ACSTO

Arizona Christian School Tuition Organization

SCHOLARSHIP APPLICATION

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PO Box 6580
Chandler, AZ 85246

applications@acsto.org

'16-'17

Instructions

Please read and complete the entire application. The scholarship application consists of three parts—the ***Student Information***, a ***Narrative*** about the student, and a ***Financial Info Form*** about your family. ***Without a complete application, your student will not be eligible for any scholarship awards.***

Only one application is required per student, per school year. After submitting an application, the student will be considered for a scholarship award during each upcoming award cycle in that school year. In order to be considered for a particular award cycle, the completed application must be postmarked or sent to us by the application deadline, and the student must either be in the enrollment process or currently enrolled at the school. You can mail, e-mail, or fax your completed application to ACSTO, or complete it online at acsto.org. ***This application will expire on May 31st, 2017***, regardless of when we receive it.

Please do not submit multiple copies of your application, unless it contains updated information.

Application Deadlines*

**we only need one per school year*

SUMMER AWARD	JULY 31	FALL AWARD	SEP 30	WINTER AWARD	JAN 31	SPRING AWARD	MARCH 31

Student Information

Please complete all fields.

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

Student Name _____
Last First Middle

Parent/Guardian Name _____
Last First Middle

Spouse Name _____
Last First Middle

Mailing Address _____

_____
City State ZIP

Parent/Guardian E-mail _____ Phone (_____) _____- _____

School Name _____ School City _____

Please ✓ '16–'17 Grade

- ☐ *Kindergarten*
- ☐ *1st* ☐ *2nd*
- ☐ *3rd* ☐ *4th*
- ☐ *5th* ☐ *6th*
- ☐ *7th* ☐ *8th*
- ☐ *9th* ☐ *10th*
- ☐ *11th* ☐ *12th*

Your '16–'17 Tuition is...

$

Overflow/PLUS Eligibility

If any of the following criteria apply to your student, they can be considered for an Overflow/PLUS scholarship as well. Please check the box, and include any requested information when you submit your application. If you've already received an Overflow award from ACSTO, we don't need verification.

☐ ***Transferring from a District or Charter Public School***
If transferring from a public/charter school in Arizona (after attending at least 90 days), to a private school, complete our **Public School Verification form***, available at www.acsto.org.*

☐ ***Kindergarten Student***
All students entering Kindergarten at a private school are eligible.

☐ ***Pre-K Student with Disabilities***
Pre-K students with disabilities are eligible; please submit an IEP or MET plan with the application.

☐ ***US Armed Forces Dependent***
If your child is a dependent of a member of the US Armed Forces, stationed in AZ pursuant to military orders, please attach a copy of those orders showing the location of the AZ station.

☐ ***Previously Received Corporate or Overflow/PLUS Scholarship***
If your student previously received a Corporate or Overflow/Plus scholarship from another scholarship organization please submit the award letter, or a **Verification** *form, available at www.acsto.org*

All awards made by ACSTO can only be used for tuition for students attending grades K-12 in a private Christian school that works with ACSTO (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, ACSTO cannot make an award.

NOTICE: A school tuition organization cannot award, restrict, or reserve scholarships only 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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Student Name _____

NARRATIVE

Please provide a narrative on this, or a separate page, discussing the student's character, leadership, community involvement, perseverance, citizenship *(patriotism)*, school achievement, personal accomplishments, spiritual life, and extracurricular interests. ***Please provide 2–3 paragraphs.*** This is your opportunity to brag about your child! The child's age will be appropriately considered.

Optional Addendum: *In addition* to the narrative, you may attach up to three letters of recommendation, written using the same guidelines as the narrative, from individuals who know the student well.

ACSTO's Selection Committee will consider donations recommending the student, financial circumstances, and the student's narrative when making scholarship awards. ACSTO cannot make any awards solely on the basis of a donor's recommendation, therefore, donation recommendations are not guarantees. The selection committee has complete discretion regarding scholarship awards.

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FINANCIAL INFO FORM

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

Household Income

*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.*

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

Names: List the first and last name of ***every*** person living in your household. ***Include adults and children.***

Gross Income and Frequency: Following each person's name, list each type of income received and how often it is received (weekly, every other week (EOW), 2x month, monthly, annually).

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).

Welfare, Child Support, Spousal Maintenance: Include TNAF, General Assistance, General Relief, etc.
NOTE: Food stamps and FDPIR benefits are not included as income.

Pensions, Retirement, Social Security: Include Supplemental Security Income (SSI), Veteran's (VA) benefits, and disability benefits.

All Other Income: Include Worker's 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***. You do *not* have to include military or combat pay/allowances as income.

Names	Gross Income and Frequency — List each type of income received, and how often it is received				Check if **NO** income
	Earnings from Work	***Welfare, Child Support, Spousal Maintenance:***	***Pensions, Retirement, Social Security:***	***All Other Income***	
Example: John Doe	$ 200 / weekly	$ 150 / EOW	$ 100 / monthly	$ 50 / annually	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
	$_____ / _____	$_____ / _____	$_____ / _____	$_____ / _____	☐
Total # in Household:					

Foster Child

If this is an application for a child who is the legal responsibility of a welfare agency or court, and is currently living in your household, please provide the following information about the child (please list additional foster children on a separate Financial Info Form.)

If no income, please check the box. ☐

Child Name _____ Child's Personal Use Monthly Income $ _____

I promise that all information on this application is true, and that all income is reported to the best of my knowledge:

_____ Signature _____ Print Name _____ Date

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