



STUDENT NAME _____ DOB _____ Grade _____ (for 2025-2026)

Check ALL THAT APPLY BELOW:

- ____ Attended Public School for 90 days in the **2024-25 School Year**. Which school? _____
- ____ Received a Original INDIVIDUAL Tax Credit Scholarship for School Year _____ from _____ AESF or other _____ (list STO)
- ____ Received a PLUS/SWITCHER Tax Credit Scholarship for School Year _____ from _____ AESF or other _____ (list STO)
- ____ Received a CORPORATE Tax Credit Scholarship for School Year _____ from _____ AESF or other _____ (list STO)
- ____ Has continued to attend a private school since receiving tax credit scholarship (s) listed above.
- ____ Student is a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders
- ____ ESA Funding. If ESA funding has/will be received, a copy of the ESA contract is required to verify timing. If ESA funding received but ended prior to start of the 2025-26 school year, attach proof of the cancelled contract .

Use prior AESF funding FIRST to qualify a student for current year funding; use other STO funding to qualify if AESF funding has not been received.

Parent/Guardian:

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Relationship to Student (s) _____ Home Phone _____ Email _____

HOUSEHOLD INCOME: List all people who live in the household and all income they received in the **2024 calendar year**. If no income received, enter none. See reverse (page 2) of this form for income details.

Household Member	Check if Child	Monthly Income (all sources)	Household Member	Check if Child	Monthly Income (all sources)
1			5		
2			6		
3			7		
4			8		

FOR AESF USE ONLY—

AESF verified eligibility:

Individual _____

Switcher _____

Corporate _____

NOTES _____

COMPLETED BY _____ **Total ANNUAL Household Income = \$** _____ | **Total Number of Household Members** _____

SCHOOL REPRESENTATIVE— _____ **Federal Income Level:** _____ up to 185% _____ 185% to 342.25% _____ >342.25%

Student ID # _____ **Qualified for Funding Types:** Individual _____ Switcher _____ Corporate _____

Total Tuition \$ _____ **School Representative Signature** _____ **Phone** _____

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).

- A scholarship awarded to the applicant must be used as allowed by Arizona law solely for tuition expenses at a qualified Arizona private school that the applicant attends or will be attending. Any portion unused must be returned by the school to AESF for reallocation. Funding will be sent directly to the school which has requested the funds on behalf of the applicant.
- All funding awards for tuition scholarships are subject to the sole and absolute discretion of AESF.
- The Parent/Guardian completing this application understands that they cannot arrange, cooperate, or facilitate the swapping of a tax credit donation between themselves and any other applicant or group of applicants.
- Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin.
- Any recommendation received by AESF 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 is awarded.
- All previous/current funding from other Student Tuition Organizations (STOs) has been reported to the best of my knowledge.
- **ESA Funding**—The Parent/Guardian understands that they may choose for their student to participate with ESA or STO scholarships, but NOT both during the same period and that information provided regarding ESA funding is complete and accurate.

I certify to the best of my knowledge the above information is accurate and complete and I understand that I may be required to supply supporting documentation.

Signature of Parent/Guardian _____ 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 2024 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 ELIGIBILITY CHART for Academic Year 2025-2026 (July 1, 2025—June 30, 2026)				
Financial Eligibility for Fund Types	Individual / Switcher / *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	\$20,345	\$28,953	\$53,563	>\$53,563
2	\$27,495	\$39,128	\$72,387	>\$72,387
3	\$34,645	\$49,303	\$91,211	>\$91,211
4	\$41,795	\$59,478	\$110,034	>\$110,034
5	\$48,945	\$69,653	\$128,858	>\$128,858
6	\$56,095	\$79,828	\$147,682	>\$147,682
7	\$63,245	\$90,003	\$166,506	>\$166,506
8	\$70,395	\$100,178	\$185,329	>\$185,329
Additional per person	\$7,150	\$10,175	\$18,824	

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