

**Scholarship Application Form**

~APPLICATION AND INCOME DECLARATION MUST BE COMPLETE TO BE ACCEPTED~

**PLEASE PRINT COMPLETE STUDENT INFORMATION:**

\_\_\_\_\_  
School Grade

\_\_\_\_\_  
Last Name First Name Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Phone

**PLEASE SUBMIT COMPLETE FAMILY INFORMATION:**

NUMBER OF HOUSEHOLD MEMBERS \_\_\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_

NUMBER OF DEPENDENTS IN ARIZONA ADVENTIST SCHOOLS \_\_\_\_\_

NUMBER OF DEPENDENTS attending junior college/college/university: IN STATE \_\_\_\_\_ OUT OF STATE \_\_\_\_\_

\_\_\_\_\_  
Name of University/College(s)

OTHER EXTENUATING CIRCUMSTANCES: \_\_\_\_\_

Scholarships awarded from Arizona Adventist Scholarships, Inc. are for tuition only of students attending Adventist schools in Arizona, grades K-12. Scholarships will not be awarded to students simultaneously enrolled in a district or charter school and an Adventist School. Tuition scholarships will be awarded without regard to the student's race, color, gender, handicap, familial status or national origin. Decisions in awarding tuition scholarships are the sole responsibility of Arizona Adventist Scholarships, Inc. Admission decisions are the exclusive responsibility of the school. Scholarships are awarded only to applicants who attend an Adventist school for an entire school year or for the remainder of the school year, in case of mid-term enrollment.

**STATE OF ARIZONA NOTICE: 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.**

The State of Arizona requires submission of family income information for purposes of an annual report submitted by the Arizona Adventist Scholarships, Inc. regarding the family income of scholarship recipients; the information is used solely for this purpose and is not sold/given to a third party.

I have read and understand the above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please Indicate:  Mother  Father  Legal Guardian

**Please attach the FAMILY INCOME DECLARATION FORM to this application.**

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Mail APPLICATION and FAMILY INCOME DECLARATION to:

**Arizona Adventist Scholarships, Inc.  
P.O. Box 12340, Scottsdale, AZ 85267-2340**