

School Tuition Association of Yuma, Inc. - (STAY)

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

STUDENT APPLICATION

Tuition grants will only be issued to students that have provided all of the required information as part of this application.

Projected Year of H.S. Graduation: _____

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

Requested Private School: _____ Requested Grade: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

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

What other grants or scholarships have you received? _____

NOTICE

A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of a 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.**

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 pro-rated portion of the grant to STAY.

- I affirm that the information in this application is true and complete to the best of my knowledge.
- I have completed, signed and attached the Financial Information Form.
- I have completed, signed and attached the Information Release Form.
- I affirm that we are not involved with the swapping of donations.

Parent/Guardian Signature: _____ Date: _____

For more information, check out our website: www.azstay.org

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FINANCIAL INFORMATION FORM

The School Tuition Organization is required to report data for all scholarship recipients to the State of Arizona in its annual report effective January 1, 2011 per A.R.S. 43-1089. 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> <i>Jane Smith</i>	<u>\$ 200/weekly</u>	<u>\$ 150/weekly</u>	<u>\$ 100/monthly</u>	\$ ____/____	<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 *****