

**Document B
Grants Received**

**Educational Credit for Exceptional Needs Children (ECENC) Program
2020-21**

Independent School Name: _____

An independent school participating in the ECENC Program is required to submit the following information by **June 30**:

How many students in kindergarten through grade 12 were enrolled in your school in the prior school year? _____

What is the total number of grants and total amount of grants received in the prior school year from Exceptional SC? Please complete the following chart and sign below.

If no grants for any qualifying student were received from Exceptional SC in the prior school year, please indicate with "0" grants received and "\$0" in total amount of grants received from Exceptional SC.

Total Number of Grants Received	Total Amount of Grants Received
#	\$

Total number of grants is the number of individual children/students who received a grant even if the school received more than one grant for a specific child/student.

Signature: _____

Date: _____

Print Name of Signature Above: _____

Title: _____

Email: _____