

SCHOLARSHIP APPLICATION 2018-2019



School Tuition Organization, Inc.

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INSTRUCTIONS:

1. COMPLETE BOTH PAGES. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
2. **INCLUDE 2017-2018 AWARD LETTERS FROM OTHER STO'S.**
3. ATTACH A BRIEF STUDENT/FAMILY NARRATIVE. YOU MAY INCLUDE LETTERS OF RECOMMENDATION.
4. MAIL OR EMAIL ALL FORMS AND ATTACHMENTS TO **CCSTO.**
5. ALL SCHOLARSHIPS AWARDED TO YOUR STUDENT WILL BE SENT DIRECTLY TO THE STUDENT'S SCHOOL.

Student Last Name	First Name	MI	Phone/Cell Number	
Parents/Guardians Last Names and First Names			Email Address	
Mailing Address	City	State	Zip Code	
Christian School Name and City		Grade	Annual Tuition Cost	
Where did your student attend school last year?				

SWITCHER/OVERFLOW ELIGIBILITY: *(THIS INFORMATION IS VERY IMPORTANT!)*

PLEASE CHECK ALL THAT APPLY TO YOUR STUDENT AND PROVIDE ANY REQUESTED INFORMATION.

- KINDERGARTEN STUDENT:** ALL STUDENTS ENTERING KINDERGARTEN ARE ELIGIBLE.
- US ARMED FORCES DEPENDENT:** PLEASE PROVIDE A COPY OF YOUR ORDERS SHOWING AZ STATION.
- TRANSFERRED FROM A PUBLIC SCHOOL DISTRICT OR CHARTER PUBLIC SCHOOL**
THE PUBLIC SCHOOL **MUST** COMPLETE THE VERIFICATION ON PAGE 2. **DATE WITHDRAWN:** _____
- PREVIOUSLY RECEIVED CORPORATE OR SWITCHER/OVERFLOW SCHOLARSHIP**
IF YOUR STUDENT HAS RECEIVED A CORPORATE OR SWITCHER SCHOLARSHIP BEFORE, THEY ARE STILL ELIGIBLE.
IF CCSTO AWARDED YOUR STUDENT, PLEASE WRITE CCSTO BELOW. IF THE AWARD WAS FROM ANOTHER STO,
PLEASE LIST THE STO NAME HERE: _____
- NOT Switcher/Overflow Eligible**

NARRATIVE:

THE SCHOLARSHIP COMMITTEE EXTENDS AN OPPORTUNITY FOR YOU TO INCLUDE ANY ADDITIONAL INFORMATION. ON A SEPARATE PAPER PLEASE INCLUDE INFORMATION SUCH AS THE STUDENT'S CHARACTER, EXTRA-CURRICULAR ACTIVITIES, VOLUNTEER OR COMMUNITY INVOLVEMENT, PERSONAL ACCOMPLISHMENTS, AND AWARDS.

RECOMMENDATIONS:

YOU MAY ATTACH 2-3 LETTERS OF RECOMMENDATION.

*Notice: 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 dependents.*

FINANCIAL INFO FORM

HOUSEHOLD INCOME:

In accordance with the USDA policy as provided in the Food & Nutrition Service Publication Eligibility Manual for School Meals (<http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>):

- “Income,” means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds.
- “Income”, does not include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition.

NAME <i>(List only household members with income)</i>	GROSS INCOME AND HOW OFTEN RECEIVED			
	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly \$2000/mthly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

HOUSEHOLD SIZE: _____ **(CANNOT LEAVE BLANK)**

_____ SIGNATURE _____ PRINT NAME _____ DATE _____
*I affirm that **all** the information reported on this application is true to the best of my knowledge.*

PUBLIC SCHOOL VERIFICATION **(MUST BE COMPLETED BY SCHOOL)**

WE ARE SEEKING VERIFICATION OF THE PREVIOUS SCHOOL YEAR ATTENDED, NOT CURRENT.

STUDENT NAME: _____ GRADE: _____

SCHOOL NAME AND DISTRICT: _____

STATE: _____ DATES OF SCHOOL YEAR: _____

STUDENT’S DATES OF ENROLLMENT FOR SCHOOL YEAR: _____

WAS STUDENT ENROLLED FOR ONE FULL SEMESTER OF THE SCHOOL YEAR? YES / NO

IF NO, STUDENT WAS ENROLLED FOR _____ DAYS OF THE SCHOOL YEAR.

NAME INDIVIDUAL COMPLETING FORM: _____

PHONE NO: _____ DATE: _____

SIGNATURE: _____