

GREATER ARIZONA, INC.

2022-2023 Scholarship Application



YOU WILL NEED...

- **One application per family.** Please print *legibly*. All sections must be completed, or your application will not be processed.
- **GROSS ANNUAL INCOME** for each member of the household.
- **SUPPORTING DOCUMENTATION:**
 - Copy of previous year's tax return or first two pages of tax return
 - Public school verification form (if child previously attended public school)
- Submit the completed application by email or mail to the School Registrar.

APPLICATION YEAR 2022-2023

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

☐ Yes ☐ No (Please wait to apply until you 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 _____

2022-2023 Grade _____

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

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

2021-2022 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 2021-2022?

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 _____

2022-2023 Grade _____

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

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

2021-2022 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

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YES NO

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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 _____

Private School Name _____

Date of Birth (MM/DD/YYYY) _____

2022-2023 Grade _____

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

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

2021-2022 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

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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

Column 1	Column 2				Column 3
Household Member(s) Full Name List everyone in household (first/last name)— yourself, spouse, relatives, friends and ALL children, including dependents in college, who live with you full-time.	Gross income (not take-home pay) LAST MONTH x 12. (For self-employed individuals, estimate an average annual income.) <i>*Please list amount annually (i.e., \$40,000/annually)</i>				Check if No Income
	Earnings from work before deductions	Pensions, retirement, social security	Welfare, child support, alimony	All other income	
					<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: This application must be accompanied by your most recently filed tax return or the first two pages of that return to establish financial eligibility.

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:

Please check ALL special circumstances that apply.

- | | | |
|--|--|--|
| <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 _____



PUBLIC SCHOOL ATTENDANCE VERIFICATION

This form should be completed by a school official if a student attended Arizona public (or charter) school as a full-time student for at least 90 days (or one full semester) before transferring to his/her private school. This may require information from multiple schools or for multiple school years. It is the parent's/guardian's responsibility to coordinate the completion and submission of this form (along with the application). Incomplete forms will not be accepted.

Student's Full Name: _____

Name of Public(or Charter) School: _____

Address of Public(or Charter) School: _____

PRIOR SCHOOL YEAR (if applicable)

Start date of prior school year: _____ End date of prior school year: _____

Student's dates of enrollment for prior school year: _____ to _____

Student's grade in prior school year: _____

All dates should be in
MM/DD/YY format.

CURRENT SCHOOL YEAR (if applicable)

Start date of current school year: _____ End date of current school year: _____

Student's dates of enrollment for current school year: _____ to _____

Student's grade in current school year: _____

Name of public school official completing this form: _____

Title: _____

Signature: _____ Date: _____

This form can be sent to aca.registrar@azacademy.org