



EMAIL: apply@arizonaleader.org

FAX: (855) 340-9399

PRESCHOOL APPLICATION for 2019/2020

Student Name: _____ Gender: M F
Date of Birth: _____ Grade in 2019-2020: _____
Private School: _____ City: _____
If the student attended a different school last year, please list the school name: _____

One student per page

PRESCHOOL REQUIREMENTS

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER FOR THE PRESCHOOL APPLICANT TO QUALIFY FOR A LOW INCOME CORPORATE SCHOLARSHIP

CHECK EACH BOX IF TRUE

The applying student must be at least 3 years old.

The applying student has a disability as defined in A.R.S. § 43-1601 as a student who has a hearing impairment, a visual impairment, a development delay, a preschool severe delay or a speech/language impairment.

The parents will provide documentation of the child's disability in the form of IEP or MET issued by the public school district.

The applying student's tuition to the private school is NOT PAID in part or full by a public school.

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.

ATTENDANCE INFORMATION

CHECK THE APPROPRIATE BOX

The applying student will be attending morning preschool.

The applying student will be attending afternoon preschool.

The applying student will be attending morning and afternoon preschool



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

1. INCOME REQUIREMENT

185 % OF FEDERAL REDUCED PRICE MEALS GUIDELINE

- The family’s income does not 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. Mark out Social Security numbers.
- Applicants with income over the cap need not apply.



# in Household	Annual Family Gross Income Allowable
1	\$42,747.00
2	\$57,874.00
3	\$73,002.00
4	\$88,129.00
5	\$103,257.00
6	\$118,384.00
7	\$133,512.00
8	\$148,639.00

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. 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 federally mandated free or reduced lunch program. 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: _____

Email Address: _____

Phone(s): _____

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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FINANCIAL INFORMATION

Name	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	Check if no income	Yearly total income per family member
<i>Example: Jane Doe</i>	G	\$27,500	\$10,000		\$3000		\$40,500
				YEARLY TOTAL INCOME:			

Please attach a copy of pages 1 & 2 of your 2018 Federal Income Tax Return (IRS 1040)

All information is held strictly confidential. Arizona Leadership Foundation will not share or disseminate this information in any way with any other organization. Please mark out Social Security Numbers

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: _____