

2011-2012 SCHOLARSHIP APPLICATION



INSTRUCTIONS

- 1) Please complete application in its entirety. All parts must be completed for a student to be eligible for scholarship.
- 2) Please only complete one application per family. If your children attend different schools, Part 4 (School Verification) must be completed by all schools. Please submit an additional copy of the School Verification for each school.
- 3) Applications must be submitted to the H.E.L.P. Scholarship Foundation and postmarked by the following dates to be considered for that and subsequent award periods:
 - Fall Awards - September 30
 - Winter Awards - December 31
 - Spring Awards - April 15
 - Summer Awards - June 30
- 4) One completed application is effective for the entire school year and all four award periods, provided it is submitted before September 30, 2011. Applications expire after the Summer Award period. New applications will be available in May 2012.
- 5) Mail or submit your completed application to:

H.E.L.P. Scholarship Foundation, Inc.
P.O. Box 27828
Tempe, AZ 85285

Phone: 623-694-3487
office@helpscholarships.org
www.helpscholarships.org

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

PART 1 - APPLICANT AGREEMENT

- I understand that Arizona law states donations must be used solely for tuition scholarships for K-12 students attending a qualified private school in Arizona.
- Any unused portion must be returned by the school to the H.E.L.P. Scholarship Foundation.
- I understand that all tuition scholarships will be awarded without regard to a student's race, color, handicap, familial status or national origin.
- I understand that Arizona law prohibits recommendation "swapping" (reciprocity) with another taxpayer or group of taxpayers to the benefit of any taxpayers involved.
- I understand that the recommendation of a specific student does not imply a guaranteed scholarship. Arizona law prohibits an STO from granting a scholarship solely on the basis of a donor recommendation.
- I understand that the H.E.L.P. Scholarship Foundation considers financial need, among other criterion, to determine how scholarships are awarded.
- I understand that all final decisions to award tuition scholarships are made at the sole discretion of the H.E.L.P. Scholarship Foundation.

I verify that the information provided in this application is true and accurate.

Signature: _____

Date: _____



PART 2: FAMILY INFORMATION

Please list the parent/guardian(s) who live with and are financially responsible for all student applicants.

Parent/Guardian Name: _____ Relationship To Applicant: _____

Parent/Guardian Name: _____ Relationship To Applicant: _____

Mailing Address: _____
Street Address City State Zip Code

Number of Children in Private (Tuition-based) School: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PART 3: STUDENT INFORMATION

Please list all applicants below. If you are applying for more than four children, please attach a second sheet. To be eligible for scholarship, applicants must be enrolled in a qualified private school in grades K-12 in the state of Arizona for the 2011-2012 school year.

	STUDENT 1	STUDENT 2
STUDENT NAME (FIRST, MI, LAST)		
DATE OF BIRTH		
SCHOOL NAME		
GRADE (2011-2012 SCHOOL YEAR)		

	STUDENT 3	STUDENT 4
STUDENT NAME (FIRST, MI, LAST)		
DATE OF BIRTH		
SCHOOL NAME		
GRADE (2011-2012 SCHOOL YEAR)		



PART 4: SCHOOL VERIFICATION

The following sections must be completed by school personnel only. Each student must be accepted for enrollment for the 2011-2012 school year.

School Name: _____

Address: _____

Phone: _____

Principal: _____

Main Scholarship Contact: _____

Main Contact Email: _____

STUDENT ENROLLMENT & TUITION VERIFICATION:

Please provide the appropriate information for the 2011-2012 school year. If this application includes more than four children, please attach a second sheet.

	STUDENT 1	STUDENT 2
STUDENT NAME (FIRST, MI, LAST)		
GRADE (2011-2012)		
TOTAL ANNUAL TUITION		

	STUDENT 3	STUDENT 4
STUDENT NAME (FIRST, MI, LAST)		
GRADE (2011-2012)		
TOTAL ANNUAL TUITION		

We certify that the information provided is correct.

Signature of Administrator: _____ Date: _____

DON'T FILL OUT THIS PART. THIS IS FOR FOUNDATION USE ONLY.		
UPDATED TUITION NEED:		
Winter 2011-12: _____	Spring 2011-12: _____	Summer 2011-12: _____



PART 5 - FINANCIAL INFORMATION

TOTAL HOUSEHOLD GROSS INCOME

Column 1 - Name: List the full name of each person in your household. This includes yourself, spouse, children, relatives, and all other people who live with you full time. Attach an additional sheet if necessary.

Column 2 - Gross income and how often it was received: For each household member, list each type of income received last month and how often the money is received (weekly, every other week, twice a month or monthly).

- **Earnings from work before deductions:** List the Gross Income* (not take-home pay) and how often it was received.
*Gross income is the amount earned before taxes and other deductions. This figure can be found on your pay stub.
- **Welfare, child support, and alimony:** List how much and how often it was received.
- **Pensions, retirement, and Social Security:** List how much and how often it was received.
- **All other income:** This includes Worker's Compensation, unemployment benefits, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, net income from a self-owned business, farm, or rental property, and ALL OTHER INCOME. Note: If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 3 - Check if no income: Please check this box if household member does not have any income.

TOTAL HOUSEHOLD GROSS INCOME - You must tell us how much and how often					
1. NAME <i>(List full name of all household members, including yourself, spouse, children, relatives, and all others who live with you.)</i>	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				3. CHECK IF NO INCOME
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income	
<i>(Example)</i> Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application and list his or her Social Security Number. If you do not have a Social Security Number, please mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported.

Signature: _____

Print Name: _____

Social Security Number: _____ - _____ - _____

I do not have a Social Security Number:

_____ DON'T FILL OUT THIS PART. THIS IS FOR FOUNDATION USE ONLY. _____

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks Twice a Month Month Year Household size: _____

