

School Tuition Association of Yuma, Inc. (S.T.A.Y.)

P.O. Box 515 Yuma, AZ 85366
(928) 782-5786 Fax (928) 783-8251
www.azstay.org



CORPORATE SCHOLARSHIP APPLICATION

STUDENTS ATTENDING A K-12 GRADE PRIVATE SCHOOL IN ARIZONA
REQUESTING A TAX CREDIT SCHOOL TUITION GRANT MUST MEET THE GUIDELINES BELOW:

Eligibility Requirements

A. ENROLLMENT (Please check one)

- Student is currently enrolled in the kindergarten program.
- Student received Corporate STAY funds last school year. Sign the certification box below.
- Student attended a publicly funded school for at least the first 100 days in the prior school year. Complete and sign the certification box below.

NAME OF PUBLIC SCHOOL PREVIOUSLY ATTENDED:

NAME OF PUBLIC SCHOOL	MOST RECENT SCHOOL YEAR ATTENDED	CITY
<i>I hereby certify that my child has attended the above public school for at least the first one hundred days of the last school year or received a STAY Corporate Grant for the previous school year.</i>		
I affirm that the information in this application is true and complete to the best of my knowledge.		
Parent/Guardian Signature: _____		Date: _____

B. FINANCIAL INCOME LEVEL THRESHOLD

Household family of student must not exceed the income limit from the chart below based on the criteria set forth by the U.S. Department of Agriculture's reduced and free lunch program. Therefore, the Financial Information Form must be filled out completely. The information will be held in the strictest confidence.

Family Size	Income Limit
2	\$ 50,346.00
3	63,420.00
4	76,494.00
5	89,568.00
6	102,642.00
7	115,716.00
8	128,790.00

Student Name: _____ Date of Birth: ____/____/____

Requested Private School: _____ Requested Grade: _____

Parent/Guardian(s): _____ Telephone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Requested school year: _____ Total Tuition: \$ _____ Amount Requested: \$ _____

NOTE: Grant funds are awarded to enable students to attend nongovernmental primary or secondary school in the State of Arizona. School Tuition Association of Yuma, Inc. and the recipient school do not discriminate on the basis of race, color, sex, handicap, familial status or national origin. In the event the student does not complete the school year for which funds are awarded, the school will return the unused pro-rated portion of the grant to STAY.

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FINANCIAL INFORMATION FORM

Family income amounts will be annualized for reporting purposes. This information will be held in the strictest confidence.

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"/>

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

***** PLEASE ATTACH THIS TO THE BACK OF YOUR STUDENT APPLICATION *****

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INFORMATION RELEASE FORM

For purposes of verifying scholarship eligibility, I hereby authorize _____

(school name) to provide information regarding the enrollment status and scholarship details for

_____ (student's name) to School Tuition Association of Yuma, Inc.

(STAY).

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____

***** PLEASE ATTACH THIS TO THE BACK OF YOUR STUDENT APPLICATION *****