**HOPE SCHOLARSHIP NOTICE OF INTENT**

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| --- | --- |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County Superintendent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County BOE Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

As required by West Virginia Code §18-8-1(m), this letter is to inform you that I intend for my child(ren) to participate in the Hope Scholarship Program authorized by West Virginia Code §18-31-1 *et. seq.* The following child(ren) will begin participation in the Hope Scholarship Program effective with the 20 - 20 school year and will continue in the program until you are notified otherwise.

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| --- | --- | --- | --- |
| Student Name | Date of Birth | WVEIS ID# | Individualized  Instructional Program  (Home School) or  Participating School |
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The above children reside with me at:

For my children participating in an individual instructional program under the Hope Scholarship Program, I will annually submit my child’s test results or determination that he or she is making academic progress commensurate with his or her age and ability pursuant to West Virginia Code §18-31-8(a)(4). My child(ren) shall receive instruction in reading, language, mathematics, science and social studies. I have included a copy of my diploma or equivalent and I will notify you if our home address changes.

For my children enrolled in a participating school, the participating school is required to annually file a notice of enrollment pursuant to West Virginia Code §18-31-11(a)(6).

Sincerely,

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Optional Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_