

INSTRUCTIONS

Please read and complete this entire application. The Scholarship Application consists of four parts: the Student Information, Eligibility Questionnaire, Student Narrative, and Family Financial Info. **To be eligible for scholarship awards, we must have a complete application and the student must be enrolled at a School Choice Arizona Partner School.**

Only one application is required per student, per school year. Applications may be submitted by email, fax, mail, or online at schoolchoicearizona.org. Applications must be received or postmarked by the deadline to be included in each remaining award cycle for the '24-'25 school year. **This application will expire on May 31, 2025, regardless of when it is received.**

Please do not submit multiple copies of your application. If you need to update your information, please contact our office.

STUDENT INFORMATION (Please complete ALL fields.)

'24-'25 TUITION
(After all discounts are applied.)

\$

Today's Date ____ / ____ / ____ Student Date of Birth ____ / ____ / ____

Student Full Name _____
LAST FIRST MIDDLE

Parent/Guardian Name(s) _____
LAST FIRST

Mailing Address _____
CITY STATE ZIP

Parent/Guardian Email _____ Phone (____) ____ - ____

School Name _____ School City _____

PLEASE ✓ '24-'25 GRADE

K 1st 2nd 3rd
 4th 5th 6th 7th
 8th 9th 10th 11th
 12th Preschool w/ disabilities

! Do you intend to sign or have you signed an ESA (Empowerment Scholarship Account) contract with the Arizona Department of Education for this student during the 2024-2025 school year? **You must select one:** **Yes** **No**

ELIGIBILITY QUESTIONNAIRE





Depending on your family circumstances, your child may be eligible for multiple kinds of scholarships. The following questions allow us to consider your student for as many types of scholarships as possible. Questions answered with a "Yes" answer usually require verification forms, which can be found on our website.

	YES	NO
Did your child attend public (district or charter) school in Arizona for at least 90 days last school year?		
Did your child receive a scholarship from another scholarship organization last school year? (Check all that apply)		
<input type="checkbox"/> INDV. ORIGINAL <input type="checkbox"/> INDV. OVERFLOW <input type="checkbox"/> CORP. LOW-INCOME <input type="checkbox"/> CORP. DISABLED/DISPLACED		
Is your child a dependent of a member of the U.S. Armed Forces stationed in Arizona pursuant to military orders?		
Does your child have a current or expired IEP, MET, or 504 plan from an Arizona public (district or charter) school?		
Is your child a Pre-K student with disabilities?		
Has this student ever been in the Arizona Foster Care System?		
Was your child homeschooled in Arizona immediately prior to enrolling in a private school?		
Did your child move to Arizona from out of state immediately prior to enrolling in a private school?		
Did your student participate in the ESA program, but not renew or accept the scholarship in order to accept STO scholarships?		

All awards made by School Choice Arizona can only be used for tuition for students attending grades K-12 in a private school that works with us (see our website for a list). The student must be planning to attend K-12 by the semester following the award process. If the student is not currently attending, or has not begun the enrollment process, we cannot make an award.

NOTICE: A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.



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SCHOLARSHIP APPLICATION

————— '24-'25

STUDENT NARRATIVE

STUDENT'S FULL NAME: _____

In the space below (or on a separate page), write a 2-3 paragraph narrative about your student. You may discuss the following as they apply to the student and his/her age: student's character, leadership, community involvement, perseverance, school achievement, personal accomplishments, spiritual life, and/or extracurricular interests. Financial information should be included on the **Family Financial Info Form** on page 3 of this application, not in the Student Narrative.

School Choice Arizona's Selection Committees will consider donor recommendations, financial circumstances, and the student narrative when making scholarship awards. We cannot make any awards solely on the basis of a donor's recommendation, therefore, donation recommendations are not guarantees. The Selection Committees have complete discretion regarding scholarship awards.

FAMILY FINANCIAL INFO
(HOUSEHOLD INCOME)

You only need to fill out one Family Financial Info Form per family. This information will be held in the strictest confidence.

We determine financial circumstances based on the USDA's definition of household income. A household is a group of related or unrelated individuals who share housing, income, and expenses. You do not have to list those who are economically independent from you or their dependents, even if you share housing. **If the student is a foster child, skip this section and complete the Foster Child information below.**

Include ALL household members below, including children, students away at college, and individuals without income.
Processing delays will occur for applications containing incomplete Financial Info Forms.

A. NAMES
List the first and last name of every person living in your household.
Include adults and children.

B. GROSS INCOME
Following each person's name, for each type of income, list the **annual** amount received. If no income, check no.

C. EARNINGS FROM WORK
List gross income from work (wages, salaries, tips, commissions). This is not the same as take-home pay. It is the amount earned before taxes and deductions. It should be listed on your pay stub. If self-employed, you may report income after expenses (your own business, freelance work, farm, or rental property).

D. WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE
Include TANF, General Assistance, General Relief, etc.
NOTE: Food stamps and FDPIR benefits are not included as income.

A. NAMES	CHECK IF NO INCOME	B. GROSS INCOME			
		C. Earnings from Work	D. Welfare, Child Support, Spousal Maintenance	E. Pensions, Retirement, Social Security	F. All Other Income
Example: John Doe	<input type="checkbox"/>	\$ 38,000 / annually	\$ 1,800 / annually	\$ 1,200 / annually	\$ 600 / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
		\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually
Total # in Household:					

E. PENSIONS, RETIREMENT, SOCIAL SECURITY
Include Supplemental Security Income (SSI), Veteran's (VA) benefits, and disability benefits.

F. ALL OTHER INCOME
Include workers' compensation, unemployment, strike benefits, net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trust and/or investments, regular contributions from people who do not live in your household, and any other income. If you are in the military, you do not have to include combat pay as income.

FOSTER CHILD
If this is an application for a child who is the legal responsibility of an Arizona welfare agency or court, and is currently living in your household, please provide the following information.

Foster Child Name _____

Child's Personal Use Monthly Income \$ _____

If foster child has no income, please check this box.

I certify that all the information provided in this application is correct and true to the best of my knowledge:

Signature
Print Name
Date