

## Academic Year 2023-2024 | SCHOOL

EPISCOPAL SCHOOLS FOUNDATION	A	<b>ttached</b> —Attendand	ce Verification Form	_ Proof of Inco	ome ESA Cor	ntract ESA Proof of Cancel
STUDENT NAME				DOB	Gı	rade (for 2023-2024)
Check ALL THAT APPLY BELO	ow:					
Attended Public School for	90 days	in the <b>2022-23 Schoo</b>	ol Year. Which school?			
Received a Original INDIVI						(list STO)
Received a PLUS/SWITCHE	R Tax Cr	edit Scholarship for S	chool Year fr	om AESF	or other	(list STO)
Received a <u>CORPORATE</u> Ta	x Credit	Scholarship for Schoo	l Year from _	AESF or of	ther	(list STO)
Has <u>continued to attend a</u>	private s	chool since receiving	tax credit scholarship (s)	listed above.	:"	
Student is a <u>dependent of</u>	a memb	er of the US Armed F	orces stationed in Arizor	a pursuant to r	nilitary orders	Use prior <u>AESF funding FIRST</u> to quali-
ESA Funding. If ESA fundir	ng has/w	ill be received, a copy	of the ESA contract is re	quired to verify	timing. If ESA	fy a student for current year funding;
funding received but ended pri	or to stai	rt of the 2023-24 scho	ool year, attach proof of	he cancelled co	ontract .	use other STO funding to qualify if
Parent/Guardian:						AESF funding has not been received.
Last		First	Mid	lle		
Address			City	State	Zip	
Relationship to Student (s)		Home Phone		mail		
				they received i	n the <b>2022 calend</b>	ar year. If no income received,
enter none. See reverse (page	2) of thi	s form for income de	tails.			
Household Member	Check	Monthly Income	Household Member	Check	Monthly Income	FOR AESF USE ONLY—
	if	(all sources)		if	(all sources)	
	Child	,		Child	,	AESF verified eligibility:
4						Individual
1			5			Switcher
2			6			Corporate
3			7			NOTES
4			8			
COMPLETED BY		Total ANNUAL Ho	usehold Income = \$		Total Number	of Household Members
SCHOOL REPRESENTATIVE—			vel: up to 1859			
Student ID #		Qualified for Fundi	ing Types: Individual _	Switche	r Corporat	e
Total Tuition \$			tive Signature			
A school tuition organization cannot o	award, rest	,	,		' ' '	a tax credit if the taxpayer agrees to swap
		donations with another tax	xpayer to benefit either taxpaye	r's own dependent.	(A.R.S.§43-1603).	
				•	•	na private school that the applicant
attends or will be attending ed the funds on behalf of th			urned by the school to AESF	for reallocation.	Funding will be sent	directly to the school which has request
All funding awards for tuition			sole and absolute discretion	of AFSF.		
					ilitate the swapping o	of a tax credit donation between them-
selves and any other applica	_					
<ul> <li>Scholarships will be awarde</li> </ul>		_	•		=	
<ul> <li>Any recommendation received</li> <li>before a scholarship is awar</li> </ul>	•	SF on behalf of the appli	cant is not a guarantee of a	scholarship. A va	ariety of consideratio	ns will be made, including financial need
All previous/current funding		ner Student Tuition Orga	nizations (STOs) has been re	eported to the be	st of my knowledge.	
<ul> <li>ESA Funding—The Parent/G period and that information</li> </ul>		•	•	to participate wit	h ESA or STO scholar	ships, but NOT both during the same
•	-		·	ete and I unde	rstand that I may l	pe required to supply supporting
Signature of Parent/Guard	dian_				Date _	

## INSTRUCTIONS FOR HOUSEHOLD INCOME

**Household Members** - List the first and last name of each person living in your household, related or not (such as grandparent, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Check if Child**—Check if household member is a child.

## Monthly Income (all sources) -

List **GROSS monthly income** from all sources. (Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub or documentation from employer).

Types of income to be considered: Welfare, child support, alimony. Pensions, retirement, Social Security. All other income: such as: Supplemental Security Income (SSI), Worker's Compensation, Disability benefits, Veteran's benefits (VA benefits), Unemployment, Strike benefits, Regular contribution from people who do not live in your household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.

NOTE—If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income.

**VERIFICATION OF INCOME** (MUST be provided if requested AND for consideration for any \*Corporate scholarship funding) — Provide applicable documentation for all income included for each person on page 1. Documents will NOT be returned; please do NOT send originals. **PREFERRED DOCUMENTATION IS PAGE 1 OF YOUR 2021 FEDERAL TAX RETURN.** 

Other examples of documentation include but is not limited to those listed below:

JOBS—Paycheck stub which indicates the amount and how often pay is received; letter from employer state gross wages and how often they are paid; or, If self-employed, papers such as ledger or tax books

PENSIONS, RETIREMENT, SOCIAL SECURITY—Social Security retirement benefit letter; statement of benefits received, or pension award notice. UNEMPLOYMENT, DISABILITY, WORKER'S COMP—Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS—Benefit letter from the Arizona Department of Economic Security or Arizona Temporary Assistance for Needy Families (TANF) office.

CHILD SUPPORT OR ALIMONY—Court decree, agreement, or copies of checks received.

OTHER INCOME (I.E. rental income, etc.) - Information that shows the amount of income received, how often it is received and date it is received.

## Household Income Chart for 2023-2024 UPDATED as of 02/22/2023

HOUSEHOLD INCOME ELIGIBILITY CHART for Academic Year 2023-2024 (July 1, 2023—June 30, 2024)								
Financial Eligibility for Fund Types	Individual / Switc	her / *Corporate	Individual / Switcher / *Corporate	Individual / Switcher				
Income Category	UP TO	185%	185% to 342.25%	>342.25%				
Household Size	FREE lunch income threshold 130% of poverty level	Reduced price lunch income threshold 185% of poverty level	342.25% of poverty level threshold 185% of 185% of poverty level	> 342.25%				
1	\$18,954	\$26,973	\$49,900	> \$49,900				
2	\$25,636	\$36,482	\$67,492	> \$67,492				
3	\$32,318	\$45,991	\$85,083	> \$85,083				
4	\$39,000	\$55,500	\$102,675	> \$102,675				
5	\$45,682	\$65,009	\$120,267	> \$120,267				
6	\$52,364	\$74,518	\$137,858	> \$137,858				
7	\$59,046	\$84,027	\$155,450	> \$155,450				
8	\$65,728	\$93,536	\$173,042	> \$173,042				
Additional per person	\$6,682	\$9,509	\$17,592					

\*Corporate scholarship funding—income documentation MUST be provided for consideration (see VERIFICATION OF INCOME above).