



2023-2024 Scholarship Application

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

A parent or legal guardian must complete this form.

Beginning June 1st, financial aid applications will be assessed and awarded monthly until funds are depleted.

Application requirements

- Student must be K-12th grade **or** a preschool student with an Arizona public school IEP or MET
- Student must be enrolled full-time in an Arizona private school
- Student may qualify for additional scholarships if any of the following apply:
 - Entering kindergarten
 - Transferring from
 - An Arizona public or charter school with at least 90 days of attendance in the previous academic year
 - An Arizona homeschool program
 - The Empowerment Scholarship Account (ESA) in the prior academic semester
 - A public, private or homeschool program from out of state or out of country
 - Dependent of active duty military stationed in Arizona on orders
 - Previously received an Original/Individual, PLUS/Switcher, Low-Income Corporate or Corporate Disabled/Displaced in a previous academic year and continued to attend a qualified private school
- Student may qualify for additional scholarships if the family household income is within the guidelines of the income chart based on household size
- If the family meets the income limits in the chart and any child(ren) meets the qualification bullet above, the family qualifies for Low-Income Corporate and the family must submit the two most recent pay statements for any income earners in the household.

| Household size | 185% and below |
|----------------|----------------|
| 2 | \$67,492.00 |
| 3 | \$85,083.00 |
| 4 | \$102,675.00 |
| 5 | \$120,267.00 |
| 6 | \$137,858.00 |
| 7 | \$155,450.00 |
| 8 | \$173,042.00 |

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: _____

Parent/Guardian Name: _____

I wish to apply for (check all that apply):

☐ Financial Aid ☐ Recommended Funds (tax credit recommended donations)

Student 1 Information:

Student's name: _____ Date of birth: _____

Circle grade in 23-24: Disabled PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Student is soliciting (accepting ESA) ☐ Yes ☐ No

Student is soliciting (not currently attending) ☐ Yes ☐ No

Private school attending **full time:** (2023-24) _____ Annual Tuition: _____

This student is:

☐ 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" found at www.ibescholarships.org**

- An Arizona homeschool program or Arizona ESA program or out of state or out of country

Must complete "Transfer Affidavit" which lists required documentation found at www.ibescholarships.org

☐ Received an STO 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 an STO other than IBE**

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

☐ Child has an Arizona public school IEP, MET or 504 plan. **Must provide copy of the AZ public school IEP, MET or 504.**

☐ Child was or currently is in the Arizona foster care system.

Student 2 Information:

Student's name: _____ Date of birth: _____

Circle grade in 2023-24: Disabled PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Student is soliciting (accepting ESA) ☐ Yes ☐ No

Student is soliciting (not currently attending) ☐ Yes ☐ No

Private school attending **full time:** (2023-24) _____ Annual Tuition: _____

This student is:

☐ 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" found at www.ibescholarships.org**

- An Arizona homeschool program or Arizona ESA program or out of state or out of country

Must complete "Transfer Affidavit" which lists required documentation found at www.ibescholarships.org

☐ Received an STO 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 an STO other than IBE**

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

☐ Child has an Arizona public school IEP, MET or 504 plan. **Must provide copy of the AZ public school IEP, MET or 504.**

☐ Child was or currently is in the Arizona foster care system.

If additional students, please use this page as many times as necessary.

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, contact IBE for further documentation.
4. If applying for Low-Income Corporate (review requirements on page 1), IBE requires the last two (2) pay statements 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 or Proof of child support or alimony. 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"/> |
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| | | | | | | <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), they are not eligible to receive an award from any STO. I will notify IBE immediately if they receive ESA 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.

