

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 2022-23 School Year

Inform your school of choice that you wish to apply for scholarship funding.
All scholarship decisions are made by CSFA and must be used for tuition expenses only.
Awards are based primarily on income.

Step 1: Navigate to www.benefaq.com and create a new account if you do not yet have one in the BeneFAQ system.

Step 2: Once you are at the site, select the “Parent Login” button from the upper right.

Step 3: Create an account, entering all the information requested and clicking register which will sign you in for the first time (returning users can then sign in using the sign-in section on the left).

Step 4: Click the APPLY button.

Step 5: Enter the correct application year, and then select CHRISTIAN SCHOLARSHIP FUND OF ARIZONA (20966) in the search window or begin typing our name and select it when it appears. Do not select your school’s name if it appears on the list. Make sure to select **Christian Scholarship Fund.**

- Proceed to enter your credit card information and click the button “Pay and Create App” to proceed.
- Your credit card will be charged a processing fee. The charge will come through as SchoolRIGHT or BeneFAQ.
- Once you pay, your application will be available to begin entering information.

Step 6: Read all instructions on each page.

- On the left are listed all the sections of the application that you will be completing.
- When a page is completed, that section of the left-hand menu will be indicated with the color green. Sections in gray have not been completed.
- If you exit and return later, simply find the next section you need to complete and continue from there. Click “Save and Continue” at the bottom of each page to proceed to the next page.
- If you have questions, please click the Questions/Clarifications link on the upper right-hand side of the page and write your question. This will send a note to BeneFAQ and they will respond in as timely a manner as possible. In some cases, it may take up to 24 hours to receive a response. They are closed on weekends and holidays.
- When they respond, you will receive an email indicating that a message waits for you in your account. A number indicator will appear next to the Messages link on your dashboard showing that you have an unread message. Click “Messages” to see the message.
- If you have any issues with the messaging, you can email help@benefaq.com.

Step 7: The application is predominantly constructed in an “interview” style. Complete the application and DO NOT SKIP any questions.

Step 8: At the end of the application, once you have reviewed your entries and click “Submit App & Proceed” you will be asked to upload specific information based on the way you completed your application.

- Click the checkbox to upload that document. **YOU CANNOT SELECT MORE THAN ONE** file at a time to upload. Please use the “Add” button under Pay Stubs to add additional pay stubs and the “Additional Documents” section to upload any other documents you desire or are requested.
- If you are not able to upload your tax returns in one complete document, please use “Additional Documents” to add the pages.
- If you need to send numerous single pages for some reason, please reach out to BeneFAQ and they will provide instructions to do so.
- BeneFAQ will begin verifying your application once they begin receiving documents from you.
- BeneFAQ will message you through the inline messaging system if they need further clarification on anything. Please use this system to respond to those inquiries. **NOTE: Make sure benefaq.com emails are not going to your spam folder.**

If you have questions about your application of supporting documents, it is best to use the inline messaging system. BeneFAQ is prompt in its replies and will be very willing to help you as necessary. You can also email help@benefaq.com.

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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 5 and submit the required information. If applying for the Corporate Credit, check here (), review page 6 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: _____, _____ (City) _____ (St) _____ (Zip)
(Street)

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 2022 Spring of 2023

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 7)

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 listed 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 6)

Homeschooled before enrolling in a qualified school

Provide a copy of the applicable county homeschool withdrawal form/discontinuation form

Moved to Arizona from out of state before enrolling in a qualified school

Provide a copy of out of state school enrollment/withdrawal

Participated in the Empowerment Scholarship Account (ESA) program and did not renew the account or accept the scholarship in order to accept an STO scholarship.

Provide a copy of a letter from the ESA stating your ESA account is closed

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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 plans do 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 listed 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

___ Homeschooled before enrolling in a qualified school

Provide a copy of the applicable county homeschool withdrawal form/discontinuation form

___ Moved to Arizona from out of state before enrolling in a qualified school

Provide a copy of out of state school enrollment/withdrawal

___ Participated in the Empowerment Scholarship Account (ESA) program and did not renew the account or accept the scholarship in order to accept an STO scholarship.

Provide a copy of a letter from the ESA stating your ESA account is closed

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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.