

# Arizona Christian School Tuition Organization, Inc.

## Grant/Scholarship Application

Effective for the 3 Award Distributions between July 2009 & April 2010



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STUDENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PARENT/GUARDIAN NAME(S) \_\_\_\_\_  
LAST FIRST NAME(S) MIDDLE INITIAL

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP STUDENT'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CHRISTIAN SCHOOL THE STUDENT ATTENDS OR PLANS TO ATTEND\* (WHERE THE GRANT/SCHOLARSHIP WOULD BE APPLIED TOWARDS TUITION):

SCHOOL NAME: \_\_\_\_\_  
(GIVE THE FULL NAME OF THE SCHOOL- PLEASE SEE ELIGIBILITY SECTION BELOW\*) CITY

GRADE OF STUDENT IN **SCHOOL YEAR 2009-2010** (even if awarded funds will be applied toward the following school year\*\*) (PLEASE CIRCLE) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**OR** MY CHILD WILL BE ATTENDING **KINDERGARTEN** IN (PLEASE CIRCLE): 09-10 10-11

*\*\*STUDENTS PLANNING TO START ATTENDING GRADES K-12 IN THE 10-11 SCHOOL YEAR MAY FIRST APPLY IN FEBRUARY, 2010.*

**ATTACHMENTS ARE REQUIRED. PLEASE ✓ THE ATTACHMENTS ENCLOSED WITH THIS FORM.**

**Federal Tax Return:** Please attach to this application a true copy of the parents'/guardians' most **REQUIRED** recently filed Federal Income Tax Return. Only pages 1 & 2 of your form 1040 are required. This information will be held in strictest confidence.

**Narrative:** Please provide a brief narrative discussing such things as the student's character, perseverance, **REQUIRED** citizenship, leadership, and community involvement. The child's age will be appropriately considered.

**Letters of Recommendation:** (Optional) One or more letters of recommendation from such persons **OPTIONAL** as a pastor, church leader, school leader, employer or other person from the community at large concerning the characteristics listed above are also welcome (maximum of three letters).

The selection committee will consider any recommendations, financial circumstances, and the narrative regarding the student in its decision regarding allocation of the available funds. The committee has complete discretion regarding grant/scholarship awards.

### PARENT SIGNATURE

I affirm that the attached income tax return documents are true and correct. A scholarship is requested for the benefit of the above named student.

\_\_\_\_\_  
Signature of Parent/Guardian

### MAIL OR FAX TO:

**ACSTO**

www.acsto.org

P.O. Box 6580 ♦ Chandler, AZ 85246

PHONE: (480) 820-0403 ♦ FAX: (480) 820-2027

### APPLICATION DUE DATES:

#### Summer

Due June 30, 2009

#### **For August Distribution**

*This application will also be considered during our winter and spring distributions.*

#### Winter

Due October 31, 2009

#### **For November Distribution**

*This is for those that have not already applied in June. This application will also be considered during our spring distribution.*

#### Spring

Due February 28, 2010

#### **For April Distribution**

*For those that have not already applied for the August '09 or November '09 awards. All applications expire after this distribution.*

### **\*STUDENT ELIGIBILITY:**

Awards made by ACSTO can only be used for tuition for students attending grades K-12 in a Christian private school that works with ACSTO. (See our website for a list of participating schools.) The student must be planning to attend K-12 by the semester following the award process. (Example: Brad will start Kindergarten in August 2010. I can send his application by the Feb. 28, 2010 due date. If an award is granted it would arrive at his school early April to help with his fall tuition.)