



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
2. 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

3. 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.

Household Size	342.25% of poverty level OR 185% of qualification for free and reduced lunch as set by USDA
1	\$42,747
2	\$57,874
3	\$73,002
4	\$88,129
5	\$103,257
6	\$118,384
7	\$133,512
8	\$148,639
Each additional member	\$15,127

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

New scholarship applicants:

- 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 application
- 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.



CORPORATE TAX FOUNDATION

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Scholarship Application

Please complete a separate application for each child

Student Name: _____
Last First Middle

Grade (in 19-20): K 1 2 3 4 5 6 7 8 9 10 11 12 Gender: Female Male

Parent/Guardian Name: _____
Last First Middle

Parent/Guardian Name: _____
Last First Middle

Address: _____

Parent/Guardian Email: _____ Phone number: _____

Private School student will attend for the 2019-2020 school year _____

- The student will be NEW to this school in 2019-2020 The student is reenrolling in this school.

Did this student receive any of the following during the previous school year?

- Corporate Tax Scholarship Individual Tax Scholarship Switcher Tax Scholarship

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 2018 - 2019 _____

Type of School: AZ Public AZ Charter Private

Previous STO scholarship recipients must provide award letter or other proof of Corporate, Individual or Switcher Tax Credit Award from other School Tuition Organization.

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: _____ Future Allocation: Y/N
Other: _____ Notes: _____

Family Income Verification Form

**You only need to fill out one Financial Income Verification Form per family.
This information is held in strict confidence**

PART 1. ALL HOUSEHOLD MEMBERS		
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if NO income
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2. TOTAL HOUSEHOLD GROSS INCOME AND PAYMENT FREQUENCY				
1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	<u>\$199.99/weekly</u>	<u>\$149.99/every other week</u>	<u>\$99.99/monthly</u>	<u>\$50.00/monthly</u>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

Total Household Members

Total Annual Income

PART 3. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)	
<i>Choose one ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<i>Choose one or more (regardless of ethnicity):</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American

An adult household member must sign this application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that I will be required to submit my most recent IRS Form 1040 document to verify the above information.

Parent/Guardian Signature

Print Name

Date

I certify (promise) that all information on this application is true and that all income is reported. I do not file a tax return however, I will provide pay stubs or other verification on income as required.

Parent/Guardian Signature

Print Name

Date

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 current school year and the prior school year. 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:	Grade:
Student was enrolled for one full semester of the school year: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, student was enrolled for _____ 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 <input type="checkbox"/> No <input type="checkbox"/> If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	