

3219 E. Camelback Rd. #379 • Phoenix, AZ • 85018 • 602.512.0355

Scholarship Application Instructions and Checklist

Corporate Tax Foundation is pleased to offer scholarships for students to attend selected Arizona Independent Schools. Applicants for CTF corporate scholarships must meet very specific criteria determined by the state of Arizona. These instructions and checklist have been provided to help you with the application process.

To qualify for a Corporate Tax Foundation corporate scholarship students must:

- 1. Be admitted to one of the Arizona Independent Schools served by CTF
- Meet the family income requirements of less than 185% of the income limit required to qualify a child for reduced lunch prices under the National School Lunch and Nutrition Act as determined by the United States Department of Agriculture (see chart below)

AND

Student attended an Arizona public school as a full-time student for at least 90 days of the prior fiscal year or one full semester and then transferred from the public school to a private school

OR

4. Entering the Independent School as a kindergarten student

OR

5. Is enrolling in a private preschool program for students with disabilities

OR

6. Is a dependent of a member of the armed forces of the United States who is stationed in Arizona pursuant to military orders

OR

7. Received for any year a scholarship under one of the above criteria OR from the original individual donation program or the switcher individual donation program if the child continued to attend a private school in subsequent years.

Family Income Requirements

1 1				
Household Size	342.25% of poverty level OR 185% of qualification for free and reduced lunch as set by USDA			
1	\$43,671			
2	\$59,004			
3	\$74,337			
4	\$89,670			
5	\$105,002			
6	\$120,335			
7	\$135,668			
8	\$151,001			
Each additional member	\$15,333			

The following information must be submitted for verification to complete the application process.

New scholarship applicants:Scholarship application

_	Scholarship application
	Proof of Income: Family Income Verification Form and most recent IRS Form 1040 or Copies of Pay stubs or
	Other Income Statements
	Verification of qualifying prior attendance in public school
	Verification of prior tax credit scholarship award (if applicable)

Previous Corporate Tax Foundation scholarship recipients:

Scholarship applica	ıti∩n

Proof of Income: Family Income Verification Form and most recent IRS Form 1040 or Copies of Pay stubs or Other Income Statements

Please note, Corporate Tax Foundation corporate scholarship money may only be applied to tuition charges. Scholarship money may not be applied to fees, books, lunch, or any other non-tuition school expense.



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Scholarship Application

Please complete a separate application for each child

Student Name:	5		M. M.				
	First		Middle				
Grade (in 20-21):	Gender: □	Female	☐ Male				
Parent/Guardian Name:	First		Middle				
Parent/Guardian Name:	First		Middle				
Address:			Middle				
Parent/Guardian Email:		Phon	e number:				
Private School student will attend for the 2021-2	022 school year						
☐ The student will be NEW to this school in 20	20-2021	□т	he student is reenrolling in this school	ı .			
Did this student receive any of the following duri	ng the previous sch	nool year	?				
☐ Corporate Tax Scholarship ☐ Individ	dual Tax Scholarshi	р 🗆 S	Switcher Tax Scholarship				
If so, please provide the name of the School Tuit	If so, please provide the name of the School Tuition Organization:						
The above student is							
☐ Previous Award Recipient ☐ Transferring from Public/Charter School ☐ Entering Kindergarten							
School attended school year 2019 - 2020							
Type of School:	☐ AZ Chart	er	☐ Private				
Previous STO scholarship recipients must pro Tax Credit Award from other School Tuition (or other p	proof of Corporate, Individual or Switch	her			
Please submit the following information with this	application:						
Proof of Income: (provide both) Family Income Verification Form Most Recent IRS Form 1040 and/or Pay Stubs or other Income Statements							
 ■ Verification of Attendance in a public school for at least the first 90 days of school in the form of: (provide at least one of the following) School Verification Form 							
Parent/Guardian Signature		Date					
For Office Use Only: Award Amount: Year: Other:	_ Future Allocation: Y,	/N					

FAMILY INCOME VERIFICATION FORM

NOTE: If you have already completed this form for another STO we will accept a copy of that form.

Complete the information below for each person living in the household. Use yearly gross (before deductions) amounts for income.

List first and last names of each person living in the household	C- child P - parent G- guardian O - Other	earnings from work before deductions (If you are self- employed, report your income after business expenses)	retirement/ social security	Welfare/Child Support/Alimony	if no income	income
Total Yearly Income:						
I certify that all the information on this form is true and that all income has been reported.						
Printed Name						

A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of donor recommendation. A tax payer may not claim a tax credit if the tax payer agrees to swap donations with another taxpayer's own dependent.

Date

Signature

Arizona Public School Enrollment Verification

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the <u>current school year</u> and the <u>prior school year</u>. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Student Name					
Name of Public School and District					
First day of school year (mm/dd/yy)	Last day of school year	(mm/dd/yy)			
Student's Dates of Enrollment for School Year:	<u> </u>	Grade:			
Student was enrolled for one full semester of the school year: Yes \(\square \) No \(\square \) If NO, student was enrolled for \(\square \) days of the school year.					
Name and Title of Individual Completing Form:					
Signature and Date:					
Name of Public School and District					
First day of school year (mm/dd/yy)	Last day of school year	(mm/dd/yy)			
Student's Dates of Enrollment for School Year:		Grade:			
Student was enrolled for one full semester of the school year: Yes \Box No \Box					
If NO, student was enrolled for days of the school year.					
Name and Title of Individual Completing Form:					
Signature and Date:					