



2024-2025

SCHOLARSHIP APPLICATION-ALL PROGRAMS

PART 1 | AGREEMENT STATEMENTS

I/we have read and agree to the following statements (put a check in each box):

- 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(s) attends or will be attending. Any portion unused must be returned by the school to TOPS for Kids for reallocation.
- All final decisions** for tuition scholarships are subject to the **sole and absolute discretion** of TOPS for Kids.
- I cannot arrange, cooperate, or facilitate the **swapping of a tax credit donation** between myself and any other applicant or group of applicants.
- An **email notification** will be sent to applicants receiving an award. Awards are made quarterly (February, May, August, and November). Please add TOPS for Kids to your list of approved senders to prevent correspondence being marked as junk mail. PLUS awards in September & March. Corporate awards in August or September.
- Scholarships will be awarded **without regard to the student's race, color, sex, handicap, familial status or national origin**.
- Notice: 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)**
- Any recommendation 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.

PART 2 | FAMILY INFORMATION

Parent 1 Name		Cell Phone	()	- -
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Relationship to Applicant(s) Father Mother Stepfather Stepmother Guardian

Is this parent/guardian: disabled and unable to work? unemployed and actively seeking employment? a student?

Parent 2 Name		Cell Phone	()	- -
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Relationship to Applicant(s) Father Mother Stepfather Stepmother Guardian

Is this parent/guardian: disabled and unable to work? unemployed and actively seeking employment? a student?

PART 3 | CONTACT INFORMATION

Mailing Address					
City	State		Zip		
Email Address	Home Phone		()	- -	

SCHOLARSHIP APPLICATION | PAGE 2

<i>Please make a copy of this page to add more students.</i>		PART 4 STUDENT INFORMATION	
Student 1 Name		Birthdate	/ /
Private School		Grade in 2024-2025	
Did this child attend a public school for at least 90 days or one semester of the prior fiscal year? (provide Public School form)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did this child receive a scholarship from another STO (not TOPS) in a previous year? (provide award letter, or verification form)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child enrolled in a qualified private preschool program that offers services to students w/disabilities (provide IEP or MET)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
STUDENT MERIT		Total ANNUAL Tuition Amount	\$
Academic Achievements _____		LESS Discounts Received <i>School, Church, Multiple Student</i>	\$
Social Achievements _____		LESS Other Scholarship Awards <i>Please list STO Name and Amount</i>	\$
Community Involvement _____			
Church Involvement _____		= NET Tuition Owed to School	\$
Student 2 Name		Birthdate	/ /
Private School		Grade in 2024-2025	
Did this child attend a public school for at least 90 days or one semester of the prior fiscal year? (provide Public School form)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did this child receive a scholarship from another STO (not TOPS) in a previous year? (provide award letter or verification form)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child enrolled in a qualified private preschool program that offers services to students w/abilities (provide IEP or MET)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
STUDENT MERIT		Total ANNUAL Tuition Amount	\$
Academic Achievements _____		LESS Discounts Received <i>School, Church, Multiple Student</i>	\$
Social Achievements _____		LESS Other Scholarship Awards <i>Please list STO Name and Amount</i>	\$
Community Involvement _____			
Church Involvement _____		= NET Tuition Owed to School	\$
Student 3 Name		Birthdate	/ /
Private School		Grade in 2024-2025	
Did this child attend a public school for at least 90 days or one semester of the prior fiscal year? (provide Public School form)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did this child receive a scholarship from another STO (not TOPS) in a previous year? (provide award letter or verification form)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child enrolled in a qualified private preschool program that offers services to students w/disabilities (provide IEP or MET)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
STUDENT MERIT		Total ANNUAL Tuition Amount	\$
Academic Achievements _____		LESS Discounts Received <i>School, Church, Multiple Student</i>	\$
Social Achievements _____		LESS Other Scholarship Awards <i>Please list STO Name and Amount</i>	\$
Community Involvement _____			
Church Involvement _____		= NET Tuition Owed to School	\$

PART 5 | FINANCIAL INFORMATION

(1) Household Member(s) Full Name <small>List everyone in the household with and without income (first/last name)—yourself, spouse, each dependent child, grandparents, relatives or any other person who lives with you full time.</small>	(2) Gross Income LAST MONTH and How Often it was Received <small>Example: \$100 monthly (x12), \$250 bi-monthly (x24), \$500 bi-weekly (x26), \$200 weekly (x52)</small>				(3) Check if NO Income
	Earnings from Work before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (see Instructions)	
<i>Example: Jane Smith</i>	<i>\$200 / frequency</i>	<i>\$150 / frequency</i>	<i>\$350 / frequency</i>	<i>\$50 / frequency</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
FOR OFFICE USE ONLY	<i>Totals:</i>				

How many people live in your household?
Count everyone – yourself, spouse, each dependent child, grandparents, relatives or anyone else that lives with you full time.

PART 6 | ADDITIONAL NEEDS INFORMATION

Please indicate and provide an explanation for all that apply. You may attach a separate sheet if necessary.

<input type="checkbox"/> Loss of Income <input type="checkbox"/> Employment Change <input type="checkbox"/> Increased Medical Expenses <input type="checkbox"/> Increased Tuition Expenses <input type="checkbox"/> Increased General Expenses <input type="checkbox"/> Family Size Change <input type="checkbox"/> Loss of home/foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Other	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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PART 7 | SIGNATURE AND INFORMATION RELEASE AGREEMENT

By signing or typing my name in below, I certify (promise that all information on this application is true and all income has been reported. I truthfully completed the Financial Worksheet as required by the State of Arizona. I also agree to allow TOPS for Kids and my private school to share tuition balance information throughout the year. *This information is kept confidential between TOPS and the school and is only used by TOPS to determine scholarship needs.*

Signature _____ Print Name _____ Date _____