



Arizona Tuition Connection

11445 E. Via Linda Suite #2-145 Scottsdale, AZ 85259 480-409-4106
www.arizonatuitionconnection.com

17-18

Date _____

Student's Name _____
FIRST LAST

Student's Date of Birth _____ Student's Gender Male Female

School _____ School City _____ Grade in 17-18 _____

Mother's Name _____
FIRST LAST

Mailing Address _____ AZ _____
ADDRESS CITY ZIP CODE

E-mail Address _____ Telephone # () _____

Father's Name _____
FIRST LAST

Mailing Address _____ AZ _____
ADDRESS CITY ZIP CODE

E-mail Address _____ Telephone # () _____

Who is the primary contact? Mother Father

Please provide a brief narrative about your child.



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STUDENT NAME _____

The following information is needed to determine what type of scholarships your child may be eligible for. Be sure to read through each question thoroughly, noting what information is required to be submitted with the application. Failure to send in the appropriate documents along with your application will delay the processing time.

1. Is your child transferring from an Arizona public or charter school? NOTE: To check YES, your child must have been enrolled in an AZ public or charter school for at least 90 days of the *PREVIOUS* school year.
 NO YES If yes, please submit a complete Arizona Public School Enrollment Verification Form along with your application. (This form is attached at the end of this application for your convenience.)

2. Is your child enrolled in Kindergarten at a private school for the 2017-2018 school year? NO YES

3. Is your child currently a part of the Arizona foster care system? NO YES

4. Is your child a dependent of a member of the United States Armed Forces stationed in Arizona pursuant to military orders?
 NO YES

5. Is your child currently enrolled in private preschool and have a current Individualized Education Plan (IEP) from an Arizona public school or Multidisciplinary Evaluation Team (MET)? Please provide the current summary sheet of the IEP or MET along with your application.
 NO YES

PAST SCHOLARSHIP AWARDS

6. Check the boxes below if you child has received any of the following tax credit scholarships from Arizona Tuition Connection, or any other STO, in the previous school year (2016-2017 or prior) and continued to attend private school in Arizona?

- ORIGINAL TAX CREDIT SCHOLARSHIP
- SWITCHER (Overflow/Plus) TAX CREDIT SCHOLARSHIP
- LOW-INCOME CORPORATE TAX CREDIT SCHOLARSHIP
- DISABLED/DISPLACED TAX CREDIT SCHOLARSHIP

If this scholarship was given by an organization other than Arizona Tuition Connection, you **MUST** provide verification of that award. Please submit to us a copy of the award letter you received from that organization. If you don't have a copy of that award letter, you can have that organization complete the previous award verification form. (This form is attached to the end of this application for your convenience.)



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STUDENT NAME _____

Household Income: Please read the following instructions to make sure the form is filled out correctly. The financial information must match your 2016 taxes exactly.

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD

A. Names: List the first and last names of **every** person living in your household. Everyone must be listed, whether they receive income or not. If no income is received, mark the no income box for that entry.

B. Gross YEARLY income: Following each person's name, list each type of income received on a YEARLY basis.

***Earnings from work:** List gross income from work (wages, salaries, tips, commissions.) This is not the same as take home pay; it is the amount earned before taxes and deductions. Gross earnings should be listed on your pay stub. If self-employed, you may report income after expenses (your own business, freelance work, farm, or rental property). ***Welfare, Child Support, Spousal maintenance:** including - TANF, General Assistance, General Relief, etc. NOTE: Food Stamps and FDPIR benefits are not included as income.

***Pensions, Retirement, and Social Security:** include - Supplemental Security Income (SSI), Veteran's (VA) benefits, and disability benefits.

***All Other Income:** Include: Worker's Compensations, unemployment, strike benefits, net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trust and/or investments, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. You do not have to include military or combat pay/allowances as income.

| A. Names: You must list EVERYONE in your household. | B. ANNUAL INCOME | | | | |
|---|--|--|--|-------------------------|---------------------------|
| | <i>Annual earnings from work before deductions</i> | <i>Welfare, child support, spousal maintenance</i> | <i>Pensions, retirement, social security</i> | <i>All other income</i> | <i>Check if NO income</i> |
| | /yr. | /yr. | /yr. | /yr. | |
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T
otal Annual Household Income: \$

(Summary of everyone listed above.)

C. Foster Child: If this application is for a child who is the legal responsibility of a welfare agency or court and is currently living in your household, please provide the following information about that child.

Child's Name: _____ Child's "personal use" monthly income: \$ _____

NOTICE: A SCHOOL TUITION ORGANIZATION CANNOT AWARD, RESTRICT OR RESERVE SCHOLARSHIPS SOLELY ON THE BASIS OF A DONOR'S 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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STUDENT NAME _____

By signing below, I promise that to the best of my knowledge all of the information on this application is true, and that all income reported is correct and will match my 2016 tax return.

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

Please realize that we receive our funding for these scholarships through donations from our applicants, their friends, families and social contacts. One of the best ways to increase the amount of scholarships available for your children is to help us obtain donations. We would ask that you would please consider donating your available tax credit dollars to Arizona Tuition Connection and ask others to do so as well.

Donation forms are available on our website: www.arizonatuitionconnection.com/donate.

A new application is required every school year.

Please send to: applications@arizonatuitionconnection.com

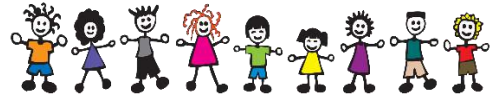
or mail to: Arizona Tuition Connection
11445 E Via Linda, Suite#2-145
Scottsdale, AZ 85259

or by FAX: 480-767-0442

Award Verification

RETURN INFORMATION

E-mail: applications@arizonatuitionconnection.com
Mail: 11445 E Via Linda Suite #2-145
Scottsdale, AZ 85259
Fax: 480-767-0442



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PARENTS: If you have received a scholarship from an organization other than Arizona Tuition Connection, you must provide verification of that award. Please initial the statement below giving the school and/or school tuition organization you have used in the past permission to release award information to Arizona Tuition Connection. Also, please initial to confirm that your child has continued to be enrolled in a qualified Arizona private school since receiving that scholarship. After you sign, the bottom portion of this form MUST be completed by the STO that issued the award or by the private school that received the scholarship on your child's behalf.

Student Name: _____

I/we give the school tuition organization listed below permission to release scholarship information and history regarding my child to Arizona Tuition Connection.

My child has continued to be enrolled in a qualified Arizona private school since receiving this scholarship award.

Printed Name of Parent/Guardian

Signature

Date

The remainder of this form must be completed by the School Tuition Organization (STO) or by the private school that received the scholarship on your child's behalf.

Student Name: _____

Name of School where award was sent: _____

Name of School Tuition Organization: _____

Please check all that apply. Also, to verify that these awards were given in a **PRIOR ACADEMIC YEAR**, please include a date that an award was granted.

IN A PRIOR ACADEMIC YEAR:

A scholarship was awarded under the ORIGINAL INDIVIDUAL tax credit program. DATE: _____

A scholarship was awarded under the SWITCHER INDIVIDUAL tax credit program. DATE: _____

A scholarship was awarded under the LOW-INCOME CORPORATE tax credit program. DATE: _____

A scholarship was awarded under the DISABLED/DISPLACED CORPORATE tax credit program. DATE: _____

Contact information of STO employee or school official verifying this information:

Name: _____ Title: _____

Signature: _____ Date: _____

AZ Public School Enrollment Verification Form

RETURN INFORMATION

E-mail: applications@arizonatuitionconnection.com

Mail: 11445 E Via Linda Suite #2-145

Scottsdale, AZ 85259

Fax: 480-767-0442



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This form is required for students whom are transferring from an Arizona public or charter school. If your child is transferring from an Arizona public or charter school, you must submit this form completed by an official at the school you are transferring from. *Your application is incomplete without this form.*

The following information must be completed by a public or charter school official.

PUBLIC or CHARTER SCHOOL INFORMATION

Student Name: _____

Public or Charter school attended: _____

Student's first day of school (of the prior academic year): _____ / _____ / _____

Student's last day of school (of the prior academic year): _____ / _____ / _____

Was the student enrolled for at least 90 days of that school year? YES NO

Name of school official verifying this information (please print)

Title

Signature _____

Date _____