



ARIZONA SCHOOL CHOICE TRUST

P. O. Box 1616
Glendale, AZ 85311
Phone: (623) 414-3429 – Fax: (623) 243-6846
Email: admin1@asct.org
Website: www.ASCT.org

Dear Parent/Guardian:

For the past 18 years, the Arizona School Choice Trust has had the privilege of awarding scholarships to over 10,000 children throughout Arizona. These grants are awarded on a first-come, first-served basis to families with children in grades K-12 who meet the necessary qualification.

The Arizona School Choice Trust, Inc. (ASCT) is honored to provide expertise and resources for scholarships to families that need it. We believe that parents know best about their children's education and therefore, wish to allow maximum flexibility in their choices. However, like all freedoms, there are corresponding responsibilities. As a matter of policy, ASCT does not seek to get into the business of judging curriculums, disciplinary methodologies, or teaching methods. It is the parents' responsibility to choose schools that live up to their standards and expectations. But, ASCT reserves the right to withhold funding of any student who attends a school that teaches that violence or coercion can be applied to any religious, racial or ethnic group, or that advocates the overthrow of the government of the United States.

We are currently awarding scholarships for the 2010-2011 Academic Year and request that you assist us in updating our records. As you may be aware, part of qualifying for the scholarship each year is that your family must meet the strict income requirements as set forth in the attached document. To complete the requirements for continuing your scholarship grant for the 2010-2011 school year, the parent or guardian must:

Current Scholarship Check List- COMPLETE AND RETURN BY May 30, 2010

- 2010-2011 Renewal Application (**Completely filled out**)
- 2009 Tax Returns, Public Assistance Income, Child Support Income, Social Security Income, etc.
- School Commitment Form (**Must be completely filled out by school, not parent**)
- \$25.00 Application Processing Fee, payable to ASCT (**Per family only**) **Check or Money order.**
- Notification of scholarship award and/or decline will be mailed by the ASCT office.

Current Waitlist and New Private School Applicants - COMPLETE AND RETURN BY May 30, 2010

- 2010-2011 Waitlist or New Application (**Completely filled out**)
- 2009 Tax Returns, Public Assistance Income, Child Support Income, Social Security Income, etc.
- School Commitment Form (**Must be completely filled out by school, not parent**)
- \$25.00 Application Processing Fee, payable to ASCT (**Per family only**) **Check or Money order.**
- Notification of scholarship award and/or decline will be mailed by the ASCT office.

Failure to submit ALL required paperwork completely, legibly, and by stated deadlines may result in the decline or termination of your scholarship funding without further notice.

The *Arizona School Choice Trust Scholarship* ("ASCT") is renewable annually, provided we have sufficient funds available and that your family continues to meet all eligibility requirements. Additional younger children in the family may apply no *earlier* than one year before they enter school, and those siblings will be given priority for scholarship funding.

If you have questions, or require further information about ASCT scholarships and policies, please feel free to call by phone at 623.414.3429 or by email at info@asct.org.

If for any reason you are NOT able to accept the *Arizona School Choice Trust Scholarship* for this next school year, please notify ASCT by filling out the information below and faxing or mailing this page back to us.

- I can NOT accept the scholarship at this time, please **keep me** on the waiting list
- I can NOT accept the scholarship at this time, please **remove me** from the waiting list

Please help us understand why you no longer wish to participate:

- Do not meet income requirements
- Transferred to public school
- Moved out of state
- Other _____

Parent/Guardian Name: _____

Student Name(s): _____

Address: _____

City: _____ AZ Zip: _____ Phone: (____) _____

ARIZONA SCHOOL CHOICE TRUST

P. O. Box 1616

Glendale, AZ 85311

Phone: (623) 414-3429 – Fax: (623) 243-6846

www.ASCT.org • asct.org@asct.org

PLEASE NOTE: ASCT will not be able to finalize your family's scholarship registration until **ALL** necessary paperwork has been submitted, **NO EXCEPTIONS.**

ARIZONA SCHOOL CHOICE TRUST

2010-2011 School Commitment Form (SCF)

This form is NOT a preliminary application form. It is for use ONLY by families who have already applied to ASCT (pending verification of eligibility). Photocopies may be made only for additional (e.g. 4th, 5th) students from an approved family.

Family Information: This top section to be completed by parent or guardian.

Parent/Guardian Name(s): _____
 _____ Mr. / Miss / Mrs. / Ms.
 _____ Mr. & Mrs. / Mr. & Ms. _____

_____ Street Address _____ City/State _____ Zip Code

These sections to be completed by school personnel only and only for students already accepted for enrollment for the 2010-2011 school year.

School Information:

School Name: _____

_____ Street Address _____ City/State _____ Zip Code

Phone:(_____) _____ Fax:(_____) _____

Principal/Headmaster/Administrator: _____

Main contact for scholarship matters, title: _____

Student/Scholarship Data Verification: _____ Main contact e-mail: _____

Please provide the information requested below as well as the appropriate signature on reverse:

	Info for 1 st student:	Info for 2 nd student:	Info for 3 rd student:
Student Name: (First, Middle Init., Last)			
Grade level (2010/11 year):			
Total annual tuition before deductions* (2010/11 year):	\$	\$	\$
Total aid or discounts (2010/11 year)**:	\$	\$	\$
Total Tuition after deductions* (2010/11 year)	\$	\$	\$
Source(s) of other aid or discounts:			

*Exact tuition charge for each student only: do not include registration fees, activity fees, uniform/supply costs, etc.

IMPORTANT: If the family receives a discount for enrolling 2 or more students, please list full tuition for all students. Any multiple student discounts should be listed under "Total aid or discounts". (Please call if you have questions about this).

Arizona School Choice Trust's Scholarship Commitment

For **RENEWAL STUDENTS** whose family meets Arizona School Choice Trust's Conditions of Eligibility (listed below), Arizona School Choice Trust will pay either 25% (grandfathered in), 50%, or 75% (depending on financial need as indicated below) of the amount of the student's private school tuition, LESS any other aid or discounts received, up to a maximum scholarship amount of \$3,500 per school year.

Scholarship payments are disbursed two times a year, 50% of the full scholarship amount in October/November and the final 50% in February.

Conditions of Eligibility

- Student and parent(s) or legal guardian(s) must be residents of Arizona
- Student must be attending a tuition-based school in Arizona
- Student must be at a grade level between Kindergarten and 12th grade, inclusive.
- Student must maintain at least a 90% attendance rate, unless excused by the school principal/administrator and Arizona School Choice Trust
- Family must remain current on their portion of tuition and fee payments, unless excused by the school principal/administrator and Arizona School Choice Trust
- Student's parent or legal guardian must sign the Scholarship Verification Reports (SVR's) which are typically issued to the school in October, February, and April, prior to each payment disbursement period. Signatures must be provided by deadlines stated on SVR's.
- Family's total household income must not exceed the applicable maximum for a 25% scholarship:

Based on 2009 Total Household Income* RENEWAL STUDENTS ONLY			
Household Size**	75% Scholarship	50% Scholarship	25% Scholarship
2	\$18,941.00	\$18,941.00- \$26,955.00	\$26,955.00 - \$39,339.00
3	\$23,803.00	\$23,803.00- \$33,874.00	\$33,874.00 - \$49,437.00
4	\$28,665.00	\$28,665.00- \$40,793.00	\$40,793.00 - \$59,562.00
5	\$33,527.00	\$33,527.00- \$47,712.00	\$47,712.00 - \$69,633.00
6	\$38,389.00	\$38,389.00 - \$54,631.00	\$54,631.00 - \$79,731.00
7	\$43,251.00	\$43,251.00- \$61,550.00	\$61,550.00 - \$89,829.00
8	\$48,113.00	\$48,113.00- \$68,469.00	\$68,469.00- \$99,927.00
Each Additional Dependent	\$4,862.00	\$6,919.00	\$10,098.00

* **NOTE:** Total household income = combined prior year's Federal Adjusted Gross Income + additional income such as Social Security benefits, public assistance, and child support. Please call ASCT with any questions you may have.

** **Household size** includes parent/guardian, spouse (if applicable), all children under 18 years of age, and family members who live with family and for whom parent(s)/guardian(s) have financial responsibility. **(Household size must match your 2009 tax returns).**

- Our school wishes to participate with the Arizona School Choice Trust (ASCT) in assisting with the education of the student(s) listed on the front side of this form.
- We acknowledge that the continuation of ASCT's scholarship/tuition payments is strictly contingent upon the family meeting and maintaining the conditions of eligibility listed above.
- We will inform ASCT promptly of any change in this student's or family's situation that would alter the student's scholarship amount or that would disqualify the family from further participation.
- We agree to maintain whatever documentation of eligibility is required for this student, and to provide access to any such documentation to the Arizona School Choice Trust or its representatives for audit purposes.
- We further agree to refund to the Arizona School Choice Trust, on pro-rata basis, any scholarship/tuition payments that may have been made in advance on behalf of any student if a student drops out or transfers.
- *Finally, we certify that the information provided on the reverse is correct and agree to the terms listed above.*

Signature of Principal, Assistant Principal or Equivalent

Date

Printed name of Principal, Assistant Principal, or Equivalent

Title

ASCT: P. O. Box 1616 • Glendale, AZ 85311 • Tel: (623) 414-3429 • Fax: (623) 243-6846 • Email: admin1@[asct.org](mailto:admin1@asct.org) • website: www.asct.org



FINANCIAL AID APPLICATION

2010-2011 School Year
RENEWAL ONLY

Parent Names: _____

Address: _____

City: _____ Ste _____ Zip Code _____

Hm. Phone: _____ Wk: _____

Email: _____

APPLICATION DEADLINE: MAY 30, 2010

Compare your income with the “maximum income” for your family size as shown on the table below. If your household income is **LESS THAN** the amount shown, you meet the current financial eligibility requirements for our program

Based on 2009 Total Household Income*			
Household Size**	75% Scholarship	50% Scholarship	25% Scholarship
2	\$18,941.00	\$18,941.00- \$26,955.00	\$26,955.00 - \$39,339.00
3	\$23,803.00	\$23,803.00- \$33,874.00	\$33,874.00 - \$49,437.00
4	\$28,665.00	\$28,665.00- \$40,793.00	\$40,793.00 - \$59,562.00
5	\$33,527.00	\$33,527.00- \$47,712.00	\$47,712.00 – \$69,633.00
6	\$38,389.00	\$38,389.00 - \$54,631.00	\$54,631.00 - \$79,731.00
7	\$43,251.00	\$43,251.00- \$61,550.00	\$61,550.00 - \$89,829.00
8	\$48,113.00	\$48,113.00- \$68,469.00	\$68,469.00- \$99,927.00
Each Additional Dependent	\$4,862.00	\$6,919.00	\$10,098.00

***Note:** Total Household Income = combined 2009 Federal Adjusted Gross Income + additional income such as Social Security benefits, public assistance, and/or child support. Please contact ASCT with any questions for further clarification.

Household Size includes yourself, your spouse (if applicable), all children under 18 years of age, and family members who live with you and for whom you have financial responsibility. **(Household size must match your 2009 tax returns).

Dear Parent/Guardian:

To complete the requirements for applying for the Arizona School Choice Trust Scholarship grant for the 2010-2011 school year, the parent or guardian must:

1. Complete the entire application and sign bottom of page 4,
2. Submit a \$25.00 processing fee payable to ASCT
3. Submit all required paperwork, 2009 tax returns and W2s, etc, with this application.
4. Once approved, you will receive an offer letter from our office by June 30th.

Please mail all required forms and check to our office. It must be postmarked no later than **May 30, 2010. THIS IS A FIRM DEADLINE.** Failure to meet this established deadline may result in losing your scholarship as many children are on our waitlist and the next child in line will be offered the scholarship. **Mail to: ASCT – P. O. Box 1616, Glendale, AZ 85311.**

If further assistance is required, you may contact us via postal mail or email at admin1@asct.org. E-mail is preferred and may get you a faster response due to the number of inquiries received.

Please Note: ASCT WILL NOT PROCESS ANY OF YOUR FAMILIES’ PAPERWORK UNLESS IT IS ALL RETURNED TOGETHER. We encourage you to have the school complete their School Commitment Form (“SCF”) while you wait so that you can include the form in your package; it is the best way to ensure that all the necessary paperwork is returned to our office for processing.

Renewal Application – applicants that are currently receiving a scholarship from ASCT or are currently on the waitlist to receive a scholarship.

PART 1: PARENT/GUARDIAN INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STE: _____ ZIP CODE: _____

HM PHONE: _____ WK: _____ CELL: _____

EMAIL ADDRESS: _____

HOUSEHOLD SIZE: TOTAL ADULTS _____ TOTAL CHILDREN _____

PART 2: INCOME INFORMATION – MUST COMPLETE THIS SECTION – PLEASE DO NOT SKIP

All parents and/or guardian must report income on this form and attach supporting documentation such as your 2009 Federal Tax Returns, W2's and 1099's. Please provide the annual total for income actually received during 2009.

INCOME SOURCE:	FATHER/ GUARDIAN	MOTHER/ GUARDIAN	OTHER:	
Adjusted Gross Income as reported on 2009 Federal 1040 Tax Returns				
AFDC, ADC, or other public assistance.				
Child Support (Provide Documentation)				
Social Security Benefits: (Provide Documentation)				
Other Income (Explain) _____				
Total Individual Income (Sum of each Column)				

Please attach your support documentation such as your 2009 Federal Tax Returns, W2's, and 1099's and the \$25.00 processing fee.

PART 3: STUDENT INFORMATION

Please list all students applying for assistance for the 2010-2011 school year. If you have more than four students applying for assistance, please photocopy this page prior to completing it and use it for your other students. **Please note that you must list each student's social security number on this application and all other information, failure to do so will cause your application to be rejected.**

1. Name of Student:

Last Name: _____ First Name: _____ Middle Int. _____

Date of Birth: _____ Gender: Male ___ Female ___ Social Security # _____

Relationship to you: _____ Ethnicity/Race _____

School Attended in 2009-10: _____

The following information is to be completed for the 2010-2011 School Year.

Grade: _____ Name of School you wish to attend in **2010-2011**: _____

2. Name of Student:

Last Name: _____ First Name: _____ Middle Int. _____

Date of Birth: _____ Gender: Male ___ Female ___ Social Security # _____

Relationship to you: _____ Ethnicity/Race _____

School Attended in 2009-10: _____

The following information is to be completed for the 2010-2011 School Year.

Grade: _____ Name of School you wish to attend in **2010-2011**: _____

3. Name of Student:

Last Name: _____ First Name: _____ Middle Int. _____

Date of Birth: _____ Gender: Male ___ Female ___ Social Security # _____

Relationship to you: _____ Ethnicity/Race _____

School Attended in 2009-10: _____

The following information is to be completed for the 2010-2011 School Year.

Grade: _____ Name of School you wish to attend in **2010-2011**: _____

4. Name of Student:

Last Name: _____ First Name: _____ Middle Int. _____

Date of Birth: _____ Gender: Male ___ Female ___ Social Security # _____

Relationship to you: _____ Ethnicity/Race _____

School Attended in 2009-10: _____

The following information is to be completed for the 2010-2011 School Year.

Grade: _____ Name of School you wish to attend in **2010-2011**: _____

PART 4: SPECIAL CIRCUMSTANCES

Use this space below to describe any special circumstances that may affect your eligibility for financial assistance or for general comments.

How did you hear about the ASCT Scholarship Program: _____

CONDITIONS OF ELIGIBILITY

- ___ I certify that all of the named students on this application are residents of Arizona and will be attending a K-12 grade as of September 1, 2010.
- ___ I certify that our family qualifies to receive ASCT funding according to the income guidelines provided on the front side of the form.
- ___ I understand that grant payments will continue only as long as my child remains enrolled with a 90% or better attendance rate and I stay current on the tuition and fee payments to the school.
- ___ I understand that each grant awarded is renewable annually subject to the availability of donated funds and my family’s requalification, except that no grant will apply to a grade higher than 12th.
- ___ I agree to all the terms of this grant. I understand that all decisions made by the Trust are final and I agree to release Arizona School Choice Trust from any liability in its efforts to provide educational grants.
- ___ I understand the ASCT pays only a portion of the total tuition for each student, (based on the chart on page one of this application).

PART 5: SIGNATURE

I declare that the information of this form, to the best of my knowledge, is complete and accurate. I authorize the transmittal of the information on this form to the school(s) to which my child(ren) is applying for tuition assistance. I agree, if requested, to send additional information to support or verify statements on this form.

Parent/Guardian Signature

Date

Parent/Guardian Signature