



Scholarship Application
 2017-2018
 3901 E. Indian School Road
 Phoenix, Arizona 85018
 602-957-7010

FORM 1

Responsible Person's Name _____
Last First Middle Initial

Mailing Address _____
Street Address City Zip

Telephone _____
Home # Work # Cell #

Email Address _____

Please include the following with your application.

- Federal Tax Return:** Please attach to this application a copy of the responsible person's most *(Required)* recently filed **2016** Federal Income Tax Return or most recent Federal Tax Return if filing after April. Only pages 1 & 2 of your form 1040 are required. This information will be held in strictest confidence. **W-2s or paystubs will not be accepted.**
- Narrative:** Please provide a narrative explaining reason for applying; whether it will be a short or *(Required)* long term; and any unusual circumstances including dates of separation/divorce, custodial agreements, etc. (Please use page 3 of Form 1 for Narrative.)
- Copies of Previous Award Letters:** If you have received awards from the CLSTO or other *(if it pertains)* STO's please provide a copy to ascertain award qualification.

Please list all students for which this application applies. All spaces must be completed for each student or the application will be deemed incomplete and returned to applicant.

Student Name	Grade 17/18 circle one	School-circle one	Tuition Amount 17/18	Amount Able to Pay (required)
	K 1 2 3 4 5 6 7 8 9 10 11 12	CLS VLHS Atone		
	K 1 2 3 4 5 6 7 8 9 10 11 12	CLS VLHS Atone		
	K 1 2 3 4 5 6 7 8 9 10 11 12	CLS VLHS Atone		
	K 1 2 3 4 5 6 7 8 9 10 11 12	CLS VLHS Atone		

Application Due

Friday—May 5, 2017

Late or incomplete applications will not be considered without authorization and may be penalized.

Information on this page is required by Arizona State Law.

1. How many people in your household?

You must include everyone living in your household, related or not. Include yourself, spouse, relatives, friends, and all children living with you, including dependents who are in college. Do not include foster children (see #3 below). This must reflect the number of entries below.

2. Household Income: Please read the following instructions to make sure the form is filled out correctly.

A. Names: List the first and last names of every person living in your household. Total number must match the number listed in

#1 above whether they receive income or not. If no income is received, mark the no income box for that entry.

B. Gross income and how often it is received: Following each person's name, list each type of income received on a monthly 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, Social Security:** include - Supplemental Security Income (SSI), Veteran's (VA) benefits, and disability benefits.
- **Other income:** net rental income, annuities, net royalties, regular contributions from persons not living in the household; income from estates or trusts.

Name (list everyone in household)	Gross income and how often it was received Example: \$100/monthly; 100/twice a month; \$100/every other week (EOW) \$100/weekly				Check if NO Income (√)
	Earnings from work before deductions	Welfare, child support, spousal maintenance	Pension, retirement, social security	All other income	
					<input type="checkbox"/>
					<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. 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 \$ _____ Check if no

Total Annual Household Income:	\$ <input style="width: 90%; height: 40px;" type="text"/>
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Please check all that apply. Additional information may be required for these scholarships. Forms will be emailed or sent to you as necessary. **If you have copies of previous award letters, please send them in with your application.**

Transferring from a public school: if your child is transferring to a private school after attending a public school for the past 90 days or past semester.

Starting Kindergarten: if your child is entering kindergarten at a private school.

Dependent of United States Armed Forces: if your child is a dependent of a member of the United States Armed Forces stationed in Arizona pursuant to military orders.

Previous “SWITCHER/Overflow/Plus” scholarship beneficiary: if your child previously received a “Switcher” scholarship from CLSTO or another STO, and has continued to attend private school in subsequent years.

Previous “ORIGINAL TAX CREDIT” scholarship beneficiary: if your child previously received an “Original Tax Credit” scholarship from CLSTO or another STO, and has continued to attend private school in subsequent years.

Previous Corporate Scholarship beneficiary: If your child previously received a “Corporate” scholarship from another STO.

Required Narrative: Please explain reason for applying: whether it will be short or long term and any unusual circumstances including dates of separation/divorce, custodial agreements, etc. Please also explain any changes in income from the tax return provided.

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 agreed to swap donations with another taxpayer to benefit either taxpayer's own dependent. A.R.S. 43-1603(C) CLSTO does not accept recommendations; it is a need based STO.

We declare that the information on this form, to the best of our knowledge, is correct and all income has been reported.

Signature

Print Name

Date