

Scholarship '20-'21 Application

ACSTO

Arizona Christian School Tuition Organization

WE EXIST TO MAKE CHRISTIAN EDUCATION
AFFORDABLE FOR EVERYONE

480.820.0403 480.820.2027 applications@ACSTO.org PO Box 6580 Chandler, AZ 85246

INSTRUCTIONS

Please read and complete the entire application. The Scholarship Application consists of three parts—the **Student Information**, a **Student Narrative**, and a **Family Financial Info Form**. **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, email, or fax your completed application to ACSTO, or complete it online at ACSTO.org. **This application will expire on May 31, 2021, 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	JULY 31	Winter	JAN 31
Fall	SEPT 30	Spring	MARCH 31

STUDENT INFORMATION

Please complete all fields.

'20-'21 TUITION

AFTER ALL DISCOUNTS
ARE APPLIED

\$

PLEASE ✓ '20-'21 GRADE

K

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

Preschool w/ Disabilities*

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 Email _____ Phone (____) ____ - ____

School Name _____ School City _____

OVERFLOW ELIGIBILITY

If any of the following criteria apply to your student, they can be considered for an Overflow 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 additional verification.**

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Transferring from an Arizona Public/Charter School | If transferring from a public/charter school in Arizona (after attending at least 90 days in the prior school year) to a private school, complete our Public/Charter School Attendance Verification Form available at ACSTO.org . |
| <input type="checkbox"/> | Kindergarten Student | All students entering Kindergarten at a private school are eligible. <i>In addition</i> , they must be five years old on or before December 31 of their Kindergarten year to receive tax credit scholarships. No additional documentation is required. |
| <input type="checkbox"/> | Preschool Student with Disabilities* | Preschool students with disabilities are eligible; please submit an IEP or MET plan from an Arizona public school. |
| <input type="checkbox"/> | U.S. Armed Forces Dependent | If your student is a dependent of a member of the U.S. Armed Forces, stationed in Arizona pursuant to military orders, please attach a copy of those orders showing the location of the Arizona station. |
| <input type="checkbox"/> | Previously Received Overflow or Corporate Scholarship | If your student previously received an Overflow or Corporate Scholarship from another scholarship organization and has remained enrolled in private school since, please submit the award letter, or a Verification form available at ACSTO.org . |

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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 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

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

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 TANF, General Assistance, General Relief, etc.

NOTE: Food stamps and FDPIR benefits are not included as income.

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

PENSIONS, RETIREMENT, SOCIAL SECURITY

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

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 a 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 the box.

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

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.

All awards made by ACSTO can only be used for tuition for students attending grades K-12 (or preschoolers with disabilities) at a private Christian School that partners with ACSTO (see our website for a list). The student must be enrolled or in the enrollment process in order to be considered for scholarships.