

Hope Scholarship Program Inquiry Form

Section A

To be completed by the individual receiving the inquiry.

1. Name: _____
2. Employer: _____
3. Position: _____
4. Duties: _____
5. Manner of compensation: (i.e. salary, profit-sharing, etc.) _____
6. Annual amount of compensation: _____
7. Name of each Hope Scholarship student to whom the individual listed above is an immediate family member*: _____

**Pursuant to W.Va. CSR 112-18-2.15. an immediate family member includes any of the following:*

- The father or mother of the student, or an ancestor of either;
- The grandfather or grandmother of the student, or an ancestor of either;
- A brother, sister, stepbrother, or stepsister of the student;
- A first cousin of the student;
- A stepfather or stepmother of the student;
- A brother or sister of the father or mother of the student;
- A son or daughter of a brother or sister of the student;
- A father-in-law, mother-in-law, brother-in-law, or sister-in-law of the student;
- The spouse of the student; or
- The spouse of any person described above.

Any term set forth above means and includes such term as established through a lawful adoption, including, but not limited to, adoptions of a child or children, or other natural person, by a natural person or natural persons who are not the father, mother, or stepparent of the child or person.

8. Which of the student(s) listed in Question #7 receive services from the educational service provider?

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9. Are you an employee of the provider?

Yes No

10. Are you an officer or director of the provider?

Yes No

11. Do you receive monetary compensation from the provider?

Yes No

12. Do you own a fifteen percent or greater equity, capital, or profits interest in the provider?

Yes No

13. Do you collect a salary from the provider that is equal to or greater than fifteen percent of the provider's gross income?

Yes No

14. Do you have the ability to withdraw funds from the provider's bank accounts into which Hope Scholarship funds are deposited?

Yes No

15. Are you an immediate family member* of 50% or more of the students receiving goods and services from the provider?

Yes No

By signing this form, I attest that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

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Section B

To be completed by the supervisor of the individual receiving the inquiry, or if the individual does not have a supervisor, a board member, director, or officer of the education service provider (all collectively referred to as "supervisor").

1. Education service provider name: _____
2. Supervisor name: _____
3. Supervisor position: _____
4. Supervisor duties: _____

Please answer the following with regard to the individual listed in Section A ("the employee"):

5. Is the information provided in Section A correct?

Yes No

6. Does the employee receive payment or compensation from a bank account of the education service provider?

Yes No

7. If the answer to Question #6 is yes, please list each type of payment or compensation provided to the employee:

8. If the answer to Question #6 is yes, are Hope Scholarship funds that are paid to the education service provider deposited into that same bank account?

Yes No N/A

9. Does the employee have the ability to make withdrawals from or deposits to a bank account into which Hope Scholarship funds are deposited?

Yes No

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10. What is the gross income of the education service provider?

11. Does the education service provider pay any refunds or rebates to employees or officers of the provider whose children or other family members receive services from the provider?

Yes No

12. If the answer to Question #11 is yes, does the education service provider allow these refunds or rebates for the parents or family members of Hope Scholarship students receiving services from the provider?

Yes No N/A

13. Please describe any internal controls or other safeguards that the education service provider has in place to ensure that parents and other family members of a Hope Scholarship student cannot withdraw or otherwise receive Hope Scholarship funds paid to the provider for that student's educational services:

By signing this form, I attest that the information provided above is true and accurate to the best of my knowledge.

Signature

Date