**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**](http://www.csf-az.org)

**Scholarship Application for the 2021-22 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](http://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.**

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Christian Scholarship Fund of Arizona

P.O. Box 31101 Tucson, AZ 85751-1101

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)

  **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 2021 Spring of 2022**

**School Contact: Phone: (520) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School Official Authorized To Sign:**

**School Adjustments: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prior/Other Awards: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net Annual Tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tuition Currently Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If applying after start of school year)**

**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 berore deductions | Welfare, child support, alimony | Pension, retirement, Social Security, SSI, VA retirement | All Other Income |   |
| ***(Example)*** *Jane Smith* | *$199.99/****FREQUENCY*** | *$149.99/****FREQUENCY*** | *$99.99/****FREQUENCY*** |   |
|      | $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |   |
|      | $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |   |
|      | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |   |
|      | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |   |
|  | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|      | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |   |
|  | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |  |
| 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 requirementsPrinted 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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**Christian Scholarship Fund of Arizona**

**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 onefull 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 theUnited 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.

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