

SCHOLARSHIP APPLICATION 2020-2021



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INSTRUCTIONS:

1. COMPLETE BOTH PAGES. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
2. **INCLUDE ANY PRIOR AWARD LETTERS FROM OTHER STO'S** FOR SWITCHER OR CORPORATE FUNDS.
3. ATTACH A BRIEF STUDENT/FAMILY NARRATIVE. YOU MAY INCLUDE LETTERS OF RECOMMENDATION.
4. **EMAIL OR MAIL** 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	
Last Names and First Names of Parents/Guardians			Email Address	
Mailing Address	City	State	Zip Code	
Christian School Name and City		Grade	Annual Tuition Cost	
Did your student attend this school last year? Yes / No If NO - Where did your student attend school? Previous School Name:				

TRANSFERRED FROM A PUBLIC SCHOOL DISTRICT OR CHARTER PUBLIC SCHOOL
 THE PUBLIC SCHOOL **MUST** COMPLETE THE VERIFICATION BELOW. DATE WITHDRAWN: _____

ARIZONA PUBLIC SCHOOL ENROLLMENT VERIFICATION

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

STUDENT NAME: _____

NAME OF PUBLIC SCHOOL AND DISTRICT: _____

FIRST DAY OF SCHOOL YEAR (MM/DD/YY): _____ LAST DAY OF SCHOOL YEAR (MM/DD/YY): _____

STUDENT'S DATES OF ENROLLMENT FOR SCHOOL YEAR: _____ GRADE: _____

STUDENT WAS ENROLLED FOR ONE FULL SEMESTER OF THE SCHOOL YEAR. YES NO (CIRCLE ONE)

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

NAME AND TITLE OF INDIVIDUAL COMPLETING FORM: _____

SIGNATURE AND DATE: _____

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.

OTHER SWITCHER/OVERFLOW ELIGIBILITY:

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.*
- PREVIOUSLY RECEIVED CORPORATE OR SWITCHER/OVERFLOW SCHOLARSHIP AWARDS**
STUDENT STILL ELIGIBLE FOR THESE AWARDS. PLEASE LIST THE STO NAME HERE: _____
PLEASE PROVIDE COPIES OF AWARD LETTERS.
- 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 1-3 letters of recommendation.

HOUSEHOLD FINANCIAL INCOME INFORMATION:

In accordance with the USDA policy as provided in the income levels for free or reduced-price lunches for the year 2020-2021: <http://www.govinfo.gov/content/pkg/FR-2020-03-20/pdf/2020-05982.pdf>

- “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.

NAMES <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, SS, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$499.99/weekly? \$2000/mthly?	\$200.50/every other week?	\$800.00/monthly?	\$50.00/monthly?
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

HOUSEHOLD SIZE: _____ (CANNOT LEAVE BLANK)

I affirm that all the information reported on this application is true to the best of my knowledge.

SIGNATURE

DATE