

Arizona Christian School Tuition Organization, Inc.

Grant/Scholarship Application

Effective for the 3 Award Distributions between July 2010 & March 2011



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 ADDRESS _____

CHRISTIAN SCHOOL THE STUDENT ATTENDS OR PLANS TO ATTEND* (WHERE THE GRANT/SCHOLARSHIP WOULD BE APPLIED TOWARDS TUITION):

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

PLEASE [X] GRADE OF STUDENT IN SCHOOL YEAR 2010-2011 (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 2010-2011 OR [] Kindergarten in 2011-2012

Students planning to start attending grades K-12 in the 2011-2012 school year may first apply in February, 2011.

ATTACHMENTS ARE REQUIRED. PLEASE [X] THE ATTACHMENTS ENCLOSED WITH THIS FORM.

[] Financial Information Form: Please complete the NEW 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

APPLICATION DUE DATES:

Summer Due June 30, 2010 For July Distribution

This application will also be considered during our subsequent Fall and Spring distributions.

Fall Due November 1, 2010 For November Distribution

This is for those that have not already applied in June. This application will also be considered during our spring distribution.

Spring Due February 28, 2011 For March Distribution

For those that have not already applied for the Summer '10 or Fall '10 awards. All applications expire after this distribution except for 2011-2012 Kindergarten applicants.

* 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 2011. I can send his application by the Feb. 28, 2011 due date. If an award is granted it would arrive at his school early April to help with his fall tuition.)

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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

NAME OF CHILD	GRADE FOR 10-11

2. 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 last month and how often it was received:** Next to each person’s name list each type of income received last month, and how often it was 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 **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.*
 2. **WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** List how much and how often.
 3. **PENSIONS, RETIREMENT, SOCIAL SECURITY:** List how much and how often.
 4. **ALL OTHER INCOME:** Include: Supplemental Security Income (SSI), Worker’s Compensation, Disability benefits, Veteran’s (VA) benefits, Unemployment, Strike benefits, Regular contributions from people who do not live in your household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.
 5. **If you are in the Military Housing Privatization Initiative do not include this housing allowance.*
- 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 was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				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"/>

3. 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