

Scholarship '21-'22 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 this entire application. The Scholarship Application consists of three parts: the **Student Information**, a **Student Narrative**, and a **Family Financial Info Form**. **To be eligible for scholarship awards, we must have a complete application and the student must be enrolled at an ACSTO Partner School.**

Only **one application** is required per student, per school year. Applications may be submitted by email, fax, mail, or online at ACSTO.org. Applications must be received or postmarked by the deadline to be included in each remaining award cycle for the '21-'22 school year. **This application will expire on May 31, 2022, regardless of when it is received.**

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

APPLICATION DEADLINES*

* we only need one application per school year

Summer Award	JULY 31	Winter Award	JAN 31
Fall Award	SEPT 30	Spring Award	MARCH 31

STUDENT INFORMATION

Please complete all fields.

'21-'22 TUITION
AFTER ALL DISCOUNTS
ARE APPLIED

\$

PLEASE ✓ '21-'22 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. Tax credit scholarships can only be used at schools offering services that address the student's identified disabilities. |
| <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 will 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 FDIPIR 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
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 to be considered for scholarships.