

GREATER ARIZONA, INC.

2020-2021 Scholarship Application



YOU WILL NEED...

- 1. One application per family. Please print legibly. All sections must be completed, or your application will not be processed.
2. GROSS ANNUAL INCOME for each member of the household.
3. SUPPORTING DOCUMENTATION (i.e., report cards, letters of recommendations, pictures, etc.) This is encouraged but not required.
4. VERIFICATION if you'd like your student(s) to be considered for Overflow, Low-Income &/or Disabled-Displaced Scholarships.
5. Submit the completed application by email or mail to: admin@greaterarizona.org; Greater Arizona Inc. 4500 S. Lakeshore Dr. Ste 510 Tempe, AZ 85282.

APPLICATION YEAR 2020-2021

The student(s) I am applying for is/are enrolled in a private school.

Yes No (Please wait to apply until your student(s) is/are enrolled.)

PARENT(S)/GUARDIAN(S)

Parent/Guardian #1 Name

Relationship Father Mother Stepfather Stepmother

Phone

Parent/Guardian #2 Name

Email

Relationship Father Mother Stepfather Stepmother

Phone

Address

Email

City State Zip

STUDENT APPLICANT(S)

If you have more than three students, print copies of this section as needed.

Student #1 Name Date of Birth (MM/DD/YYYY)

Private School Name

2020-2021 Grade (Check one.)

Preschool (Disabled Students Only) K (Student age 5 before September 1st)

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

2019-2020 GPA 4.0/A/Excellent 3.0/B/Good 2.0/C/Average <2.0/D-F/Below Average None - Entering Kindergarten

Extracurriculars & Honors (Please check ALL that apply.)

Student Government Fine Arts/Drama Boy Scout/Girl Scouts Academic Awards Religious Clubs

Honor Society Science Awards Fine Arts Awards Athletics Part-Time Job Athletic Awards

**Scholarships to be considered for**

- Original  Overflow  Low-Income  Disabled-Displaced

**Please answer the following questions by circling YES or NO. A YES response to any of the following questions may require verification. You may send documents to admin@greaterarizona.org.**

1. Did this student attend public (or charter) school in Arizona for at least one semester of 2019-2020?

YES NO

2. Has this student received a scholarship from a School Tuition Organization and remained in a private school since receiving it?

YES NO

3. Is this student a dependent of a member of the U.S. Armed Forces stationed in Arizona pursuant to military orders?

YES NO

4. Does this student have an IEP, MET or 504 Plan (current or expired) from an Arizona public (or charter) school?

YES NO

5. Has this student ever been in the Arizona Foster Care system?

YES NO

**Student #2 Name** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

**Private School Name** \_\_\_\_\_

**2020-2021 Grade** (Check one.) \_\_\_\_\_

Preschool (Disabled Students Only)  K (Student age 5 before September 1st)

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

**2019-2020 GPA**  4.0/A/Excellent  3.0/B/Good  2.0/C/Average  <2.0/D-F/Below Average  None – Entering Kindergarten

**Extracurriculars & Honors** (Please check ALL that apply.)

- Student Government  Fine Arts/Drama  Boy Scout/Girl Scouts  Academic Awards  Religious Clubs  
 Honor Society  Science Awards  Fine Arts Awards  Athletics  Part-Time Job  Athletic Awards

**Scholarships to be considered for**

- Original  Overflow  Low-Income  Disabled-Displaced

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YES NO

2. Has this student received a scholarship from a School Tuition Organization and remained in a private school since receiving it?

YES NO

3. Is this student a dependent of a member of the U.S. Armed Forces stationed in Arizona pursuant to military orders?

YES NO

4. Does this student have an IEP, MET or 504 Plan (current or expired) from an Arizona public (or charter) school?

YES NO

5. Has this student ever been in the Arizona Foster Care system?

YES NO

Student #3 Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Private School Name \_\_\_\_\_

2020-2021 Grade (Check one.)

Preschool (Disabled Students Only)  K (Student age 5 before September 1st)

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

2019-2020 GPA  4.0/A/Excellent  3.0/B/Good  2.0/C/Average  <2.0/D-F/Below Average  None – Entering Kindergarten

Extracurriculars & Honors (Please check ALL that apply.)

Student Government  Fine Arts/Drama  Boy Scout/Girl Scouts  Academic Awards  Religious Clubs

Honor Society  Science Awards  Fine Arts Awards  Athletics  Part-Time Job  Athletic Awards

Scholarships to be considered for

Original  Overflow  Low-Income  Disabled-Displaced

**Please answer the following questions by circling YES or NO. A YES response to any of the following questions may require verification. You may send documents to [admin@greaterarizona.org](mailto:admin@greaterarizona.org).**

1. Did this student attend public (or charter) school in Arizona for at least one semester of 2019-2020?

YES NO

2. Has this student received a scholarship from a School Tuition Organization and remained in a private school since receiving it?

YES NO

3. Is this student a dependent of a member of the U.S. Armed Forces stationed in Arizona pursuant to military orders?

YES NO

4. Does this student have an IEP, MET or 504 Plan (current or expired) from an Arizona public (or charter) school?

YES NO

5. Has this student ever been in the Arizona Foster Care system?

YES NO

## HOUSEHOLD FINANCIAL INFORMATION

**INSTRUCTIONS:** Please read the definitions of income below, and complete a line in the financial worksheet for each member of the household. Members may include parents/guardians, student applicants, other children, grandparents and any other individual being financially supported by your economic unit.

### Income Definitions

*The definition of annual income provided below is defined by the United States Department of Agriculture (USDA).*

**Earnings from work before deductions:** *Include:* Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation and worker's compensation.

**Pensions, retirement and social security:** *Include:* Pensions, retirement income, veteran's benefits, social security, Supplemental security income and disability benefits.

**Welfare, child support and alimony:** *Include:* Public assistance payments/welfare benefits (TANF, General Assistance, General Relief, etc.), alimony and child support payments. NOTE: Food stamps and FDPIR benefits are not included in income.

**All Other Income:**

*Include:* Net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings; income from estates, trust and/or investments, regular contributions from persons not living in the household, and any other money that may be available to pay for the child(ren)'s meals. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**GROSS YEARLY INCOME**

<b>Column 1</b>  <b>Household Member(s) Full Name</b> List <b>everyone</b> in household (first/last name)— yourself, spouse, relatives, friends and ALL children, including dependents in college, who live with you full-time.	<b>Column 2</b>  <b>Gross income (not take-home pay) LAST MONTH x 12. (For self-employed individuals, estimate an average annual income.) *Please list amount annually (i.e., \$40,000/annually)</b>				<b>Column 3</b>
	Earnings from work before deductions	Pensions, retirement, social security	Welfare, child support, alimony	All other income	<b>Check if No Income</b>
					<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Please confirm how many people are in your household. # \_\_\_\_\_

Please check:  I have completed this financial worksheet, reporting all income as defined by the definitions above, to the best of my ability. I understand that false or misleading information will result in immediate removal of this application for scholarship consideration.

*NOTE: Greater Arizona Inc. asks that you do not send in tax returns for security purposes. If we need financial information documents to verify what you've entered, we will contact you.*

**FAMILY CIRCUMSTANCES** \_\_\_\_\_

**INSTRUCTIONS:** Here is your chance to tell us a little bit about your family, why private education is important or necessary for your children and/or anything else that may be relevant as we review this application for tuition scholarship funding.

**Explanation:**

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**Please check ALL special circumstances that apply.**

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|--|--|--|
| <input type="checkbox"/> Life-threatening Illness    | <input type="checkbox"/> Divorce/Separation                        | <input type="checkbox"/> Student Loan Debt from a Parent’s Education               |
| <input type="checkbox"/> Disabled and Unable to Work | <input type="checkbox"/> Financially Supporting Relatives          | <input type="checkbox"/> Unforeseen Tragedy (house fire, accident, burglary, etc.) |
| <input type="checkbox"/> Single Parent               | <input type="checkbox"/> Loss of Home/Foreclosure                  | <input type="checkbox"/> Add’l Services Required for Child with Physical or        |
| <input type="checkbox"/> Increased Tuition Expenses  | <input type="checkbox"/> Financially Supporting College Student(s) | <input type="checkbox"/> Learning Disabilities                                     |
| <input type="checkbox"/> Parent is a Student         | <input type="checkbox"/> Increased Medical Expenses                | <input type="checkbox"/> Death of an Immediate Family Member                       |

**APPLICATION SUBMISSION**

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.

A variety of considerations are made, including financial need, before any scholarship is awarded. All final decisions to award scholarships are subject to the sole and absolute discretion of Greater Arizona, Inc.



By signing below, you acknowledge and agree to all of the above. You declare that all information provided on this application is, to the best of your knowledge, true, correct and complete.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_