**Arizona International Academy Scholarship Fund**

**PO Box 9332, Phoenix, AZ 85068**

**mail@aiascholarshipfund.org**

**Tel.: 602-576-1996**

**Scholarship Application**

 **2024-2025**

By completing a scholarship application with the Arizona International Academy Scholarship Fund, you are requesting to be considered for a financial scholarship through the AIASF Program. AIASF uses state tax revenues redirected by taxpayers to award scholarships to students attending qualified private schools.

**Arizona requires that you apply ONE TIME PER SCHOOL YEAR to be eligible for consideration. Your application will be considered based on timeliness, financial need, student merits, and other special circumstances you choose to disclose. This document is kept strictly confidential.**

##### **WHAT YOU WILL NEED…**

* **NUMBER OF MEMBERS IN YOUR HOUSEHOLD** A household is a group of related or unrelated individuals who are living as one economic unit and who share housing and/or income and expenses.
* **NAME OF EACH MEMBER IN YOUR HOUSEHOLD**
* **GROSS INCOME** for each member of your household. Please list gross income received LAST MONTH, as long as it’s a fair representation of normal monthly income. If not, and in the case of self-employed individuals, please list an average monthly income.
* **ADDITIONAL DOCUMENTATION** (optional) You may include any additional documents to substantiate your request for scholarship assistance. (tax returns, report cards, letters of recommendation, pictures, essays, etc.) **This is not required.**

**Instructions**

1. Complete one application per family. Please print legibly. All sections (1-5) must be completed or your request will not be processed.

2. Optional: You may attach any additional documentation to support your request for scholarship assistance.

**SECTION 1: Acknowledgements**

Please **INITIAL** each item to indicate your understanding and agreement with the following:

\_\_\_\_\_\_ A scholarship awarded by AIASF may only be used as allowed by Arizona law solely for tuition expenses for a child enrolled in K-12 grade at a qualified private school in the state of Arizona. Any unused portion must be returned to AIASF for reallocation.

\_\_\_\_\_\_ NOTICE (A.R.S. §43-1603) 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.

\_\_\_\_\_\_ A donor recommendation of a student does not guarantee that a scholarship will be awarded. A variety of considerations will be made, including financial need, before a scholarship is awarded. All final decisions to award tuition scholarships are subject to the sole and absolute discretion of AIASF.

\_\_\_\_\_\_ Scholarships will be awarded without regard to the student’s race, color, sex, handicap, familial status or national origin.

**SECTION 2: Custodial Parents/Guardians**

Only list the parent/guardians who live with AND are financially responsible for the children listed in Section 3.

Parent 1 Name Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_ Guardian

Is this parent/guardian: \_\_\_\_\_ a full-time student? \_\_\_\_\_ disabled and unable to work?

 \_\_\_\_\_ unemployed \_\_\_\_\_ actively seeking employment?

Parent 2 Name Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_ Guardian

Is this parent/guardian: \_\_\_\_\_ a full-time student? \_\_\_\_\_ disabled and unable to work?

 \_\_\_\_\_ unemployed \_\_\_\_\_ actively seeking employment?

Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_

**Section 3: Student Applicant**

Please list ONLY CHILDREN ATTENDING A PRIVATE SCHOOL in order of age, starting with the oldest.

If you have MORE THAN 1 STUDENT, you may copy this page as needed.

Student 1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female

Name of private school where student is enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_

What is this child’s tuition obligation for the 2024-2025 school year? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is this child’s GPA or average grade? \_\_\_\_\_ 4.0 / A’s / Excellent \_\_\_\_\_ 3.0 / B’s / Good

 \_\_\_\_\_ 2.0 / C’s / Average \_\_\_\_\_ 2.0 / D’s, F’s / Below Average

Extracurricular Activities / Community Involvement: (please check ALL that apply)

\_\_\_ Student Government \_\_\_ Athletics \_\_\_ Fine Arts / Drama \_\_\_ Part-Time Job \_\_\_ Boy Scouts / Girl Scouts

\_\_\_ Local / Religious Service Projects \_\_\_ Religious Clubs \_\_\_ International Service Projects

\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards / Achievements: (please check ALL that apply)

\_\_\_ Academic Awards \_\_\_ Honor Society \_\_\_ Varsity \_\_\_ Science Awards \_\_\_ Fine Arts Awards

\_\_\_ Athletic Awards \_\_\_ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: Financial Worksheet -** (Statutory Requirement)

Please be honest and accurate when completing the table below and print legibly.

**Total Household Gross Income** To qualify you must inform us about the income you receive.

|  |
| --- |
| **Column 1 – Household Member(s) Name**: List **EVERYONE** in the household. Attach an additional sheet if necessary.**Column 2 – Gross Income**: Beside each name list the type of income received **last month** and how often it was received.  Earnings from work before deductions: List gross income (not take home pay) and how often it is received. Welfare, child support and alimony: List how much and how often it is received. Pensions, retirement and social security: List how much and how often it is received. All other income: This includes worker’s compensation, disability benefits, VA benefits, supplemental social security income (SSI), unemployment benefits,  strike benefits, and ALL OTHER INCOME.**Column 3 – Check if No Income**: If the person named on the line does not have any income please check this box. |
| **Household Member(s) Full Name** List **everyone** in household: Yourself, spouse, each dependent child, grandparents, relatives or any other person who lives with you full time. | **Gross income LAST MONTH and how often it was received***Example: $100/monthly, $100/semi-monthly, $100/bi-weekly, $100/weekly*

|  |  |  |  |
| --- | --- | --- | --- |
| Amount and frequency of Earnings from work before deductions | Amount and frequency of Welfare, child support, alimony | Amount and frequency of Pensions, retirement, social security | Amount and frequency of All other income |

 | **Check if No Income** |
| *Example: Jane Smith* | *$200 / weekly* | *$150 / bi-weekly* | *$100/semi-monthly* | *$250 / monthly* |  |
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| **FOR OFFICE USE ONLY** *Totals:* |  |  |  |  |  |

How many people live in your household? \_\_\_\_\_\_\_ Count everyone - yourself, spouse, each dependent child, grandparents, relatives or any other person who lives with you full time. List each name above.

**SECTION 5: Hardship**

Please check all that apply and give a brief explanation of each in the space provided (or attach a separate letter):

\_\_\_ Reduction in Income \_\_\_ Single Working Parent \_\_\_ Unforeseen Tragedy (fire, accident, burglary, etc.)

\_\_\_ Loss of Home / Foreclosure \_\_\_ Increased Medical Expenses \_\_\_ Financially Supporting Relatives

\_\_\_ Divorce / Separation \_\_\_ Increased Tuition Expenses \_\_\_ Financial Support for College Student

\_\_\_ No Household Income \_\_\_ Death of Household Member \_\_\_ Life-threatening Illness \_\_\_Other-explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child attended an Arizona public school for at least the previous 90 days on a full-time basis, or will be enrolling in a private kindergarten, or was enrolled in a private kindergarten or qualified preschool program that offers services to students with disabilities, or is a dependent of a member of the US Armed Forces stationed in AZ, then he/she may be eligible for funds from the “Switcher” program. If your child has been previously qualified for the “Switcher” program, he/she maintains that status as long as the child stays enrolled in a qualified school. Please indicate below if you believe any of the above to be true. Additional verification will be required.

\_\_\_ Yes, I believe my child may qualify on the basis of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Additional application is necessary. Please see page 5 and complete page 6.)

\_\_\_ No, my child is not eligible for “Switcher” program funds.

\* \* \* \* \*

\_\_\_ My student will/has applied for an AZ Empowerment Scholarship Account. I understand I may not use STO funds and ESA funds in the same academic year.

By signing or typing (e-signature) my name in below, I certify (promise) that all information on this application is true and that all income is reported. I truthfully completed the Financial Worksheet as required by the State of Arizona. I authorize AIASF to obtain the enrollment status and tuition balance for the sole purpose of processing this application. Non-compliance by school for release of information will disqualify application.

Father’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Last 4 digits of father’s Social Security Number: XXX— XX — \_\_ \_\_ \_\_ \_\_

Last 4 digits of mother’s Social Security Number: XXX— XX — \_\_ \_\_ \_\_ \_\_

OR \_\_\_ I do not have a social security number.

**Please have the public school fill this form if you are transferring and applying for Switcher Scholarship Funds**

**Arizona Public School Enrollment Verification**

This information is to be completed by the public school. Depending on the student’s current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

**Student Name:**

**Name of Public School and District:**

**First day of school year (mm/dd/yy): Last day of school year (mm/dd/yy):**

**Student’s Dates of Enrollment for School Year: Grade:**

**Student was enrolled for one full semester of the school year. Yes\_\_\_ No\_\_\_**

**If NO, student was enrolled for \_\_\_\_\_\_\_ days of the school year.**

**Name and Title of Individual Completing Form:**

**Phone number:**

**Signature: Date:**

Please return by mail to: AIASF, PO Box 9332, Phoenix, Arizona, 85068

Or email to: mail@aiascholarshipfund.org