

Northern Arizona Christian School Scholarship Fund

PO Box 3923, Cottonwood AZ 86326

www.nacssf.org

Application for School Year ____ / ____ (Please complete a separate application for each student)

Student Name: _____ Birth date: ____/____/____

School Name: _____

Grade: _____ Tuition: \$ _____
during year scholarship is requested

Attachments Required: Please include the following with this form:

1. Completed USDA financial form (required by Arizona law)
2. A narrative discussing why you are requesting a scholarship and how your student and family will benefit. Describe any special circumstances that apply (change of job, income, medical, etc.)

Check all of the following options that apply to your child and include any requested information
(Additional scholarship options may be available to you)

- Student received an Arizona Tax Credit scholarship in a prior year
- Transferring from an Arizona public school: provide Public School Attendance Verification.
- Kindergarten or Pre-K student with disabilities
- Dependent of a member of US Military stationed in Arizona: attach a copy of military orders

I hereby certify the information contained in this application and attachment is true and accurate.

Parent/Guardian Name: _____ Phone: _____

Spouse Name: _____

Mailing Address: _____
Street City State Zip

Parent/Guardian Signature _____ Date _____

*A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of donor 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. Arizona statutes prohibit recommending the donor's dependent as a potential scholarship recipient.
Final decisions to award scholarships are at the discretion of NACSSF.*

for NACSSF use:	Approval date: _____	Notes:
IVF: _____ @ \$ _____	Original _____	
_____ %	Corporate _____	
Administrator verification _____	Switcher _____	

NACSSF Financial Information Form For Scholarship Application

1. HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

You must include **everyone** living in your household, related or not. Include yourself, spouse, relatives, friends, and **all** children living with you, including dependents who are in college. Do not include foster children (see #3 below). **This must reflect the number of entries below.**

2. HOUSEHOLD INCOME: PLEASE READ THE FOLLOWING INSTRUCTIONS TO MAKE SURE THE FORM IS FILLED OUT CORRECTLY.

A: Names: List the first and last name of **EVERY** person living in your household. *It must match the number listed in #1 above whether they have income or not.* If no income is received, mark the *no income* box for that entry.

B: Gross income and how often it is received: following each person's name list each type of income received and how often it is received (weekly, every other week (EOW), 2x month, monthly, annually).

- **EARNINGS FROM WORK:** List gross earnings from work (wages, salaries, tips, commissions). This is not the same as take-home pay. It is the amount before taxes and deductions. It should be listed on your pay stub. If self-employed, you may report income after expenses (your own business, freelance work, farm, or rental property).
- **WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** Including TNAF, General Assistance, General Relief, etc. NOTE: Food stamps and FDPIR benefits are *not* included as income.
- **PENSIONS, RETIREMENT, SOCIAL SECURITY:** Include: Supplemental Security Income (SSI), Veterans (VA) benefits, and disability benefits.
- **ALL OTHER INCOME:** Include: Worker's Compensation, unemployment, strike benefits, net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trust and/or investments, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. You do *not* have to include military or combat pay/allowances as income.

A. NAMES: (List everyone in your household below— it must match the number in #1 above)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED:				Check if NO income
	Earnings from work before deductions	Welfare, child support, spousal maintenance	Pensions, retirement, Social Security	ALL other income	
<i>Example: John Doe</i>	<i>\$200/weekly</i>	<i>\$150/weekly</i>	<i>\$100/monthly</i>	<i>\$50/annually</i>	<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"/>

3. FOSTER CHILD— If this is an application for a child who is the legal responsibility of a welfare agency or court, and is currently living in your household, please provide the following information about that child (please list additional foster children on a separate Financial Information Form).

Child's Name _____ Child's Personal Use Monthly Income \$ _____ Check if no income

To the best of my knowledge the information and income reported on this application are true:

Signature _____

Print Name _____

Date _____

Please email completed form to nacssf.apply@gmail.com

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NARRATIVE

Please discuss why you are requesting a scholarship and how your student and family will benefit from it. Also, please describe any special circumstances that may apply such as change of job, income, medical expenses, etc.

NOTE: To qualify, this must be filled out and contain between 25 and 500 words.