

CHRISTIAN SCHOLARSHIP FUND OF ARIZONA

P.O. Box 31101, Tucson, AZ 85751-1101
Phone: (520) 322-0966/Fax: (520) 881-7392
www.csf-az.org

Scholarship Application for the 2020-21 School Year

- 1. Inform your school of choice that you wish to apply for scholarship funding**
- 2. To apply for tuition assistance for the upcoming school year, here is an outline of the steps you will need to fill out your confidential financial application through CFS. Ask your school of choice for their “school code” (if your school does not have a number please contact Christian Scholarship Fund of Arizona). Follow the directions below.**

Step 1: Navigate to www.cfslogin.com and either login to your account or create a new account if you do not yet have one. Once logged in, select “Create/View application” from the options on the left, or download an application to complete by hand.

Step 2: Enter the school number and select the school year for which you are applying.

Step 3: Follow the prompts to pay through PayPal. You do not need a PayPal account, but just a credit card or debit card. The fee to complete an online application is \$35. Paper applications can be downloaded and sent to CFS, along with a \$40 fee (the downloadable application fee is not paid using PayPal).

Step 4: Once you make your payment, follow the prompts back to the Confidential Financial Services website, where your application will be opened for you to fill out.

Step 5: Fill out the application, making sure only to submit the application once completed. If you have any questions during the process, select the link to view online instructions.

Step 6: Once submitted, you will receive an email requesting supporting documents for the verification of your application as well as where to send those documents. CFS will begin verifying your application once they begin receiving documents from you and will reach out if they have further question. They guarantee a 3-5 business day turnaround from the point they receive the final remaining documentation they request.

If you have questions about your application, it is best to email CFS at help@cfslogin.com, rather than call. They are prompt in their replies and will be very willing to help you as necessary.

- 3. Complete the Student/School Joint Scholarship Application Form and Income Worksheet provided by your school.**
- 4. Have the school submit the application, income worksheet, CFA and any additional information you wish to provide to the Christian Scholarship Fund of Arizona.**
- 5. All scholarship decisions are made by CSFA and must be used for tuition expenses only. Awards are based primarily on income.**
- 6. We will notify you in writing as to our decision**
- 7. Applicants for the Switcher credit, please see page 4.**
- 8. Applicants for the Corporate credit, please see page 5.**

Christian Scholarship Fund of Arizona

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Student / School Joint Scholarship Application

For each student, complete the student and parent/guardian information. Return form to your school. If applying for the Switcher Credit, check here (), review page 4 and submit the required information. If applying for the Corporate Credit, check here (), review page 5 and submit the required information. Complete the Income Worksheet.

STUDENT INFORMATION

(Please print or type all information)

Child's Name: _____ DOB: _____
Grade: _____

PARENT / GUARDIAN INFORMATION

(Please print or type all information)

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.

Name: _____ Relationship: _____

Address: _____, _____, _____, _____
(Street) (City) (St) (Zip)

Work Phone: _____ Home Phone: _____

Parent / Guardian Signature

Date

SCHOOL INFORMATION

(Please print or type all information)

TO BE COMPLETED BY SCHOOL OF CHOICE

This School admits students of any race, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, financial aid programs, athletic, and other school-administered programs

By signing below you agree that this student has not currently been awarded ESA funds and that you will notify CSFA if ESA funds are awarded at any time during the academic year

School Choice: _____ Semester(s): Fall of 2020 Spring of 2021

School Contact: _____ Phone: (520) _____

Annual Tuition: \$ _____

School Adjustments: \$ _____

Prior/Other Awards: \$ _____

Net Annual Tuition: \$ _____

Tuition Currently Due: \$ _____

(If applying after start of school year)

School Official Authorized To Sign:

Name: _____

Signature: _____

Date: _____

School Recommended Scholarship Award: \$ _____

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INCOME WORKSHEET

PART 1: NUMBER OF HOUSEHOLD MEMBERS _____

You must include everyone living in your household.. Include yourself, spouse, relatives, friends and all children living with you, including dependents who are in college. Must agree to the list below.

PART 2: TOTAL HOUSEHOLD INCOME

Earnings from work:

Wages, salaries, tips, commissions. Net income from self-owned businesses and farms. Strike benefits, unemployment compensation and worker's compensation

Welfare/child support/alimony:

Public assistance payments/welfare benefits (TANF, General Assistance, General Relief, etc.). Alimony and child support payments
NOTE: Food stamps and FDPIR benefits are not included in income

Pension/retirement/social security:

Pensions, retirement income, veteran's benefits. Social security. Supplemental security income. Disability benefits

All other income:

Net rental income, annuities, net royalties. Interest, dividend income. Cash withdrawn from savings; income from estates, trust and/or investments
Regular contributions from persons not living in the household. Any other money that may be available to pay for the child(ren)'s tuition

A. Names	B. Gross income and how often it was received				Check if No income
List everyone in your household below. Must match the number in Part 1 above	Earnings From Work before deductions	Welfare, child support, alimony	Pension, retirement, Social Security, SSI, VA retirement	All Other Income	
<i>(Example) Jane Smith</i>	<i>\$199.99/FREQUENCY</i>	<i>\$149.99/FREQUENCY</i>	<i>\$99.99/FREQUENCY</i>		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

PART 3: FOSTER CHILD: If application is 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:

Child's Name: _____ Child's Personal Use Monthly Income: \$ _____

I certify that all information on this application is true and that all income is reported. I understand that this information will be held confidentially by Christian Scholarship Fund of Arizona and will only be used to verify that tax credit funds are distributed in accordance with state law and CSFA financial requirements

Printed Name _____ Signature _____

Address _____

Date _____ School My Child Will Attend _____

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SWITCHER CREDIT

Applicants for the Switcher Credit must qualify with one of the following circumstances.

Please check one and include any required document or form

Attended a public school as a full-time student for at least 90 days of the prior fiscal year and then transferred from the public to a private school

Attach Public School Attendance Verification (page 6)

Is enrolling in a private school kindergarten

Is enrolling in a private preschool program for students with disabilities

Is a dependent of a member of the armed forces of the United States who is stationed in Arizona pursuant to military orders?

Attach military orders showing AZ station

Received for any year a scholarship under one of the above criteria OR from the low income corporate donation program or the disabled/displaced corporate donation program and continued to attend a private school in subsequent years.

Attach Corporate Tax Credit Form (page 7)

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CORPORATE CREDIT

Student's family income cannot exceed 185% of the income required to qualify a child for reduced price lunches AND student must meet ONE of the following: (please select any that apply)

___ Student attended an Arizona public school as a full-time student for at least 90 days of the prior fiscal year or one full semester and then transferred from the public school to a private school. Those students who transfer to a qualified school after the first full semester are eligible to receive a scholarship that same academic year

___ Is enrolling or currently enrolled in a private school kindergarten

___ Is enrolling or currently enrolled in a private preschool program for students with disabilities (preschool students must have an MET or IEP from an Arizona public school; a 504 plan does not meet the requirement)

___ Is a dependent of a member of the armed forces of the United States who is stationed in Arizona pursuant to military orders (preschool students must also have an MET or IEP from an Arizona public school; a 504 plan does not meet the requirement)

___ Received a low-income corporate scholarship under one of the above criteria in a prior year and the child continued to attend a private school in subsequent years

___ Received an original individual scholarship or a switcher individual scholarship in a prior year and the child continued to attend a private school in subsequent years

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PUBLIC SCHOOL ATTENDANCE VERIFICATION

If your child is qualifying for the Switcher credit by a public school transfer, the student must have been enrolled in a public school K-12 as a full-time student for at least 90 days of the prior fiscal year (or the equivalent of one full semester for that school), and then transferred to a qualified private school.

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Schools: Please complete the following. All information requested is required.

Student Name: _____

Public School: _____

District: _____ Grade: _____

First Day of School Year (mm/dd/yy): _____ Last Day of School Year (mm/dd/yy): _____

Student's Start Date (mm/dd/yy): _____ Student's End Date (mm/dd/yy): _____

Form Completed by (name of school employee, title): _____

Signature of School Employee: _____

Date: _____

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CORPORATE SCHOLARSHIP VERIFICATION

If your child is qualifying for the Switcher credit by having previously received a scholarship from corporate donations for low-income students or from corporate donations for displaced students and students with disabilities and has continued to be enrolled in a qualified Arizona private school since receiving that scholarship.

INSTRUCTIONS: The Arizona Department of Revenue requires that we receive verification that the student received a scholarship through a corporate scholarship program. This information must be **completed by the STO that made the award** and submitted to CSFA. If that STO is no longer in operation, please contact CSFA.

Corporate Scholarship Verification

Student Name:

School Tuition Organization: (or private school if the STO no longer exists)

Please check one:

A scholarship was awarded to this student under the provisions of
A.R.S. 43-1183, corporate donations for low-income scholarships

A scholarship was awarded to this student under the provisions of
A.R.S. 43-1184, corporate donations for displaced students and students with disabilities.

Date of most recent corporate scholarship award: _____ / _____

Name of school where the award was sent:

Form completed by (name of employee, title):

Signature of Employee:

Date:

Scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin. 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.