



# Original, PLUS, & Corporate Scholarship Application for the 18-19 school year

Applications must be submitted by May 1, 2018 to be considered for 1<sup>st</sup> round.

Applications must be submitted by August 15, 2018 to be considered for 2<sup>nd</sup> round.

Register your file at [www.ibescholarships.org](http://www.ibescholarships.org) to track scholarships for your student(s) online.

**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 2018-19: Disabled Pre K K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (18-19) \_\_\_\_\_ 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.

Household Size	185% and below
2	\$54,828.00
3	\$68,998.00
4	\$83,167.00
5	\$97,336.00
6	\$111,505.00
7	\$125,709.00

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](http://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.libescholarships.org](http://www.libescholarships.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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**Student 2:**

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

Circle grade in 2018-19: Disabled Pre K   K   1   2   3   4   5   6   7   8   9   10   11   12

Private school attending **full time**: (18-19) \_\_\_\_\_ 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.

Household Size	185% and below
2	\$54,828.00
3	\$68,998.00
4	\$83,167.00
5	\$97,336.00
6	\$111,505.00
7	\$125,709.00

- 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 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 2018-19: Disabled Pre K   K   1   2   3   4   5   6   7   8   9   10   11   12

Private school attending **full time**: (18-19) \_\_\_\_\_ 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.

Household Size	185% and below
2	\$54,828.00
3	\$68,998.00
4	\$83,167.00
5	\$97,336.00
6	\$111,505.00
7	\$125,709.00

- 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](http://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**



# Original, PLUS, & Corporate Scholarship Application for the 18-19 school year

**Financial Information:**

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.

Include **annual** gross income (before taxes) for all household members. Check "no income" for anyone not receiving income.

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.

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"/>

While not required at this time, IBE reserves the right to request supporting financial documentation.

An adult household member must sign this form.

Please ensure all information is included and any applicable forms are complete and attached.

**Incomplete applications will not be processed.**

*I certify that 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 publicly funded special 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.*

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.