<b>Tax Identification Number (TIN) and Type:</b>			<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)			
<b>Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service</b>						
<b>Address</b>	LNH scholarships - use optional address - please provide home address in this section			<b>City</b>	LNH payment must be issued on paper warrant	
<b>State</b>	n/a	<b>Zip+4</b>	n/a	<b>Remittance Email</b>	n/a	
<b>Optional Addresses – Please select address type as applicable</b>						
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning	<input checked="" type="checkbox"/> Mailing	<input type="checkbox"/> Other:
<b>Address</b>				<b>City</b>		
<b>State</b>		<b>Zip+4</b>		<b>Remittance Email</b>	not applicable for LNH payments	
<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>	n/a		<b>Title</b>	n/a		
			<b>Email</b>	n/a		

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) LNH - fill out SSN information If none, but applied for, date applied n/a

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

**Entity Filing Classification:**

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

Limited Liability Company Type: \_\_\_\_\_

LLC Disregarded Entity:  YES  NO **Must be verified by LLC's tax division. If applicable, parent name/tax id is required.**

Domestic (U.S.) Other Explain: \_\_\_\_\_

Foreign (Non-U.S.) Sole Proprietor or Individual\*  Foreign (Non-U.S.) Partnership\*  Foreign (Non-U.S.) 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/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-BEN-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 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

**LNH Parent**

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

\_\_\_\_\_  
Vendor/Payee (Must be the same as Payee Name from page 1)

## APPLICATION COMPLETION CHECKLIST

(Incomplete applications will delay approval and could possibly result in a denied application.)

- SECTION A** – All student and parent/guardian information is complete.
- SECTION A** – The Zip Code must have all 9 digits. You can obtain your full zip code by visiting USPS.com.
- SECTION A** – Attached is a copy of the private school's acceptance letter for the current school year.
- SECTION B** – Read all the affirmations; sign and date the bottom of the document.
- SECTION C** – If your child is already an LNH recipient and you do not need to update your Vendor/Payee form, your checklist is complete here.
- SECTION C** – If your child's eligibility is determined by adoption or out-of-home placement, skip to the Vendor/Payee checkbox.
- SECTION C** – Attach a copy of the most current Individualized Education Program (IEP). Please verify the IEP has the Team Participant Signatures. This is normally the 2nd to last page of the IEP. The application will be denied without the signatures. If your copy does not have the team participant signatures, please contact your public school for a copy of the IEP with the signatures.
- SECTION C** – Attach a copy of the most current Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS). Please verify the MEEGS has the Participant Signatures. This is normally the 2nd to last page of the MEEGS. The application will be denied without the signatures. If your copy does not have the participant signatures, please contact your public school for a copy of the MEEGS with the signatures.
- SECTION D** – If you are exempt from the prior school year attendance requirement due to a United States Armed Forces transfer from another state or foreign country, please attach a copy of your permanent change of station orders.
- SECTION D** – If you are exempt from the prior school year attendance requirement due to receiving services through SoonerStart, please submit a copy of the most current Individual Family Service Plan (IFSP).
- VENDOR/PAYEE FORM** – Attach the completed Vendor/Payee form with your full 9-digit zip code, signature and date.

A complete LNH application and all required documentation must be received by the Oklahoma State Department of Education by December 1st of the year that the scholarship will take effect. Scholarship requests received after December 1st shall be eligible for consideration, but scholarship funding will not be available until the beginning of the following school year. If the application is received after the beginning of the school year, the scholarship will be prorated according to the approval and/or acceptance date.

### Completed applications 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 73105-4503  
Or fax: (405) 522-2380 - Attention: Stacy Eden  
Or email: Stacy.Eden@sde.ok.gov

Additional information can be found on our website at [www.sde.ok.gov/sde/lindsey-nicole-henry-lnh-scholarship-program-children-disabilities](http://www.sde.ok.gov/sde/lindsey-nicole-henry-lnh-scholarship-program-children-disabilities), and can also be obtained by contacting the OSDE, Special Education Services, Lindsey Nicole Henry Specialist Stacy Eden (405) 521-4876.