

Arizona Adventist Scholarships, Inc.

P.O. Box 12340, Scottsdale, AZ 85267-2340

2023 - 2024

Scholarship Application Form

-APPLICATION AND INCOME DECLARATION MUST BE COMPLETE TO BE ACCEPTED-

PLEASE PRINT COMPLETE STUDENT INFORMATION:

School _____ Grade _____

Last Name _____ First Name _____ Date of Birth _____

Address _____ E-mail address _____

City _____ State _____ ZIP _____ Phone _____

PLEASE SUBMIT COMPLETE FAMILY INFORMATION:

NUMBER OF HOUSEHOLD MEMBERS _____ NUMBER OF DEPENDENTS _____

NUMBER OF DEPENDENTS IN ARIZONA ADVENTIST SCHOOLS _____

NUMBER OF DEPENDENTS attending junior college/college/university: IN STATE _____ OUT OF STATE _____

Name of University/College(s)

OTHER EXTENUATING CIRCUMSTANCES: _____

Scholarships awarded from Arizona Adventist Scholarships, Inc. are for tuition only of students attending Adventist schools in Arizona, grades K-12. Scholarships will not be awarded to students simultaneously enrolled in a district or charter school and an Adventist School. Tuition scholarships will be awarded without regard to the student's race, color, gender, handicap, familial status or national origin. Decisions in awarding tuition scholarships are the sole responsibility of Arizona Adventist Scholarships, Inc. Board. Admission decisions are the exclusive responsibility of the school. Scholarships are awarded only to applicants who attend an Adventist school for an entire school year or for the remainder of the school year, in case of mid-term enrollment.

STATE OF ARIZONA NOTICE: 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.

The State of Arizona requires submission of family income information for purposes of an annual report submitted by the Arizona Adventist Scholarships, Inc. regarding the family income of scholarship recipients; the information is used solely for this purpose and is not sold/given to a third party.

I have read and understand the above.

Parent/Legal Guardian Signature

Print Name

Date

Please Indicate: Mother Father Legal Guardian

Please attach the FAMILY INCOME DECLARATION FORM to this application.

-APPLICATION AND INCOME DECLARATION MUST BE COMPLETE TO BE ACCEPTED-

Mail APPLICATION and FAMILY INCOME DECLARATION to:

**Arizona Adventist Scholarships, Inc.
P.O. Box 12340, Scottsdale, AZ 85267-2340**

Income Declaration Form

-APPLICATION AND INCOME DECLARATION MUST BE COMPLETE TO BE ACCEPTED-

PLEASE PRINT COMPLETE STUDENT INFORMATION:

| | | | |
|-----------|------------|---------------|-------|
| School | Grade | | |
| Last Name | First Name | Date of Birth | |
| Address | | | |
| City | State | ZIP | Phone |

STATE OF ARIZONA NOTICE: 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.

The information requested is established by the United States Department of Agriculture (USDA) and is used to determine, for state reporting purposes, the percentage of our scholarship recipients who are eligible for free or reduced priced lunches (185% of poverty level). They are not a determining factor in awarding of scholarships. The information is used solely for this purpose and will **not be sold/given to a third party**. Please complete form in its entirety and as accurately as possible. List all applicable earnings in the spaces provided. **An entry of \$0.00 or leaving this blank will nullify this application.** *This information is kept strictly confidential within the office of AZ Adventist Scholarships, Inc.*

Sign and attach to the Scholarship Application Form.

PLEASE SUBMIT COMPLETE FAMILY INFORMATION:

| | | |
|--|-----------|--|
| Yearly Household Earnings from Work: | | |
| Wages, salaries, tips, commissions: | \$ | |
| Net income from self-owned businesses and farms | \$ | |
| Strike benefits, unemployment compensation | \$ | |
| Worker's compensation | \$ | |
| Yearly Household Welfare/Child support/Alimony: | | |
| Public assistance/welfare benefits (TANF, General Assistance, General Relief) | \$ | |
| Alimony and child support payments | \$ | |
| NOTE: Food Stamps and FDPIR benefits are not included in income | | |
| Yearly Household Pensions/Retirement/Social Security: | | |
| Pensions, retirement income, veteran's benefits | \$ | |
| Social Security | \$ | |
| Supplemental Security Income | \$ | |
| Disability benefits | \$ | |
| Other Yearly Household Income: | | |
| Net rental income | \$ | |
| Interest, dividend income | \$ | |
| Cash withdrawn from savings | \$ | |
| Income from estates, trusts and/or investments | \$ | |
| Regular contributions from persons not living at home | \$ | |
| Any money that may be used to pay for children's meals | \$ | |
| Any Tribal Funds | \$ | |
| TOTAL HOUSEHOLD YEARLY INCOME | \$ | |

I declare that the information provided is an accurate representation of my/our financial resources.

| | |
|---------------------------------|------------|
| Parent/Legal Guardian Signature | Print Name |
|---------------------------------|------------|

Please Indicate: Mother Father Legal Guardian

Date _____