



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Take the Credit for Private Education

Scholarship Application Form

Instructions

1. Complete one form per family. Please print. All sections must be thoroughly completed or your request will not be processed.
2. Please include the following documentation when submitting your application:
 - Copy of pages 1 & 2 of your most recent tax return
 - Copy of each child's most recent report card
 - Optional: Additional documentation that would help the Selection Committee (i.e. personal letter, references)
3. Mail the completed form and all required materials to: 14550 N. Frank Lloyd Wright Blvd. #100 | Scottsdale, AZ 85260.

SECTION I: Acknowledgements

By submitting this application to APESF, I/we acknowledge the following: (please initial)

- _____ Any scholarship awarded to the applicant(s) must be used solely for tuition expenses at a qualified private school that the applicant(s) attends or will be attending. The school must return any portion unused.
- _____ Recommendations by donors and the community are allowed, but are not a guarantee that a scholarship will be awarded. All final decisions to award tuition scholarships are up to the complete and sole discretion of APESF.
- _____ Only students enrolled in K-12 grade or disabled preschool students are eligible to apply. Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin.
- _____ An email notification will be sent to applicants regarding the outcome of your application. Please add APESF to your list of approved senders to prevent correspondence being marked as junk mail.

SECTION II: Custodial Parents/Guardians

Only list the parent/guardians who live with AND are financially responsible for the children listed in Section II.

Parent 1 Name _____ Cell Phone _____

DOB _____ Relationship Father Mother Stepfather Stepmother Guardian

Firm Name _____ Position _____

Work Phone _____ Employment Status Full-Time Part-Time Not Employed

Parent 2 Name _____ Cell Phone _____

DOB _____ Relationship Father Mother Stepfather Stepmother Guardian

Firm Name _____ Position _____

Work Phone _____ Employment Status Full-Time Part-Time Not Employed

Mail To Mr/Mrs Mr Mrs Miss Dr/Mrs Mr/Dr Dr/Dr Rev/Mrs Other _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____

