

SCHOLARSHIP APPLICANT INCOME STATEMENT

(For applicants who did not file tax-return for year ending December 31st , 2024.)

I understand that to qualify for a tuition scholarship from STO4KIDZ I must complete, sign, and return this 3 page form, including the USDA free & reduced lunch eligibility questionnaire to verify my household income for the required tax year.

I certify that the information provided on this document and in my scholarship application regarding family income is true and accurate. I understand that this information is subject to verification and that any false or inaccurate details will lead to the rejection of my application and/or the loss of current or future scholarships from School tuition Organization 4 Kidz (STO4KIDZ).

Student Information: (please complete)

Today's Date ____/____/____

Student Birth Date ____/____/____

Student Name _____
Last First Middle

Circle grade in 20 _____

PS- Disabled (age 3+) PK- Disabled K 1 2 3 4 5 6 7 8 9 10 11 12

Private School Attending- **Full time** _____ School City _____ Annual Tuition _____

Mailing Address _____
City State Zip

Parent/Guardian Email _____ Phone _____

Parent(s)/ Guardian(s) full name:

Signature of Parent(s)/Guardian(s):

Last First Middle Initial

X _____

Last First Middle Initial

X _____

NOTE: Arizona law now requires all school tuition organizations to print the following notice on all printed materials and websites. 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 dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.

FAMILY FINANCIAL INFORMATION FOR 2024 TAX YEAR
(12 MONTH ENDING 12/31/2024)

Student Full Name _____ School Name _____

In accordance with the USDA's definition of household income STOD4KIDZ determines financial circumstances. Household is a group of individuals, related or unrelated who share housing, expenses and income. Income means: Income before any deductions.
(<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>)

**** Please include ALL HOUSEHOLD MEMBERS names below, including children, students attending college but away, and individuals without income. Incomplete Financial Information results in delayed processing your application.**

Names of all household members (last, Middle Initial)	Gross Earning from work	Welfare, Child support, Alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other Income	Check if
					No Income
Example: Zack Smith	\$ 35,000 / annually	\$ 1,200 / annually	\$ 1,000 / annually	\$ 500 / annually	
Example: Mary Smith (child)	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	X
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	\$ _____ / annually	
Total household Income:					

Foster Child (displaced child)

If this application is for a foster child, please provide the following information, and upload the Displaced Child Verification form.

Student's Personal Use Monthly Income \$ _____ If No Income, please check this box

I acknowledge all information on this application is true, and all income is reported to the best of my knowledge.

Signature _____ Print Name _____ Date ____/____/____

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STUDENT NOT A DEPENDENT OR PARENT NON- TAX FILER

**NOTE: IF PARENTS/GUARDIANS ALTERNATE CLAIMING THE APPLICANT, THE ONE CLAIMING THE CHILD
MUST UPLOAD THEIR TAX DOCUMENT.**

STUDENT NAME _____ **SCHOOL NAME:** _____

PARENT/GUARDIAN - COMPLETE THIS SECTION:

- 1) DATE: _____
- 2) PARENT/GUARDIAN'S NAME: _____
- 3) FULL ADDRESS: _____
- 4) DOES THE STUDENT RESIDE FULLTIME AT THE PARENT'GAURDIAN'S ADDRESS? YES_____ NO_____

IF NO, PLEASE EXPLAIN RESIDENCEY ARRANGEMENTS:

PRIVATE SCHOOL - COMPETE THIS SECTION:

- 1) STATEMENT INDICATING THAT THE PARENT/GUARDIAN OF THE STUDENT IS RESPONSIBLE FOR THE TUITION BALANCE:

- 2) DOES YOUR RECORDS SHOW THE STUDENT RESIDES FULL-TIME WITH THE PARENT/GUARDIAN?
YES_____ NO_____ **IF NO, LIST THE STUDENT'S PLACE OF RESIDENCE :**

- 3) FULL NAME OF SCHOOL ADMINISTER COMPLETING THIS FORM:

- 4) SIGNATURE OF SCHOOL ADMINISTER: _____
- 5) DATE: _____

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