



SCHOOL CHOICE ARIZONA, INC.

2241 E. Pecos Road, Suite 3 Chandler, AZ 85225 Phone: 480-722-7502 Fax: 480-820-2027
www.schoolchoicearizona.org

CORPORATE SCHOLARSHIP ELIGIBILITY

YOUR CHILD IS ELIGIBLE IF:

1. The child is starting into Kindergarten at a qualified private school.
 2. The family's income does not exceed 185% of the income limit required to qualify for reduced price lunches under the national school lunch and child nutrition acts. *See chart
- OR**
1. The child attended a public or charter school as a full-time student for at least the first one hundred days of the prior year and is transferring to a qualified private school as a full-time student.
 2. The family's income does not exceed 185% of the income limit required to qualify for reduced price lunches under the national school lunch and child nutrition acts. *See chart

Federal Reduced Lunch Guideline 09-10 School Year		ARIZONA CORPORATE TAX CREDIT GUIDELINE
Household Size	Annual Gross Income	Annual Gross Income (185% of column 2)
1	\$19,240.00	\$35,594.00
2	\$25,900.00	\$47,915.00
3	\$32,560.00	\$60,236.00
4	\$39,220.00	\$72,557.00
5	\$45,880.00	\$84,878.00
6	\$52,540.00	\$97,199.00
7	\$59,200.00	\$109,520.00
8	\$65,860.00	\$121,841.00
Each Additional Person	\$6,660.00	\$12,321.00

One of the qualifications for a child to receive "Educational Scholarships and Tuition Grants" (ESTG) under the corporate tuition tax credit law is an income limit for the child's family. The ESTG recipient must come from a family whose income does not exceed 185% of the maximum allowed to qualify for a "reduced price lunch" as defined by the National School Lunch and Nutrition Acts.

The chart above lists the national reduced price lunch guidelines and then the corresponding corporate tuition tax credit guidelines (Column 2 x 185%).



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2009/10 SCHOLARSHIP APPLICATION

STUDENT INFORMATION FORM

Please fill out one Student Information Form for each eligible student.

Please mail or fax the completed application to School Choice Arizona, Inc. 2241 E. Pecos Rd. Suite 3, Chandler, AZ 85225, Fax # (480) 820-2027.

STUDENT NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH ____/____/____ PHONE #: (____) _____

PARENT/GUARDIAN NAME(S)

FIRST MIDDLE LAST

ADDRESS

STREET ADDRESS

CITY STATE ZIP

Parent's Email: _____

GRADE OF CHILD FOR 09/10 SCHOOL YEAR (PLEASE CIRCLE GRADE)

K* 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH 10TH 11TH 12TH

**SKIP THIS BOX IF THE CHILD IS ENTERING INTO KINDERGARTEN*

DID THE ABOVE NAMED CHILD RECEIVE A SCHOLARSHIP FROM SCHOOL CHOICE ARIZONA LAST YEAR? _____

NAME OF PUBLIC SCHOOL PREVIOUSLY ATTENDED:

NAME OF PUBLIC SCHOOL MOST RECENT SCHOOL YEAR ATTENDED CITY

I hereby certify that my child has attended the above public school for at least the first one hundred days of the last school year.

PARENT SIGNATURE DATE

NAME OF QUALIFIED PRIVATE SCHOOL YOUR CHILD WILL BE ATTENDING:

NAME OF SCHOOL CITY

