



2017-2018

Grant/Scholarship General Criteria

CRITERIA TO APPLY FOR AN AESF GRANT/SCHOLARSHIP –

- 1) Student(s) must attend an AESF member Episcopal school
- 2) An AESF Grant/Scholarship Application and supporting documents must be completed for each child requesting funding
- 3) Student(s) must meet minimum requirements for various types of tax credit funding available as described below:

ORIGINAL INDIVIDUAL Scholarship/Grant

Items 1 & 2 above

SWITCHER INDIVIDUAL Scholarship/Grant

Items 1 & 2 above PLUS . . .

To qualify for a scholarship under the switcher individual income tax credit, the student must meet **ONE** of the following requirements:

- Attended a public school as a full-time student for at least 90 days of the prior fiscal year and then transferred from the public school to a private school; or
- Is enrolling or currently enrolled in a private school kindergarten; OR
- Is enrolling or currently enrolled in a private preschool program for students with disabilities (preschool students must have an MET or IEP from an Arizona public school; a 504 does not meet the requirement); OR
- Is a dependent of a member of the armed forces of the United States who is stationed in Arizona pursuant to military orders; (preschool students that also have an MET or IEP from an Arizona public school; a 504 plan does not meet the requirement); OR
- **Received** a switcher individual scholarship under one of the above criteria in a prior year and the child continued to attend private school in subsequent years; OR
- **Received** a low-income corporate scholarship or a disabled/displaced corporate scholarship in a prior year and the child continued to attend a private school in subsequent years.

CORPORATE Scholarship/Grant

Item 1 & 2 above PLUS . . .

Family income limitation in compliance to CORPORATE requirements - to qualify for a scholarship under the low-income corporate tax credit, the student's family income cannot exceed 185% of the income required to qualify a child for reduced price lunches AND student **MUST** meet **ONE** of the following:

- Attended an Arizona public school as a full-time student for at least 90 days of the prior fiscal year or one full semester and then transferred from the public school to a private school; OR
- Is enrolling or currently enrolled in a private school kindergarten; OR
- Is enrolling or currently enrolled in a private preschool program for students with



2017-2018

- disabilities (preschool students must have an MET or IEP from an Arizona public school; a 504 plan does not meet the requirement); OR
- Is a dependent of a member of the armed forces of the United States who is stationed in Arizona pursuant to military orders (preschool students must also have an MET or IEP from an Arizona public school; a 504 plan does not meet the requirement); OR
 - **Received** a low-income corporate scholarship under one of the criteria in a prior year and the child continued to attend a private school in subsequent years; OR
 - **Received** an original individual scholarship or a switcher individual scholarship in a prior year and the child continued to attend a private school in subsequent years.

APPLICATION PROCESS—

1. Complete entire forms in the application packet and submit to school development/registration/funding director according to the registration process of the desired.
2. AESF member SCHOOL representative will review and authorize application & supporting documents to determine funding for which a student qualifies
3. AESF member SCHOOL representative requests funding from AESF for a student or group of students and provides applications and supporting documentation
4. AESF staff representative will review and verify all applications, forms and supporting documents received from member SCHOOL representatives
5. AESF staff will review and select funding recipients based on -
6. AESF member school funding request(s)
7. Qualifications based on various types of funding available
8. Financial need
9. AESF will notify member SCHOOL representative(s) of funding approvals
10. Funds will be forwarded to member school on behalf of fund recipients

FORMS –

AESF Grant/Scholarship Application PACKET (includes all forms)

SEPARATE FORMS—

AESF Grant/Scholarship General Criteria
AESF Grant/Scholarship Funding Qualifications Checklist
AESF Grant/Scholarship Application
AESF Financial Information Form
AESF Public School Attendance Verification Form

AESF Household Income Chart for 2016-2017 (*2017-2018 chart anticipated available April 2017*)



2017-2018

AESF Tax Credit Scholarship/Grant Funding Qualifications Checklist

School _____ Academic Year _____

Student # _____ Grade _____ Student Name _____
Last First Middle

Total TUITION Required for current Academic Year _____

Federal Income Level _____ up to 185% _____ 185% to 342.25% _____ >342.25%
(Refer to **Household Income Chart** for income level determination)

QUALIFICATIONS -

INDIVIDUAL Scholarship/Grant

_____ Enrolled at an AESF member school

PLEASE CHECK ALL THAT APPLY IN EACH
FUNDING CATEGORY

SWITCHER Scholarship/Grant

_____ Enrolled at an AESF member school

PLUS ONE of the following must apply for eligibility:

- _____ Public school attendance or disabled student in an Arizona public preschool for 90 days in prior school year
- _____ Enrolling or currently enrolled in a private school kindergarten
- _____ Enrolling or currently enrolled in a private preschool program for students with disabilities (must have MET or IEP from an AZ public school to qualify)
- _____ Military dependent with proof of parent's station assignment in Arizona (preschool students must have an MET or IEP from an Arizona public school to qualify)
- _____ Received a switcher individual scholarship under one of the above criteria in a prior year and the child continued to attend private school in subsequent years. If so, from where? _____ for year _____.
- _____ Received a low-income corporate scholarship or a disable/displaced corporate scholarship in a prior year and the child continued to attend a private school in subsequent years. If so, from where? _____ for year _____.

CORPORATE Scholarship/Grant

- _____ Enrolled at an AESF member school
- _____ Family income limitation in compliance to CORPORATE requirements– the student's family income cannot exceed 185% of the income required to qualify for reduced price lunches

PLUS ONE of the following must apply for eligibility:

- _____ Public school attendance or disabled student in a public preschool for 90 days in prior school year or one full semester in current school year and then transferred to a private school
- _____ Enrolling or currently enrolled in kindergarten
- _____ Enrolling or currently enrolled in a private preschool program for students with disabilities (preschool students must have an MET or IEP from an Arizona public school to qualify)
- _____ Military dependent with proof of parent's station assignment in Arizona (preschool students must also have an MET or IEP from an Arizona public school to qualify)
- _____ Received a low-income corporate scholarship under one of the criteria in a prior year and the child continued to attend a private school in subsequent years. If so, from where? _____ for year _____.
- _____ Received a original individual scholarship or a switcher individual scholarship in a prior year and the child continued to attend a private school in subsequent years. If so, from where? _____ for year _____.

Student received funding awards for any Academic Year? Yes No For the current Academic Year? Yes No

From AESF? Yes No From another STO? (please list below) :

STO Name	Amount Awarded
_____	_____
_____	_____

STO Name	Amount Awarded
_____	_____
_____	_____

Parent/Guardian Name _____

School Representative _____

Parent/Guardian Signature _____

School Representative Signature _____

Date _____

Date _____



GRANT / SCHOLARSHIP APPLICATION

2017-2018

MUST be completed for EACH Student

STUDENT ID # _____ NAME _____
Last First Middle

PARENT/GUARDIAN NAME _____
Last First Middle

Address _____ City State Zip

Home Phone _____ Email _____

ATTENDING AESF MEMBER SCHOOL ___All Saints' ___Imago Dei ___ St. Michael's ___ St. Peter's ___ Christ Church

School attended for at least 90 days of 2016-2017 **IF** different from 2017-2018 _____.

*If a public school is listed above for 2016-2017, a **Public School Attendance Verification Form** is required.*

CIRCLE the Grade of the Student for the 2017-2018 School Year PreK K 1 2 3 4 5 6 7 8 9 10 11 12
-OR- K in 2018-2019

Yes or No (circle one) - This Student is a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders. *If yes, please provide a **Copy of Military Orders**.*

How does/will this student benefit from education at a private school? *(To be completed by parent/guardian)*

A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's 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. (A.R.S. §43-1603)

- A scholarship awarded to the applicant must be used as allowed by Arizona law solely for tuition expenses at a qualified Arizona private school that the applicant attends or will be attending. Any portion unused must be returned by the school to AESF for reallocation. Funding will be sent directly to the school which has requested the funds on behalf of the applicant.
- All funding awards for tuition grants / scholarships are subject to the sole and absolute discretion of AESF.
- The Parent/Guardian completing this application understands that they cannot arrange, cooperate, or facilitate the swapping of a tax credit donation between themselves and any other applicant or group of applicants.
- Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin.
- Any recommendation received by AESF on behalf of the applicant is not a guarantee of a scholarship. A variety of considerations will be made, including financial need, before a scholarship is awarded.
- All previous/current funding from other Student Tuition Organizations (STOs) has been reported to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____



FINANCIAL INFORMATION FORM

Confidential

Page 1 of 2

Please complete this form in its entirety. This information will be used to determine the type and/or amount of tuition assistance that the student may be eligible to receive. Please be honest and accurate. **A COPY is to be attached to funding application for EACH student.**

School _____ Academic Year _____

TOTAL HOUSEHOLD GROSS INCOME - You must list How Much and How Often

Column 1—Household Members - List the first and last name of each person living in your household, related or not (such as grandparent, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

Column 2—Check if household member is a Student who is requesting funding from AESF

Column 3—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).

- **Earning from work:** List the *Gross income each person, not the 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, alimony:** List how much and how often it is received.
- **Pensions, retirement, Social Security:** List how much and how often it is received.
- **All other income:** Include - Supplemental Security Income (SSI), Worker's Compensation, Disability benefits, Veteran's benefits (VA benefits), Unemployment, Strike benefits, Regular contribution from people who do not live in your household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.

NOTE—If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income.

Column 4—Check if household member has no income - If the person does not have any income, check the box. Attach an additional sheet, if necessary.

1. Household Members (list everyone in Household)	2. Check if a Student requesting	3. Gross Income and How Often Received				4. Check if NO Income
		Earnings from Work Before Deductions	Welfare, child support, alimony	Pensions, retire- ment, Social Securi- ty, SSI, VA Benefits	All Other Income	

FAMILY INCOME SUMMARY—Total Annual Income (all sources) = \$ _____ | Number of Household Members = _____
Federal Income Level _____ up to 185% _____ 185% to 342.25% _____ >342.25%
(Refer to **Household Income Chart** for income level determination)



FINANCIAL INFORMATION FORM

Confidential

Page 2 of 2

VERIFICATION OF INCOME— Provide applicable documentation for all income included for each person on page 1.

Documents will NOT be returned; please do NOT send originals. Examples of documentation include but is not limited to those listed below:

JOBS—Paycheck stub which indicates the amount and how often pay is received; letter from employer state gross wages and how often they are paid; or, If self-employed, papers such as ledger or tax books

PENSIONS, RETIREMENT, SOCIAL SECURITY—Social Security retirement benefit letter; statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, WORKER'S COMP—Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS—Benefit letter from the Arizona Department of Economic Security or Arizona Temporary Assistance for Needy Families (TANF) office.

CHILD SUPPORT OR ALIMONY—Court decree, agreement, or copies of checks received.

OTHER INCOME (I.E. rental income, etc.) - Information that shows the amount of income received, how often it is received and date it is received.

Name of person completing this form (please print) _____

Relationship to Student _____

Contact Phone _____ Email Address _____

Address _____

City _____ ST _____ ZIP _____

If no income for Head of Household, please provide brief explanation or any other circumstances that you feel should be considered (optional) —

A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's 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. (A.R.S. §43-1603)

Grants/Scholarships are awarded without reference to race, color, religion, age, disability, national and ethnic origin, sexual orientation, gender, or familial status.

I certify that all information provided on this application is true and that all income received has been included.

Signature _____ Date _____



PUBLIC SCHOOL ATTENDANCE VERIFICATION FORM

This information **MUST** be completed by the public school **UNLESS** a letter or official documentation from the school which includes the required information can be provided.

If the student attended more than one public school in the prior year, a separate form should be attached for each school.

STUDENT NAME _____
Last First Middle

STUDENT ID # _____ GRADE LEVEL _____

PUBLIC SCHOOL NAME _____

DISTRICT _____

SCHOOL ADDRESS _____

FIRST DAY OF SCHOOL _____ LAST DAY OF SCHOOL YEAR _____
mm/dd/yy mm/dd/yy

STUDENT'S START DATE _____ STUDENT'S END DATE _____
mm/dd/yy mm/dd/yy

COMPLETED BY SCHOOL REPRESENTATIVE

Name Title

SIGNATURE _____ DATE _____



HOUSEHOLD INCOME CHART

2016-2017 Academic Year

July 1, 2016—June 30, 2017

INDIVIDUAL				
SWITCHER				
CORPORATE				Not eligible
Household Size	FREE lunch income threshold <i>130% of poverty level</i>	Reduced price lunch income threshold <i>185% of poverty level</i>	342.25% of poverty level <i>185% of 185% of poverty level</i>	> 342.25%
1	\$15,444	\$21,978	\$40,659	
2	\$20,826	\$29,637	\$54,828	
3	\$26,208	\$37,296	\$68,998	
4	\$31,590	\$44,955	\$83,167	
5	\$36,972	\$52,614	\$97,336	
6	\$42,354	\$60,273	\$111,505	
7	\$47,749	\$67,951	\$125,709	
8	\$53,157	\$75,647	\$139,947	
Additional	\$5,408	\$7,696	\$14,238	

Based on Total Household Gross Income