



# 2023-2024 Scholarship Application

Register your file at [www.ibescholarships.org](http://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-12<sup>th</sup> 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](http://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](http://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](http://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](http://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](http://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](http://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"/>
						<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), 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.