

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

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

SCHOLARSHIP APPLICATION

Applications are due between July 1, 2019 and January 31, 2020

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.

A. ENROLLMENT INFORMATION (Please check all that apply.)

_____ Student received an Empowerment Scholarship Account (ESA) for the application period.

*****Not eligible to receive a scholarship from any STO. Receipt of an ESA forfeits eligibility for STO scholarships.**

_____ Student is currently enrolled in the kindergarten program at a qualified private school. (Must be 5yrs old before January 1 of the school year.)

_____ Student received STAY funds in a previous school year and continued to attend a private school.

_____ Student received scholarship funds from another organization in a previous school year and continued to attend a private school. Provide the name of the organization that previously issued the scholarship.

*****Complete the SCHOLARSHIP VERIFICATION FORM or provide a letter from the STO showing the scholarship.**

_____ Student attended an Arizona publicly funded school for at least 90 days in the prior school year.

*****Written certification from the Public School must be provided with this application.**

*****See PUBLIC SCHOOL VERIFICATION FORM (available online)**

_____ Student is the dependent of an active duty member of the armed forces stationed in Arizona.

***** A copy of the ORIGINAL ORDERS stationing the member in Arizona must be attached.**

_____ None of the above.

B. STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Requested Private School: _____ Requested Grade: _____

Parent/Guardian(s): _____ Telephone: _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____

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C. FINANCIAL INFORMATION

Total Household Gross Income—Total for the year.

- **Column 1 – Name:** List the first and last name of **EVERY** 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.
- **Column 2 – Gross income and how often it is received:** Next to each person’s name, list each type of income received, and the **annualized amount**.
 - **EARNINGS FROM WORK**
**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.*
 - **WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE**
 - **PENSIONS, RETIREMENT, SOCIAL SECURITY**
 - **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**.
 - **If you are in the Military Housing Privatization Initiative do not include this housing allowance.*
- **Column 3 – Check if NO income:** Check the box if this member of the household has no income.

1. Name *List Everyone In Household* - Including Children -	2. Annualized Income				3. Check if NO income
	Yearly Earnings from work before deductions	Yearly Welfare, child support, spousal maintenance	Yearly Pensions, retirement, Social Security	Yearly All Other Income (NOT a sum of 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"/>

***** You must list ALL members of the household, including all children.**

Signature of Parent or Guardian

I certify (promise) that all information on this application is true and that all income is reported. Additionally, I affirm that we are not involved with the swapping of donations.

SIGNATURE
PRINT NAME
DATE

*****For purposes of verifying scholarship eligibility, this application authorizes my child’s school to provide information regarding the enrollment status, scholarship details and account balance, for this child, to STAY.**