



# SCHOOL CHOICE ARIZONA, INC.

2241 E. Pecos Road, Suite 3 Chandler, AZ 85225 Phone: 480-722-7502 Fax: 480-820-2027  
www.schoolchoicearizona.org

## GRANT/SCHOLARSHIP PRIVATE SPECIAL NEEDS APPLICATION

Please fill this out and Mail or Fax to School Choice Arizona. Fax: (480) 820-2027.

Mailing Address: 2241 E. Pecos Rd., Suite 3, Chandler, AZ 85225

**Due February 28**

### Student Eligibility

Awards made by School Choice Arizona can only be used for tuition for students attending grades K-12 in a private school that is signed up with us. (See our website for a list of participating schools.) The student must be planning to attend K-12 by the semester following the award process. (Example: Brad will start Kindergarten in August 2009. I can send his application by the February 28, 2009 due date. If an award is granted it would arrive at his school early June to help with his fall tuition.)

### Student Information

Please fill out ONE application per student applying.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STUDENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PARENT/GUARDIAN NAME(S) \_\_\_\_\_  
LAST FIRST NAME(S) MIDDLE INITIAL

MAILING ADDRESS \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
CITY STATE STUDENT'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
ZIP

PRIVATE SCHOOL THE STUDENT ATTENDS OR PLANS TO ATTEND (WHERE THE GRANT/SCHOLARSHIP WOULD BE APPLIED TOWARDS TUITION):

SCHOOL NAME: \_\_\_\_\_  
(PLEASE GIVE THE FULL NAME OF THE SCHOOL.) CITY

GRADE OF STUDENT IN SCHOOL YEAR 2012/2013 (PLEASE CIRCLE)

\*K IN SCHOOL YEAR \_\_\_\_ - \_\_\_\_ 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>

\*STUDENTS PLANNING TO ATTEND KINDERGARTEN IN THE 10-11 SCHOOL YEAR MAY FIRST APPLY IN APRIL, 2010.

SEE STUDENT ELIGIBILITY SECTION FOR MORE INFORMATION.

**Please ✓ the attachments enclosed with this form.**

**Description of Circumstances:** Please provide a brief narrative discussing your child's character & current educational situation.  
**REQUIRED**

**Letters of Recommendation:** (Optional) One or more letters of recommendation from such persons as a teacher or other person from the community at large concerning the student's character are also welcome (maximum of three letters).

### Parent Signature

I affirm that the attached income tax return documents are true and correct.  
A scholarship is requested for the benefit of the above named student.

\_\_\_\_\_  
Signature of Parent/Guardian

**\*\*Please call School Choice Arizona or visit www.schoolchoicearizona.org for any questions!!**

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## FINANCIAL INFORMATION FORM

**You only need to fill out one Financial Information Form per family.**

**THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.**

### 1. LIST ALL CHILDREN

Name of child	Grade for 12-13

### 2. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.**

Next to each person’s name list each type of income received last month, and how often it was received.

**EARNINGS FROM WORK:** List the gross\* income each person earned from work and how often the person got it (weekly, every other week, twice a month, or monthly). *\*This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you.*

**WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** List how much and how often.

**PENSIONS, RETIREMENT, SOCIAL SECURITY:** List how much and how often.

**ALL OTHER INCOME:** Include: Supplemental Security Income (SSI), Worker’s Compensation, Disability benefits Veteran’s (VA) benefits, Unemployment, Strike benefits, Regular contributions from people who do not live in your household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.

*\*If you are in the Military Housing Privatization Initiative do not include this housing allowance.*

**Column 3–Check if no income:** If the person does not have any income, check the box.

1. Name (List everyone in household)	2. Gross income and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, spousal maintenance	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

### 3. SIGNATURE (ADULT MUST SIGN)

**An adult household member must sign the application.**

*I certify (promise) that all information on this application is true and that all income is reported.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE