

Arizona Christian School Tuition Organization, Inc.

Grant/Scholarship Application

Effective for the 3 Award Distributions between June 2011 & March 2012



DATE: ____/____/____ STUDENT NAME _____
LAST FIRST MIDDLE

PARENT/GUARDIAN NAME(S) _____
LAST FIRST NAME(S) MIDDLE INITIAL

MAILING ADDRESS _____ TELEPHONE # (____) _____

CITY STATE ZIP STUDENT'S DATE OF BIRTH ____/____/____

PARENT / GUARDIAN EMAIL _____

CHRISTIAN SCHOOL (WHERE THE STUDENT CURRENTLY ATTENDS OR HAS BEGUN THE ENROLLMENT PROCESS – SEE ELIGIBILITY SECTION BELOW*)

SCHOOL NAME: _____
(PLEASE GIVE THE FULL NAME OF THE SCHOOL- PLEASE SEE ELIGIBILITY SECTION BELOW*) CITY

PLEASE GRADE OF STUDENT IN SCHOOL YEAR 2011-2012 (even if scholarships awarded will be applied toward the following year's tuition*).

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

Kindergarten in 2011-2012 OR Kindergarten in 2012-2013

Students planning to start attending grades K-12 in the 2012-2013 school year may first apply in February 2012. (See Eligibility section below*)

ATTACHMENTS ARE REQUIRED. PLEASE THE ATTACHMENTS ENCLOSED WITH THIS FORM.

Financial Information Form: Please complete the federal Financial Information Form attached. Only one form is required **REQUIRED** per family. This information will be held in strictest confidence.

Narrative: Please provide a narrative discussing such things as the student's character, perseverance, citizenship, leadership, **REQUIRED** and community involvement. The child's age will be appropriately considered.

Letters of Recommendation: (Optional) One or more letters of recommendation from such persons as a pastor, church leader, school leader, employer or other person from the community at large concerning the characteristics listed above are also welcome (maximum of three letters).

The selection committee will consider any recommendations, financial circumstances, and the narrative regarding the student in its decision regarding allocation of the available funds. The committee has complete discretion regarding grant/scholarship awards.

MAIL OR FAX TO:

ACSTO ♦ P.O. Box 6580 ♦ Chandler, AZ 85246
 PHONE: (480) 820-0403 ♦ FAX: (480) 820-2027 ♦ www.acsto.org

NEW!	Summer Due May 31, 2011 For Late June Distribution <i>This application will also be considered during our subsequent Fall and Spring distributions.</i>	Fall Due September 30, 2011 For Late October Distribution <i>This is for those that have not already applied in May. This application will also be considered during our Spring distribution.</i>	Spring Due February 29, 2012 For Late March Distribution <i>For those that have not already applied for the Summer '11 or Fall '11 awards.</i>	<i>All applications expire every year on March 31, regardless of when they are received.</i>
	APPLICATION DUE DATES:			

*** STUDENT ELIGIBILITY:**

Awards made by ACSTO can only be used for tuition for students attending grades K-12 in a Christian private school that works with ACSTO. (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 2012. I can send his application by the Feb. 29, 2012 due date. If an award is granted it would arrive at his school early April to help with his fall tuition.) **If the student is not currently attending the school named on his/her application or has not begun the enrollment process, ACSTO cannot make an award.**

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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Grant/Scholarship Application – 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 IN YOUR HOUSEHOLD

NAME OF CHILD	GRADE FOR 11-12

2. FOSTER CHILD – If you are sending in an application for a child who is the legal responsibility of a welfare agency or court, please provide the following information about that child (please list any additional foster children on a separate piece of paper):

Child's Name: _____ **Child's Personal Use Monthly Income:** \$ _____ **Check If No Income**

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

- A. 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.
- B. Column 2 –Gross income and how often it is received:** Next to each person's name list each type of income received and how often it is received (weekly, every other week, twice a month, or monthly).
1. **EARNINGS FROM WORK:** List the gross* income each person earned from work and how often the person got it (wages, salaries, tips, commissions). **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.*
For ONLY the self-employed, report income after expenses. This is for your business, farm, or rental property.
 2. **WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** Including: TANF, General Assistance, General Relief, etc. NOTE: Food stamps and FDPIR benefits are not included in income.
 3. **PENSIONS, RETIREMENT, SOCIAL SECURITY:** Including: Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.
 4. **ALL OTHER INCOME:** Include: Worker's Compensation, 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.
 5. **If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income.*
- C. 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 is received				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, spousal maintenance	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> 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"/>

4. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN)

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

SIGNATURE

PRINT NAME

DATE

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Grant/Scholarship Application – Narrative

Please provide a narrative discussing such things as the student’s character, perseverance, citizenship, leadership, and community involvement. The child’s age will be appropriately considered.

If you prefer, you may include the narrative on a separate piece of paper, either hand-written or typed.

STUDENT NAME: _____
LAST FIRST MIDDLE