



ARIZONA TUITION ORGANIZATION, INC.  
 PO Box 11900, Prescott, AZ 86304  
 Phone: 602.295.3033 [www.azto.org](http://www.azto.org)  
 Fax: 1.866.833.5170 Email: [admin@azto.org](mailto:admin@azto.org)

**2012-2013 GRANT/SCHOLARSHIP APPLICATION – Required For Each Student**

Student's Last Name	First	Middle
Parent/Guardian's Last name	First Name(s)	
Address	City/State	Zip
Home Phone	Email	
School	School Attended at least 90 days of 2011-12 (Include only if different from 2012-13.)	
Please check the Grade of the Student for the 2012-13 School Year (below) OR <input type="checkbox"/> K 2013-2014		
<input type="checkbox"/> K <input type="checkbox"/> 1/2K <input type="checkbox"/> K(+) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th		
Student is a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders. <input type="checkbox"/> If yes, please include a copy of the military orders.		

Please answer the following, if additional space is needed, attach a separate piece of paper. Tax returns are NOT required. You may include copies of report cards, letters of recommendation, or additional information for consideration.

**Describe the merits of the student. Such merits might include the following: character, perseverance, scholastic ability, citizenship, leadership, and community involvement. (Note: Child's age will be considered.)**

---



---



---

**Describe how this private school's education will benefit this student.**

---



---



---

**My child or dependent is deserving of a grant or scholarship based upon the following needs: financial, job, family, health, or other circumstances. Describe what tuition cost you are incurring for other students in K-12 & College.**

---



---



---

<i>For AZTO Management Purposes Only:</i>		<input type="checkbox"/> SCHL	<input type="checkbox"/> EXC	<input type="checkbox"/> LEAD	<input type="checkbox"/> COM IN	<input type="checkbox"/> CHAR
<input type="checkbox"/> PERS	<input type="checkbox"/> CITZ	<input type="checkbox"/> BEN SCH	<input type="checkbox"/> JOB	<input type="checkbox"/> FIN	<input type="checkbox"/> FAM	<input type="checkbox"/> HLTH
<input type="checkbox"/> COST	<input type="checkbox"/> LT REC	<input type="checkbox"/> OTHER				

## 2012 – 2013 FINANCIAL INFORMATION FORM - One per household required

### Part 1. INSTRUCTIONS: Total household gross income—you must tell us how much and how often

- ☞ **Column 1—Name:** List the first and last name of each person living in your household, related or not (such as children, grandparents, relatives, or friends). You must include yourself and all children living with you. Attach another sheet if needed.
- ☞ **Column 2 –Gross income last month** and how often it was received: Next to each person’s name list each type of income received last month, and how often it was received (weekly, every other week, twice a month, or monthly). List the amount that you normally get. For example, if you normally earn \$1000 each month, but you missed some work last month and only earned \$900, put down that you earned \$1000 per month. If you normally earn overtime, include it, but not if you earn it only sometimes.
- 1. EARNINGS FROM WORK:** List the gross\* income each person earned from work and how often the person got it \*This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you.
  - 2. WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** List how much and how often.
  - 3. PENSIONS, RETIREMENT, SOCIAL SECURITY:** List how much and how often.
  - 4. ALL OTHER INCOME:** Include: Net Income from Self-Owned Business, farm, or rental income, and ALL OTHER INCOME. Also include Supplemental Security Income (SSI), Worker’s Compensation, Disability benefits, Veteran’s (VA) benefits, Unemployment, Strike benefits, and Regular contributions from people who do not live in your household.  
\* If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- ☞ **Column 3—Check if no income:** If the person does not have any income, check the box. (This box is checked for most children.)

### Part 2. Total Household Gross Income - You must tell us how much and how often. List children & others.

<b>Column 1. Name REQUIRED</b> (List EVERYONE in your household including yourself, spouse, CHILDREN, grandparents, other relatives, friends, etc, even if income=\$0)	<b>Column 2. Gross income and how often it was received LAST MONTH</b> <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				<b>Column 3. Check if NO income</b>
	Earnings from work before deductions <b>LAST MONTH</b>	Welfare, child support, alimony <b>LAST MONTH</b>	Pensions, retirement, Social Security <b>LAST MONTH</b>	All Other Income <b>LAST MONTH</b>	
<i>(Example)</i> Jane Smith	\$ 200 / weekly	\$ 150 / weekly	\$ 100 / monthly	\$ ____ / ____	<input type="checkbox"/>
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**TOTAL ANNUAL HOUSEHOLD INCOME (please calculate from above)**  
*MULTIPLY weekly by 52, Every 2 Weeks by 26, Twice A Month by 24, and Monthly by 12 and ADD all together*      \$ \_\_\_\_\_ / YEAR

**TOTAL NUMBER OF INDIVIDUALS LIVING IN THIS HOUSEHOLD.** (This includes all people living in this home.) \_\_\_\_\_

### Part 3. Signature (Parent or Guardian must sign)

*By signing or typing my name in below, I certify (promise) that all information on this application is true and that all income is reported. I agree to the following guidelines and I agree not to swap donations as detailed below and on www.azto.org.*

**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 dependent.

Any recommendation on behalf of the applicant is not a guarantee of a scholarship. A variety of considerations will be made, including financial need, before a scholarship or grant is awarded. The award is subject to the complete and sole discretion of AZTO. I truthfully answered this Financial Information Form as Required by the State of Arizona. Any grant or scholarship awarded to the applicant(s) must be used solely for tuition expenses at a qualified private school that the applicant(s) attends or will be attending. The school must return any unused portion.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_