

ALABAMA DEPARTMENT OF REVENUE EDUCATIONAL SCHOLARSHIP PROGRAM Scholarship Granting Organization Quarterly Report

For the quarter beginning _	10/01/2018	and ending	12/31/2018	

Act 2015-434 provides for Scholarship Granting Organizations (SGOs) to report certain information to the department for the calendar quarter. The Quarterly Report of Scholarship Granting Organizations (SGO) is due by the 15th day after the close of each calendar quarter. Please complete and submit this form to the Alabama Department of Revenue.

	W	W. W								
	ECTION I – Scholarship Granting Organi	zation (SGO)					H-F			
SCHOLARSHIP GRANTING ORGANIZATION NAME FEDERAL					ID					
Sc	cholarships for Kids, Inc.									
MAIL	ING ADDRESS OF ORGANIZATION		CITY	STATE		ZIP CODE				
PO Box 10204		Birmingham	AL		35202					
		EMAIL ADDRESS	3							
(205)445-2908		NCunning	NCunningham@mjcpa.com							
			9 71							
S	ECTION II - Scholarship Information									
1. Total number of scholarship recipients enrolled in qualifying schools. Enter amount from Attachment 1, line 1a					1		0			
25° 5 5 68 68							0			
2. Total number of eligible students zoned to attend a failing school. Enter amount from Attachment 1, line 1b							U			
3. Total number of first-time scholarship recipients continuously enrolled in a non-public school prior to										
receiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1c.					3		0			
990										
4. Total number of first-time scholarship recipients continuously enrolled in a public school prior to					4		o			
	eceiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1d									
5.	5. Total number of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1e						0			
						s	0			
6. Total amount of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1f										
S	ECTION III - Signature						100			
LINII	DED DENALTIES OF DED HIDV I dealers th	t I baya ayamina	d this report and accompanying schedu	le and to the he	et of my	knowledge an	d belief			
UNDER PENALTIES OF PERJURY, I declare that I have examined this report and accompanying schedule, and to the best of my knowledge and belief, they, are, true, correct and complete.										
uie	y, are, true, correct and complete.	\wedge								
PRIN	NCIPAL OFFICER'S SIGNATURE	10	TITLE		DATE					
	V Derical	your	Executive Director		01/1	4/2019				
_										

ALL SECTIONS OF THIS FORM MUST BE COMPLETED TO BE CONSIDERED A PROPERLY FILED RETURN.

Please mail this quarterly report to Alabama Department of Revenue,

ATTN: Education Scholarship Program, P.O. Box 327010, Montgomery, AL 36132-7010