



Original, PLUS, & Corporate Scholarship Application for the 2019-20 school year

A parent or legal guardian must complete this form.

Title: Mr. Ms. Mrs. Mr. & Mrs. Dr. & Mrs. Dr. & Mr. Dr. & Dr.

First Parent/Guardian Name: _____

Second Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____ E-mail: _____

Name of person allowed to request information about your file, if any, other than guardian(s) listed above:

_____ Authorized Person's phone number: _____

Student Information:

Student's name: _____ Date of birth: _____

Circle grade in 2019-20: Disabled PreK Soliciting K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending full time: (2019-20) _____ Annual Tuition: _____

For this student, I wish to apply for (check all that apply):

Financial Aid Recommended Funds (tax credit recommended donations) PLUS/Corporate Eligibility:

If any of the following criteria apply to this student, they may be considered for a PLUS and/or Corporate scholarship. To qualify for Low-Income Corporate, your family must also meet the income cap listed in the table below.

Household Size	185% and below
2	\$56,334
3	\$71,120
4	\$85,905
5	\$100,690
6	\$115,475
7	\$130,260

Please check the appropriate box, if any, and submit any required documentation.

Kindergarten student

Dependent of active duty military stationed in Arizona. Must provide copy of military orders

Transferring from an Arizona public or charter school after attending at least 90 days in the public or charter school in the previous academic year. Must complete "attendance verification" form.

Received an Original or PLUS/Switcher or Low-Income Corporate or Corporate Disabled/Displaced scholarship in a previous academic year and continued to attend a qualified private school. Must complete "previous award verification"

Currently a disabled preschooler. Must provide a copy of an Arizona public school IEP or MET



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Financial Information:

1. List all persons living in the household, including children. This would include yourself, your spouse, each child, grandchildren, relatives or any other person living in your residence full time.
2. Include annual gross income (before taxes) for all household members. Check "no income" for anyone not receiving income.
3. Montessori Charity Foundation will not accept applications with \$0 income listed for the household. If your family truly has no income, Montessori Charity Foundation requires an income letter of explanation.

First and Last Name of All Household Members	Type C-Child G- Guardian O - Other	Gross Annual Earnings	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if No Income	Check if a Foster Child

Total Number of Household Members: _____

Total Annual Household Gross Income: _____

Incomplete applications will not be processed.

I certify that I am a parent or legal guardian of the child(ren) listed on this application. All information reported on this application is true and correct to the best of my knowledge.

I certify that I am aware that if my student(s) receives ESA (Empowerment Scholarship Account) or any publicly funded education services, they are not eligible to receive an award from any STO. I will notify Montessori Charity Foundation immediately if they receive either during the academic year in which I am applying.

I certify I am attaching required income documentation and any other applicable eligibility documentation.

Print Name: _____ Signature: _____ Date: _____

Notice (A.R.S 43-1603): A school tuition organization cannot award, restrict, or reserve scholarships based solely on 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.