



# Individual, PLUS & Corporate Scholarship Application for the 2015-16 School Year

## Applications are due Friday, April 24, 2015

If a scholarship is awarded, you will be e-mailed at the e-mail address provided on the application by Friday, May 22, 2015. Please ensure services@IBEScholarships.org is on your approved e-mail list. If you do not have an e-mail and a scholarship is awarded, IBE will postal mail your award letter.

### Scholarship Eligibility Requirements (Mark eligibility next to each student):

**Individual:** Child must be enrolled in a private school, grades K-12 or a disabled preschooler. IBE confirms enrollment prior to considering applications for Financial Aid. If your child is not enrolled the scholarship committee will not review your request for a scholarship.

**PLUS:** Child must be enrolled in a private school, grades K-12 or a disabled preschooler and meet at least one of the following requirements:

- Entering Kindergarten
- Transferring from an Arizona public or charter school with at least 90 days of attendance at the public school in the prior school year
  - Must provide public school attendance verification. (sample found at [www.IBEScholarships.org](http://www.IBEScholarships.org))
- Active duty military dependent stationed in Arizona on orders
  - Must provide copy of valid orders
- Received a previous “PLUS”/Switcher, Low-Income Corporate or Displaced/Disabled scholarship in a previous academic year and continued to attend a qualified private school
  - Must provide previous award verification if scholarship was not awarded by IBE (sample found at [www.IBEScholarships.org](http://www.IBEScholarships.org))
- Disabled preschooler
  - Must provide copy of Arizona public school IEP or MET

#### Corporate Income Cap

| Number in Household | Gross Income |
|---------------------|--------------|
| 2                   | \$53,837.00  |
| 3                   | \$67,732.00  |
| 4                   | \$81,628.00  |
| 5                   | \$95,523.00  |
| 6                   | \$109,418.00 |
| 7                   | \$123,314.00 |
| 8                   | \$137,209.00 |

**Corporate:** Child must be enrolled in a private school, grades K-12 or a disabled preschooler, income of the family must be less than the income cap listed to the right, and the child must meet at least one of the following requirements:

- Entering Kindergarten
- Transferring from an Arizona public or charter school with at least 90 days of attendance at the public school in the prior school year
  - Must provide public school attendance verification. (sample found at [www.IBEScholarships.org](http://www.IBEScholarships.org))
- Active duty military dependent stationed in Arizona on orders
  - Must provide copy of valid orders
- Received a previous “PLUS”/Switcher, Low-Income Corporate or Individual scholarship in a previous academic year and continued to attend a qualified private school
  - Must provide previous award verification if scholarship was not awarded by IBE (sample found at [www.IBEScholarships.org](http://www.IBEScholarships.org))
- Disabled preschooler
  - Must provide copy of Arizona public school IEP or MET



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## **Parent/Guardian(s) Information:**

Title:  Mr.  Ms.  Mrs.  Mr. & Mrs.  Dr. & Mrs.  Dr. & Mr.  Dr. & Dr.

First Parent/Guardian Name(s): \_\_\_\_\_

Second Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of person allowed to request information about your file, if any, other than guardian(s) listed above:

\_\_\_\_\_ Authorized Person's phone number: \_\_\_\_\_

## **Child(ren)'s Information**

### **Student 1:**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Circle grade in 2015-16: Disabled PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending in 2015-16: \_\_\_\_\_ Annual tuition: \_\_\_\_\_

School attended in 2014-15: \_\_\_\_\_ (circle): public private

### **For this child I wish to apply for (check all that apply):**

Individual Financial Aid  Individual Recommended Funds (tax credit donations)

Corporate  PLUS Financial Aid  PLUS Recommended Funds (tax credit donations)

Child eligibility (refer to page 1):  Kinder  Transferring  Military  Previous Award  Disabled Pre-K

### **Student 2:**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Circle grade in 2015-16: Disabled PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending in 2015-16: \_\_\_\_\_ Annual tuition: \_\_\_\_\_

School attended in 2014-15: \_\_\_\_\_ (circle): public private

### **For this child I wish to apply for (check all that apply):**

Individual Financial Aid  Individual Recommended Funds (tax credit donations)

Corporate  PLUS Financial Aid  PLUS Recommended Funds (tax credit donations)

Child eligibility (refer to page 1):  Kinder  Transferring  Military  Previous Award  Disabled Pre-K



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**Student 3:**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Circle grade in 2015-16: Disabled PreK K 1 2 3 4 5 6 7 8 9 10 11 12  
 Private school attending in 2015-16: \_\_\_\_\_ Annual tuition: \_\_\_\_\_  
 School attended in 2014-15: \_\_\_\_\_ (circle): public private

**For this child I wish to apply for (check all that apply):**

- Individual Financial Aid     Individual Recommended Funds (tax credit donations)  
 Corporate     PLUS Financial Aid     PLUS Recommended Funds (tax credit donations)  
 Child eligibility (refer to page 1):  Kinder     Transferring     Military     Previous Award     Disabled Pre-K

**Financial Information:**

1. List **all** persons living in your household, including children. This would include yourself, your spouse, each child, grandchildren, relatives or any other person living in your residence full time.
2. Include **annual** gross income (before taxes) for all household members. Check "no income" for anyone not working.
3. IBE will **not** accept applications with \$0 income listed. If your family truly has no income IBE requires a letter

| Name                | Type:<br>C - Child<br>P - Parent<br>O - Other | (Gross)<br>Earnings<br>from work | Welfare<br>, Child<br>Support,<br>Alimon<br>y | Pensions,<br>Retiremen<br>t, Social<br>Security | All Other<br>Income | Check<br>if no<br>income | This<br>is a<br>foster<br>child |
|---------------------|---|----------------------------------|---|---|---------------------|--------------------------|---------------------------------|
| Example: John Smith | P   | \$50K yrly.                      |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |
|                     |   |                                  |   |   |                     | <input type="checkbox"/> | <input type="checkbox"/>        |

An adult household member must sign this form.

*I certify (promise) that all information reported on this application is true and correct to the best of my knowledge.*

**IBE will NOT accept incomplete applications. Please ensure any necessary verification forms are returned with this application. IBE will shred incomplete applications.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_