



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Take the Credit for Private Education

2011-2012 Individual Scholarship Application

Instructions

1. **Complete one application per family.** Please print legibly. All sections (1-5) must be completed or your request will not be processed.
2. *Optional:* You may attach any additional documentation to support your request for scholarship assistance.
3. Please mail, fax or submit the completed application to:
Arizona Private Education Scholarship Fund, Inc. • 6909 E Greenway Parkway #240 • Scottsdale, AZ 85254
Phone: 480-699-8911 • Fax: 480.646.3196 • helpdesk@apesf.org • www.apesf.org

SECTION 1: Acknowledgements

I/We understand and agree with the following:

- A scholarship awarded by APESF may only be used as allowed by Arizona law solely for tuition expenses for a child enrolled in K-12 grade at a qualified private school in the state of Arizona. Any unused portion must be returned to APESF for reallocation.
- NOTICE (A.R.S. §43-1603) 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 donor recommendation of a student does not guarantee that a scholarship will be awarded. A variety of considerations will be made, including financial need, before a scholarship is awarded. All final decisions to award tuition scholarships are subject to the sole and absolute discretion of APESF.
- An email notification will be sent to applicants receiving an award. Please add helpdesk@apesf.org to your list of approved senders to prevent correspondence being marked as junk mail.
- Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin.

SECTION 2: Custodial Parents/Guardians

Only list the parent/guardians who live with AND are financially responsible for the children listed in Section 3. Please list the FATHER first (if applicable).

Parent 1 Name _____ Cell Phone _____

DOB _____ Relationship Father Mother Stepfather Stepmother Guardian

Is this parent/guardian: disabled and unable to work? unemployed and actively seeking employment? a full-time student?

Parent 2 Name _____ Cell Phone _____

DOB _____ Relationship Father Mother Stepfather Stepmother Guardian

Is this parent/guardian: disabled and unable to work? unemployed and actively seeking employment? a full-time student?

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

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____

Section 3: Student Applicant(s)

The following information is for the 2010-2011 school year. Please list ONLY CHILDREN ATTENDING A PRIVATE SCHOOL in order of age, starting with the oldest. **If you have MORE THAN 3 STUDENTS, you may print a copy of this page as needed.**

Student 1 Name _____ Birthdate _____ Gender Male Female

Private School Enrolled _____ Grade in 2011-2012 _____

OR Kindergarten in 2012-2013

What is this child's tuition obligation* for the 2011-2012 school year? \$ _____

Did this child attend a public school for the first 100 days of the previous school year? Yes No

What is this child's GPA or average grade? 4.0 / A's / Excellent 3.0 / B's / Good 2.0 / C's / Average <2.0 / D's, F's / Below Average

Extracurricular Activities / Community Involvement: (please check ALL that apply)

- Student Government Athletics Fine Arts / Drama Local / Religious Service Projects
 Boy Scouts / Girl Scouts Religious Clubs Part-Time Job International Service Projects

Awards / Achievements: (please check ALL that apply)

- Academic Awards Honor Society Varsity Letter Other Award 1 _____
 Science Awards Fine Arts Awards Athletic Awards Other Award 2 _____

Student 2 Name _____ Birthdate _____ Gender Male Female

Private School Enrolled _____ Grade in 2011-2012 _____

OR Kindergarten in 2012-2013

What is this child's tuition obligation* for the 2011-2012 school year? \$ _____

Did this child attend a public school for the first 100 days of the previous school year? Yes No

What is this child's GPA or average grade? 4.0 / A's / Excellent 3.0 / B's / Good 2.0 / C's / Average <2.0 / D's, F's / Below Average

Extracurricular Activities / Community Involvement: (please check ALL that apply)

- Student Government Athletics Fine Arts / Drama Local / Religious Service Projects
 Boy Scouts / Girl Scouts Religious Clubs Part-Time Job International Service Projects

Awards / Achievements: (please check ALL that apply)

- Academic Awards Honor Society Varsity Letter Other Award 1 _____
 Science Awards Fine Arts Awards Athletic Awards Other Award 2 _____

Student 3 Name _____ Birthdate _____ Gender Male Female

Private School Enrolled _____ Grade in 2011-2012 _____

OR Kindergarten in 2012-2013

What is this child's tuition obligation* for the 2011-2012 school year? \$ _____

Did this child attend a public school for the first 100 days of the previous school year? Yes No

What is this child's GPA or average grade? 4.0 / A's / Excellent 3.0 / B's / Good 2.0 / C's / Average <2.0 / D's, F's / Below Average

Extracurricular Activities / Community Involvement: (please check ALL that apply)

- Student Government Athletics Fine Arts / Drama Local / Religious Service Projects
 Boy Scouts / Girl Scouts Religious Clubs Part-Time Job International Service Projects

Awards / Achievements: (please check ALL that apply)

- Academic Awards Honor Society Varsity Letter Other Award 1 _____
 Science Awards Fine Arts Awards Athletic Awards Other Award 2 _____

*The amount listed for tuition should be the total tuition amount you would be obligated to pay before any employee discounts, school or STO scholarships or other deductions. Multiple student discounts SHOULD BE considered.

SECTION 4: Financial Worksheet

The following information will determine the amount of tuition assistance you may be eligible to receive from APESF. Please be honest and accurate when completing the table and print legibly.

Total Household Gross Income – You must tell us how much and how often

Column 1 – Household Member(s) Name: List **EVERYONE** in the household. Attach an additional sheet if necessary.

Column 2 – Gross Income: Beside each name list the type of income received **last month** and how often it was received.

Earnings from work before deductions: List gross income (not take home pay) and how often it is received.

Welfare, child support and alimony: List how much and how often it is received.

Pensions, retirement and social security: List how much and how often it is received.

All other income: This includes worker's compensation, disability benefits, VA benefits, supplemental social security income (SSI), unemployment benefits, strike benefits, and ALL OTHER INCOME.

Column 3 – Check if No Income: If this person does not have any income please check this box.

Household Member(s) Full Name List everyone in household (first/last name)—yourself, spouse, each dependent child, grandparents, relatives or any other person who lives with you full time.	Gross income LAST MONTH and how often it was received <i>Example: \$100/monthly \$100/bi-monthly \$100/bi-weekly \$100/weekly</i>				Check if No Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, social security	All other income	
<i>Example: Jane Smith</i>	<i>\$200 / weekly</i>	<i>\$150 / bi-weekly</i>	<i>\$100 / bi-monthly</i>	<i>\$250 / bi-weekly</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
FOR OFFICE USE ONLY	<i>Totals:</i>				

How many people live in your household?

Count everyone—yourself, spouse, each dependent child, grandparents, relatives or any other person who lives with you full time.

SECTION 5: Hardship

Please check all that apply and give a brief explanation of each in the space provided (or attached a separate letter):

- | | | |
|---|---|--|
| <input type="checkbox"/> No Household Income | <input type="checkbox"/> Death of Household Member | <input type="checkbox"/> Life-threatening Illness |
| <input type="checkbox"/> Reduction in Income | <input type="checkbox"/> Single Working Parent | <input type="checkbox"/> Unforeseen Tragedy (house fire, accident, burglary, etc.) |
| <input type="checkbox"/> Loss of Home / Foreclosure | <input type="checkbox"/> Increased Medical Expenses | <input type="checkbox"/> Financially Supporting Relatives |
| <input type="checkbox"/> Divorce / Separation | <input type="checkbox"/> Increased Tuition Expenses | <input type="checkbox"/> Financial Supporting a College Student |

By signing or typing my name in below, I certify (promise) that all information on this application is true and that all income is reported. I truthfully completed the Financial Worksheet as required by the State of Arizona.

Signature _____ Print Name _____ Date _____

Social Security Number: _____ I do not have a social security number.