



Original, PLUS, & Corporate Scholarship Application for the 2020-21 school year

Register your file at www.ibescholarships.org to track scholarships for your student(s) online.

A parent or legal guardian must complete this form.

1st round financial aid assessment deadline May 4, 2020

2nd round financial aid assessment deadline August 17, 2020

Parent/Guardian(s) Information:

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

First Parent/Guardian Name: _____

Second Parent/Guardian Name: _____

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: _____

Student 1:

Student's name: _____ Date of birth: _____

Circle grade in 2020-21: Disabled PreK Soliciting K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (2020-21) _____ Annual Tuition: _____

For this student, I wish to apply for (check all that apply):

Financial Aid Recommended Funds (tax credit recommended donations)

PLUS/Corporate Eligibility:

If any of the following criteria apply to this student, they may be considered for a PLUS and/or Corporate scholarship. To qualify for Low-Income Corporate, your family must also meet the income cap listed in the table to the right.

Please check the appropriate box, if any, and submit any required documentation.

Kindergarten student

Dependent of active duty military stationed in Arizona. **Must provide copy of military orders**

Transferring from an Arizona public or charter school after attending at least 90 days in the public or charter school in the previous academic year. **Must complete "attendance verification" form found at www.ibescholarships.org**

Received an Original **or** PLUS/Switcher **or** Low-Income Corporate **or** Corporate Disabled/Displaced scholarship in a previous academic year and continued to attend a qualified private school. **Must complete "previous award verification" found at www.ibescholarships.org, if awarded by a different organization**

Currently a disabled preschooler. **Must provide a copy of an Arizona public school IEP or MET**

Household Size	185% and below
2	\$59,004
3	\$74,337
4	\$89,670
5	\$105,002
6	\$120,335
7	\$135,668



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Student 2:

Student's name: _____ Date of birth: _____

Circle grade in 2020–21: Disabled PreK Soliciting K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (2020–21) _____ Annual Tuition: _____

For this student, I wish to apply for (check all that apply):

- Financial Aid Recommended Funds (tax credit recommended donations)

PLUS/Corporate Eligibility:

If any of the following criteria apply to this student, they may be considered for a PLUS and/or Corporate scholarship. To qualify for Low-Income Corporate, your family must also meet the income cap listed in the table to the right.

Please check the appropriate box, if any, and submit any required documentation.

- Kindergarten student
- Dependent of active duty military stationed in Arizona. **Must provide copy of military orders**
- Transferring from an Arizona public or charter school after attending at least 90 days in the public or charter school in the previous academic year. **Must complete "attendance verification" form found at**

Household Size	185% and below
2	\$59,004
3	\$74,337
4	\$89,670
5	\$105,002
6	\$120,335
7	\$135,668

www.ibescholarships.org.

- Received an Individual **or** PLUS/Switcher **or** Low-Income Corporate **or** Corporate Disabled/Displaced scholarship in a previous academic year and continued to attend a qualified private school, **Must complete "previous award verification" found at**

www.ibescholarships.org, if awarded by a different organization

- Currently a disabled preschooler. **Must provide a copy of an Arizona public school IEP or MET**

Student 3:

Student's name: _____ Date of birth: _____

Circle grade in 2020–21: Disabled PreK Soliciting K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (2020–21) _____ Annual Tuition: _____

For this student, I wish to apply for (check all that apply):

- Financial Aid Recommended Funds (tax credit recommended donations)

PLUS/Corporate Eligibility:

If any of the following criteria apply to this student, they may be considered for a PLUS and/or Corporate scholarship. To qualify for Low-Income Corporate, your family must also meet the income cap listed in the table to the right.

Please check the appropriate box, if any, and submit any required documentation.

- Kindergarten student
- Dependent of active duty military stationed in Arizona. **Must provide copy of military orders**
- Transferring from an Arizona public or charter school after attending at least 90 days in the public or charter school in the previous academic year. **Must complete "attendance verification" form found at**

Household Size	185% and below
2	\$59,004
3	\$74,337
4	\$89,670
5	\$105,002
6	\$120,335
7	\$135,668

www.IBEScholarships.org

- Received an Individual **or** PLUS/Switcher **or** Low-Income Corporate **or** Corporate Disabled/Displaced scholarship in a previous academic year and continued to attend a qualified private school. **Must complete "previous award verification" found at**

www.ibescholarships.org, if awarded by a different organization

- Currently a disabled preschooler. **Must provide a copy of an Arizona public school IEP or MET**



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Financial Information:

1. List **all** persons living in the 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 receiving income.
3. IBE will **not** accept applications with \$0 income listed for the household. If your family truly has no income, IBE requires an income letter of explanation.
4. IBE requires the last two (2) paystubs for all income earners in the household. If you do not have paystubs IBE requires the last two proof of income supplements. These could include, but are not limited to: Social Security benefit statements, Welfare benefit statements, Retirement benefit statements, Proof of child support or alimony or current bank statements. You may attach a letter further explaining your financial situation if necessary.

Name	Type: C - Child P - Parent O - Other	Gross Earnings From Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if no income	Check if a foster child
Example: John Smith	P	\$40k 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"/>

Incomplete applications will not be processed.

I certify that I am a parent or legal guardian of the child(ren) listed on this application. All information reported on this application is true and correct to the best of my knowledge.

I certify that I am aware that if my student(s) receives ESA (Empowerment Scholarship Account) or any publicly funded education services, they are not eligible to receive an award from any STO. I will notify IBE immediately if they receive either during the academic year in which I am applying.

I certify I am attaching required income documentation and any other applicable eligibility documentation.

Print Name: _____ Signature: _____ Date: _____

Notice (A.R.S 43-1603): A school tuition organization cannot award, restrict, or reserve scholarships based solely on 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.