



EMAIL: apply@arizonaleader.org

FAX: (855) 340-9399

2019/2020 LOW INCOME CORPORATE SCHOLARSHIP APPLICATION (A.R.S. § 43-1183)

LIST SCHOLARSHIP APPLICANT:

Student: _____ Guardian Email: _____

School: _____ City: _____ Grade 2019/20: _____

INSTRUCTIONS:

- 1) There are 5 sections and each must be completed! Type or print clearly, black ink only.
- 2) If you are submitting applications for more than one student in your family, complete a separate "Student Information" page for each student—available on www.arizonaleader.org.
- 3) Email or fax the completed application, required documents and 2018 Federal Income Taxes (IRS 1040 Pgs. 1 & 2) as a single fax or email to Arizona Leadership Foundation.

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GUIDELINES FOR SECTIONS 1 THRU 5:

- 1) **Income Requirement**: The family's gross income cannot exceed the allowable amount per number of members in your household. If your family income is above the allowable amount the student applying will not qualify.
- 2) **Criteria for Student Eligibility**: The applicant must meet only one criteria. Check the one criteria that qualifies your student. Supporting documentation needed for the criteria that you checked will be stated in **bold type** at the end of the criteria listed.
- 3) **Financial Information**: List each member (first and last name) in your household and their income. This information is required in addition to Pgs. 1 & 2 of your 2018 Federal Income Taxes (IRS 1040) you are required to submit. Make sure you sign this page.
- 4) **Student Information**: Complete this page (pg 4) for each student, a separate Student Information page is required for each student applying.
- 5) **Agreement Statements**: Fill in the required information at the bottom of the page. Your signature is also required on this page.



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Applications must be completed by a legal guardian and submitted for each school year

1. INCOME REQUIREMENT

185 % OF FEDERAL REDUCED PRICE MEALS GUIDELINE

- The family’s income cannot exceed 185% of the income limit required to qualify for Reduced Price Meals under the National School Lunch and Child Nutrition Acts.
- The Financial Page (pg. 3) must be completed for qualification purposes.
- The first two pages of the guardian’s **2018** taxes (IRS form 1040) must be submitted. If your income is below the threshold required for filing taxes you must submit proof of income.



# in Household	Annual Family Gross Income Allowable
1	\$42,747
2	\$57,874
3	\$73,002
4	\$88,129
5	\$103,257
6	\$118,384
7	\$133,512
8	\$148,639

2. CRITERIA FOR STUDENT ELIGIBILITY—applicant must meet only ONE criteria

Attended an Arizona public school as a full-time student for at least 90 days of the prior fiscal year (2018/19) or one full semester and then transferred from the public school to a private school; Those students who transfer to a qualified school after the first full semester are eligible to receive a scholarship that same academic year. **A public or charter school official must complete the “Attendance Verification “ found at www.arizonaleader.org**

Is enrolling in a private school kindergarten. **The student must be 5 years old as of September 1st.**

Is enrolling in a private preschool program for students with disabilities; **Student must have an IEP or MET issued by an Arizona public school AND complete the Preschool application found on www.arizonaleader.org**

Is a dependent of a member of the armed forces of the United States who is currently stationed in Arizona pursuant to military orders; **A copy of the current orders showing the Arizona station must be submitted.**

Received a low-income corporate scholarship under one of the above criteria in a prior year (2018/19 or earlier) and the child continued to attend an Arizona private school in subsequent years; *SEE FOOTNOTE AT BOTTOM OF PAGE

The scholarship was received from **ALF**; School: _____ City: _____

OR

Received an Original Individual Scholarship or a Switcher Individual scholarship in a prior year (2018/19 or earlier) and the child continued to attend an Arizona private school in subsequent years. * SEE FOOTNOTE AT BOTTOM OF PAGE

***If an award was not received from Arizona Leadership Foundation complete the “SCHOOL TUITION ORGANIZATION AWARD VERIFICATION” found at www.arizonaleader.org**

A school tuition organization cannot award, restrict or remove scholarships solely on the basis of donor 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.



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3. FINANCIAL INFORMATION

First and Last Name List all members in household	Type: C-child G-guardian O-other	Yearly Gross Earnings from work	Yearly Welfare, Child support, Alimony	Yearly Pensions, Retirement, Social Security	Yearly all Other Income	Enter 0 if you have no income	Yearly total income per family member
<i>Example: Jane Doe</i>	<i>G</i>	<i>\$27,500</i>	<i>\$10,000</i>	<i>\$5000</i>	<i>\$3000</i>		<i>\$45,500</i>
				YEARLY TOTAL INCOME:			

Please attach a copy of pages 1 & 2 of your 2018 Federal Income Tax Return (IRS 1040). If you do not file taxes, other proof of income will be needed (Nutrition Assistance / Food Stamp Program, Unemployment Program, Social Security Disability, etc.). If you file an extension, submit 2017 federal taxes and a copy of IRS extension paperwork—2018 taxes must be submitted by Sept. 30, 2019.

By signing my name below, I certify that all information on this application is true and all income has been reported and that I have truthfully completed the Financial Worksheet as required by the State of Arizona. I also agree to all that the Arizona Leadership Foundation and my private school are allowed to share tuition balance information throughout the year. This information is kept confidential between the Arizona Leadership Foundation and the school and is only used to determine Financial Aid needs.

Signature: _____ Date: _____

Printed Name: _____

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4. STUDENT INFORMATION

Student Name: _____ Gender: M F

Date of Birth: _____ Grade in 2019/20: _____

Private School In 2019/20: _____ City: _____

If the student attended a different school last year, please list the school name: _____

*****One student per page*****

Would you be interested in your student being featured as a student spotlight, sent to donors and featured on our website?

YES NO

LEADERSHIP ACHIEVEMENTS:

STUDENT INVOLVEMENT:

ACADEMIC MERIT:

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5. AGREEMENT STATEMENTS

PLEASE READ THE FOLLOWING AGREEMENT STATEMENTS:

- 1) Financial aid awarded to the applicant(s) must be used as allowed by Arizona law solely for tuition expenses at a qualified private school of the applicant's choice. Excess scholarship funds cannot be rolled over to the next school year. Any portion unused must be returned by the school to the Arizona Leadership Foundation for reallocation.
- 2) The applicant is not currently receiving Empowerment Scholarship Account (ESA) funding from the Arizona Department of Education. Funding from the ESA program is on a quarterly basis and begins in the quarter following acceptance to the program. Once ESA funding begins, any outstanding STO scholarship money must be refunded by the private school to the STO.
- 3) Arizona Leadership Foundation has absolute and sole discretion in awarding financial aid.
- 4) Financial aid is distributed without regard to ethnicity, sex or handicap. Financial aid is only for the current academic year and continuing aid is based upon the applicant's eligibility and funds available.
- 5) A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of donor 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.
- 6) Household family income may not exceed 185% of the income required to qualify a child for reduced price lunches. Applicant(s) qualifies on the family's current annual household income and I will provide the necessary information for verification of that income.

I/WE HAVE READ AND AGREE TO THE STATEMENTS LISTED ABOVE; (Your signature agreeing to the statements is required).

SIGNATURE:

Guardian Name(s):

Mailing Address:

Street Address

City & Zip Code

Email Address:

PRINT LEGIBLY

Phone #(s):

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