

**LOUISIANA SCHOLARSHIP DECLINED  
AWARD FORM**

Families seeking to decline a scholarship award for the current school year must complete this form together with the awarded school. In order to decline the award, the parent/guardian must:

- Complete the current form provided by the school for the current school year

**NOTE:** Once a family declines the award, **THEY ARE NO LONGER ELIGIBLE** to receive a scholarship for the remainder of the current school year. Following the removal of the award, it **CANNOT** be reinstated or transferred to another participating school. If a family declines an award, they **MUST** re-apply during open enrollment to be considered for any scholarships awarded in the upcoming years. The parent/guardian must sign this form acknowledging that they understand they are willingly choosing **NOT** to participate in the LSP program for the remainder of current school year.

**PLEASE TYPE OR PRINT LEGIBLY**

<b>School Year:</b>			
<b>Print Student's First and Last Name:</b>	<b>Student's D.O.B:</b>	<b>Student's Last 4 digits of SS #:</b>	<b>Grade for current school year:</b>
<b>Parent/Guardian's Name:</b>	<b>Parent/Guardian's Phone #:</b>	<b>Parent/Guardian's Email Address:</b>	
	( ) -		
<b>Current School Placement:</b>			<b>School Site Code:</b>
<b>Briefly describe reason for declining award:</b>			

I understand that by declining this award, I am willingly opting out of the Louisiana Scholarship Program for the remainder of the current school year, and I will need to re-apply for the scholarship in order to be considered for scholarships awarded in the upcoming years. The information I have provided above is accurate, and I understand the scholarship terms above.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Representative's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Representative's Signature:** \_\_\_\_\_