



Education Scholarship Account (ESA)  
**SCHOLARSHIP APPLICATION**  
**2023-2024 School Year**

*For Office Use Only*  
Date Application Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Control Number Assigned: \_\_\_\_\_

Have you applied for the scholarship in the past for the child? YES ☐ NO ☐

Were you awarded the ESA scholarship in the past for the child? YES ☐ NO ☐

If you were awarded the ESA in the past, please enter your child's ESA student number.

**Parent/Legal Guardian's Information**

Parent/Legal Guardian Full Name: \_\_\_\_\_

Parent/Legal Guardian Full Street Address: \_\_\_\_\_

Apartment/Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ MSIS: \_\_\_\_\_ SS# \_\_\_\_\_

Child's Primary Disability: \_\_\_\_\_

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

Name of Current School: \_\_\_\_\_

Ethnicity (Choose One)	Gender (Choose One)
<input type="checkbox"/> American Indian or Alaskan Native Asian	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Black or African American Hispanic or	<b>Is the child eligible to receive free or reduced lunch?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Other	

The MDE shall conduct random audits throughout the year to ensure all ESA funds are being spent appropriately for the education of the participating children. 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 the 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 child will be immediately removed from the ESA program and all funds will be forfeited.

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

\_\_\_\_\_  
Date



The following documents **MUST** be included with your original signed application.

Due to the limited number of ESA awards available, incomplete or missing information on the applications will delay the processing and eligibility determination of your child.

1. Copy of parent/legal guardian's driver's license or State issued identification.
2. Copy of child's birth certificate.
3. If the parent/legal guardian listed on the application is not shown on the birth certificate as the mother or father of the child, then please submit a copy of the legal paperwork showing that the person completing and submitting the application has the authority to act on behalf of the child.
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 child's most recent Individualized Education Program (IEP) that was active within the last three (3) years.
6. Copy of child's most recent eligibility and/or evaluation.
7. Original signed "Responsibilities of Parent/Guardians" page with all boxes properly initialed.

The Mississippi Department of Education, Office of Special Education shall approve applicants in the ESA program for each school year. Applications that are determined eligible, will be awarded an ESA on a first-come, first-served basis. The remaining applications after all awards are filled will be placed on a waiting list, if determined eligible. **Incomplete applications cannot be processed. Applications will be accepted via United States Postal Service and online Portal (currently under development).**

**Mail applications to:** Mississippi Department of Education  
Office of Special Education  
Attention: Education Scholarship Account  
P.O. Box 771  
Jackson, Mississippi 39205-0771

## Education Scholarship Account (ESA)

**2023-2024 School Year**

### ***Parent/Guardian Application Responsibilities***

*For Office Use Only*  
*Date Application Received:* \_\_\_\_\_  
*Received by:* \_\_\_\_\_  
*Control Number Assigned:* \_\_\_\_\_

Per the **Equal Opportunity for Students with Special Needs** Miss. Code Ann. § 37-181-5, in order for an eligible student to qualify to participate in the ESA program the parent or legal guardian **MUST** agree to the following statements listed below.

Please initial by each item signifying you acknowledge and agree to abide by the statements below if your child is awarded the ESA.

- \_\_\_\_\_ I agree to provide an organized, appropriate educational program with measurable annual goals and to provide an education for my child in at least the subjects of reading, grammar, mathematics, social studies and science;
- \_\_\_\_\_ I acknowledge that my child will continue to be considered a child with a disability under IDEA until a reevaluation finds that they are no longer eligible or if I refuse to provide consent for a reevaluation. Further, I agree 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;
- \_\_\_\_\_ I acknowledge that because my child will no longer be enrolled in public school, they do not have an individual right to receive some or all of the special education and related services that they would receive if enrolled in a public school. However, if my child attends an eligible private school, they must be considered for equitable services in the same manner as any other parentally-placed private school children with disabilities.
- \_\_\_\_\_ I agree to not file for my participating child a certificate of enrollment indicating participation in a home instruction (homeschool) program under section 37-13-91, Mississippi Code of 1972;
- \_\_\_\_\_ I agree 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.
- \_\_\_\_\_ I acknowledge that my child can return to his/her home school district at any time after enrolling in the ESA program. if I enroll my child participating in the ESA in a public school, the ESA will be closed, and the remaining funds will not be available.
- \_\_\_\_\_ I agree to 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 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 children. 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**