

**TAX CREDITS FOR CONTRIBUTIONS TO SCHOLARSHIP ORGANIZATIONS**

**SCHOLARSHIP ORGANIZATION QUALIFICATION APPLICATION**

TO CERTIFY BY DECEMBER 31, 2024 ELIGIBILITY TO PARTICIPATE IN THIS PROGRAM IN 2025

Scholarship Organization Information	NAME		
	ADDRESS		
	CITY	STATE	ZIP CODE
	FEDERAL IDENTIFICATION NUMBER		TAX YEAR END DATE

Contact Information	NAME		TITLE
	PHONE NUMBER		FAX NUMBER
	EMAIL ADDRESS		

Additional Contact Information	NAME		PHONE NUMBER
	EMAIL ADDRESS		
	NAME		PHONE NUMBER
	EMAIL ADDRESS		

Under penalties of perjury, I declare that I have examined this entire application and to the best of my knowledge, all of the information is true, accurate, and complete. I also certify that the scholarship organization:

- (a) is a charitable organization in the State of Rhode Island that is exempt from federal taxation under section 501(c)(3) of the internal revenue code;
- (b) allocates at least ninety percent (90%) of its annual revenue through a scholarship program for tuition assistance grants to eligible students to allow them to attend any qualified school of their parents' choice represented by the scholarship organization;
- (c) has a scholarship program that provides tuition assistance grants to eligible students to attend a nonpublic school located in this state; and
- (d) awards scholarships to eligible students without limiting availability to only students of one school.

\_\_\_\_\_  
 Signature Title Date

\_\_\_\_\_  
 Please Print Name

**NOTE: SEE PAGE 2 FOR ADDITIONAL INFORMATION AND REQUIREMENTS**

Pursuant to R.I. Gen. Laws § 44-62-2 Qualification of scholarship organization - a scholarship organization must certify annually by December 31st to the Division of Taxation that the organization is eligible to participate in the program in the subsequent year in accordance with the above criteria.

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**The following documents must be submitted with your application:**

A copy of your organization’s 501(c)(3) exemption certificate

A copy of your organization’s most recently filed Form 990

**The following information must be provided for the organization’s 2024 tax year:**

Total amount of revenue received by the SGO (from all sources): \$ \_\_\_\_\_

Amount of revenue allocated to this program: \$ \_\_\_\_\_

The total amount of scholarships granted under this program: \$ \_\_\_\_\_

List the schools represented by your organization:

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