AAA Scholarship Foundation 2017-18 Application
Florida Private School Scholarship Program

New Scholarships are awarded on a first completed, first awarded basis.

If you enroll your student into a private school before you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF), you will be responsible for your student's tuition and he/she may not qualify for future scholarship funding. Funding is not guaranteed. Please consider this before enrolling your student(s) in a private school.

ARE YOU ELIGIBLE TO SUBMIT AN APPLICATION? COMPLETE THE QUESTIONS BELOW TO FIND OUT.

1.) Does the household live in Florida?
- ☐ Yes, please continue to question #2.
- ☐ No, we live in another state. *STOP* – do not apply, your household is NOT eligible.

2.) Is your student entering Kindergarten through 12th grade in Florida?
- ☐ Yes, my student is entering K through 12th grade in Florida. Please continue to question #3.
- ☐ No, my student will NOT be entering those grades. *STOP* – do not apply, your student does not qualify to receive a 2017-18 AAA scholarship.

3.) Will your student be between the required ages to attend school for your state on or before September 1, 2017?
- ☐ Yes, my Florida student will be at least 5 years old but not 22 years old or older on September 1, 2017. Please continue to question #4.
- ☐ No, my student will not meet the age requirements for my state. *STOP* – do not apply, your student does not qualify to receive a 2017-18 AAA scholarship.

4.) AAA considers ALL household members and their income. To figure out your household size, add all the people you live with together, this is your household size. Now add ALL the annual income for everyone in the household, this is your total annual income. Use these two numbers to look at the income chart below for your household size and income. Is your household *at or below* the level for your household size?

2017- 2018 Household Income/Financial Resources Table

(New means you did not receive a scholarship from any Organization in 2016-17 for any students in your home. Transfer means this student received funding from another Scholarship Organization in 2016-17. Renewal means you signed AAA scholarship checks for this student in 2016-17. Add-on means you signed AAA scholarship checks for another student in your home in 2016-17, but not for this student.)

** Business losses must be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligibility.*

Household size	New Household Max Awarded Up to: $5,886	Renewal & Transfer Household Max Awarded Up to: $5,886	New, Renewal, & Transfer Households Max Awarded up to $4,355.64	New, Renewal, & Transfer Households Max Awarded up to $2,943
1	$22,311	$24,120	$25,929	$30,150
2	$30,044	$32,480	$34,916	$40,600
3	$37,777	$40,840	$43,903	$51,050
4	$45,510	$49,200	$52,890	$61,500
Each additional person add:	$7,733	$8,360	$8,987	$10,450

- ☐ Yes, we are *at or below* the income listed for our household size. Please continue to question #6.
- ☐ No, our income is above the limit listed for our household size. *STOP* – do not apply, your household does not qualify to receive a 2017-18 AAA scholarship.

5.) Is your household/ student otherwise eligible?
- ☐ Yes, neither my student nor my household has been disqualified from the program for any reason, including internal audit process. Please continue to complete the application on the next page.
- ☐ No, my student or our household has been disqualified/revoked from program participation for any reason, including internal audit process in the past. *STOP* – do not apply, your household does not qualify for a 2017-18 AAA scholarship.

Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

2017-2018 AAA-FLORIDA K-12 Private School Tax Credit Scholarship Application - Page 2

IMPORTANT: Fill in the answers asked for in the blank spaces provided throughout this form; write N/A or 0 if items do not apply to you.
DO NOT LEAVE ANY BLANK SPACES.

A) PARENT/GUARDIAN "A" Living with the student This individual is required to sign scholarship checks.		**B) PARENT/GUARDIAN "B"** Living with the student This individual cannot sign scholarship checks.	
Last Name, First Name Middle Initial		Last Name, First Name Middle Initial	
Social Security Number	Home Phone Number	Social Security Number	Home Phone Number
Relationship to the Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Other		Relationship to the Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Other	
Employed By		Employed By	
Work Phone Number	Cell Phone Number	Work Phone	Cell Phone Number
Home (Physical) Address, Apt. # (*must be street address, PO Box not acceptable*)			
Home City	Home State	Home Zip	
Home County		E-mail address	
Home Mailing Address (*if different from above*)			
Mailing City	Mailing State	Mailing Zip	

C) HOUSEHOLD INFORMATION

1) Number of people who lived in your home during 2016:
Parents/Guardians _____ + Children _____ + Others ____
= Total of above _____(This is your "household size")

2) What is the language spoken in your home: _____

3) What is PARENT A's marital status today:
☐ Single, never Married ☐ Divorced (Divorce Agreement Required)
☐ Married ☐ Separated (Separation Agreement Required)
☐ Divorced/Remarried ☐ Widowed ☐ Living w/boyfriend, girlfriend, fiancé

4) Does PARENT A receive child support for any children in the home?
☐**Yes** ☐**No**

5) Does PARENT B receive child support for any children in the home?
☐**Yes** ☐**No**

6) List any parents, not living in the home, for children who live with Parent(s) A and B.

Non-Custodial Parent's Name	Child's Name

7) Does PARENT A and/or B have a divorce/separation agreement? ☐**Yes** ☐**No** (If YES, provide a copy of the divorce/separation agreement if you do not claim the child(ren) on your taxes to show that they live with you.)

8) Date of Separation (Month/Year) or N/A:

9) Date of Divorce (Month/Year) or N/A:

D) HOUSEHOLD MEMBERS CLARIFICATION

List all people who lived with Parents A and B during 2016

You must provide 2016 income documentation for the below individuals (Form 1040 Federal Tax Return, Social Security Income, etc.) List any additional people that live with you on a separate sheet of paper, if needed. If anyone has moved out or there is a change, you must explain on a separate sheet of paper. *Birth Certificates are required for all children 18 and under*.

PLEASE PRINT Name	Relationship to Parent A	Age	Did they file a 2016 Federal Tax Return? (check one)	Total Income in 2016	How long has this person lived with PARENT A?
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

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PARENT/GUARDIAN A Name:_____ **SS#** _____

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E) SWORN STATEMENTS FOR IRS DID NOT FILE INDIVIDUALS

ATTENTION: This sworn statement will be accepted as documentation that this person did not file 2016 taxes. However, you may be REQUIRED to provide documentation verifying the Did Not File status later this year. ALL adults in the household who Did Not File taxes and are not claimed on a provided Tax Return must EACH complete this section (or a copy of this section if more than one person).

UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE FOR THE 2016 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

I,_____did not file a tax return for the following reason (check one):
(Name)

- ☐ I received no taxable income.
- ☐ My taxable income received was less than the amount required for filing with the IRS. Amount received: $_____
- ☐ Other (explain) _____

I was NOT required to file a 2016 Federal Income Tax Return. In place of a tax return, I have completed this notice and attached all income documentation.

_____ _____
Signature of Person Who Did Not File Relationship to PARENT/GUARDIAN A/B

F) STUDENT INFORMATION (Only complete for students for whom you want a scholarship)

If applying for more than 2 students, make a copy of this page before completing every question.

Student #1 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) *Birth Certificate Required*:
Student SS#:	Student Gender: ☐ Female ☐ Male
Student Relationship to Parent/Guardian A: ☐ Child/Stepchild ☐ Grandchild ☐ Niece/Nephew ☐ Other (Explain)	
Race: ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black, non-Hispanic ☐ Hispanic ☐ Mixed Race ☐ Pacific Islander ☐ White, non-Hispanic	
Grade Level Student will be entering in August of 2017:	
Name of School attended 2016-2017:	
School County attended in 2016-2017:	
Type of School attended in 2016-2017: ☐ Public* ☐ Private ☐ Home School ☐ Charter* ☐ Virtual* ☐ Not Applicable	
Does this student receive any of the following?: ☐ TANF ☐ Food Stamps ☐ FDPIR ☐ Free/Reduced Lunch ☐ ESE ☐ Title 1	
Type of Student: ☐ New ☐ Transfer ☐ Renewal ☐ Add-On	
(New means you did not receive a scholarship in 2016-17 for any student in your home. Transfer means this student received funding from another Scholarship Organization in 2016-17. Renewal means you signed AAA scholarship checks for this student in 2016-17. Add-on means you signed AAA scholarship checks for another student in your home in 2016-17, but not for this student.)	

Student #2 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) *Birth Certificate Required*:
Student SS#:	Student Gender: ☐ Female ☐ Male
Student Relationship to Parent/Guardian A: ☐ Child/Stepchild ☐ Grandchild ☐ Niece/Nephew ☐ Other (Explain)	
Race: ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black, non-Hispanic ☐ Hispanic ☐ Mixed Race ☐ Pacific Islander ☐ White, non-Hispanic	
Grade Level Student will be entering in August of 2017:	
Name of School attended 2016-2017:	
School County attended in 2016-2017:	
Type of School attended in 2016-2017: ☐ Public* ☐ Private ☐ Home School ☐ Charter* ☐ Virtual* ☐ Not Applicable	
Does this student receive any of the following?: ☐ TANF ☐ Food Stamps ☐ FDPIR ☐ Free/Reduced Lunch ☐ ESE ☐ Title 1	
Type of Student: ☐ New ☐ Transfer ☐ Renewal ☐ Add-On	

*Complete the form on page 6 if your student attended a public, charter or virtual school in 2016-2017

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.
Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

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PARENT/GUARDIAN A Name:_____ **SS#** _____

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G) TAXABLE INCOME

The 2016 federal tax return for our household was: ☐ Filed (Complete all of Section G) ☐ Not filed yet (See Required Documentation section)
☐ I/We do not file. I/We only receive non-taxable income (Complete Sections E & H)

1) Total number of exemptions claimed on Federal Income Tax form (1040 line 6d)	#
2) From Income Section enter the Total Income (See 2016 1040 line 22 or 1040A line 15)	$
3) Net business income* from self-employment, farm, rentals, and other businesses. See 2016 1040 lines 12, 17, and 18 (Attach Schedules C, E, and/or F from your IRS 1040)	$
* Business losses must be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligibility.	

H) NON-TAXABLE INCOME

List the total annual amount received by anyone in the household from 1/1/16-12/31/16. DO NOT list monthly amounts

1) Child Support	$	6) Cash Assistance (TANF)	$
2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.)	$	7) Food Stamps	$
3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension/ Retirement, etc.)	$	8) Housing Assistance (Sec. 8, HUD, parsonage, etc.)	$
4) Gifts from family and/or friends	$	9) Loans from family and/or friends	$
5) Personal Savings/Investment Accounts <u>used</u> for household expenses in 2016 (Do not include totals listed in Section J)	$		

*You must provide 2016 documentation for items 2-8; either an official year-end statement or documentation showing totals from 1/1/16-12/31/16.

I) HOUSING INFORMATION

1) Do you rent or own your residence? ☐ Rent ☐ Own		
2) What is the monthly mortgage or rent payment?	$	per month
a. Amount paid by household	$	per month
b. Amount paid by other source(s)	$	per month

J) UNUSUAL CIRCUMSTANCE (tell us if your current circumstances are different from 2016)

☐ Loss of job	☐ Child support reduction	☐ Bankruptcy
☐ Recent separation/divorce	☐ Change in family living status	☐ Became eligible for disability insurance
☐ Change in work status	☐ Death in the household	☐ Became eligible for social security
☐ Income reduction	☐ Change in custody	☐ Other

Provide a brief explanation of the situation and attach documentation for all circumstances checked above:

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.

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PARENT/GUARDIAN A Name:_____ **SS#** _____

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K) HOW DID YOU HEAR ABOUT AAA SCHOLARSHIP PROGRAM?

☐ Renewing Household	☐ Flyer, brochure or poster	☐ Internet Search
☐ Another scholarship parent	☐ At an event in my community	☐ Social Media (Facebook, Twitter, etc.)
☐ Referred by friend, family or work associate not on scholarship	☐ Newspaper ad or article	☐ Employer communication
☐ Referred by private school	☐ State Agency	☐ Other:_____

L) CERTIFICATION AND AUTHORIZATION SIGNATURE(S)

✓ I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.

✓ I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.

✓ I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.

✓ I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.

✓ I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.

✓ I authorize AAA Scholarship Foundation and its application processing company to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships. I authorize the application and all attachments to be returned to AAA Scholarship Foundation from the application processing company.

✓ I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at www.aaascholarships.org.

✓ I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.

✓ I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.

✓ I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and the student(s) may not qualify for future scholarship funding. I understand funding is not guaranteed.

✓ I consent and agree that AAA Scholarship Foundation may obtain my child's free and reduced price meal and free milk eligibility information for the purpose of helping to determine my child's eligibility for the Florida Tax Credit Scholarship Program. I understand that this information will not be shared with any other entity or program. In addition, I may limit my consent to only those programs with which I wish to share this information.

M) SIGNATURES

Parent/Guardian A _____ Date _____

Parent/Guardian B _____ Date _____

N) REQUIRED DOCUMENTATION

Application MUST include the following with the completed application (and any other documentation requested):

- ☐ Birth Certificates are required for all children 18 years and under
- ☐ 2016 Signed Federal Tax Return and all Schedules/Forms
- ☐ 2016 Year-End Non-taxable Income Documentation
- ☐ Letter/documentation of Unusual Circumstances, if needed
- ☐ Certificate of Eligibility to Transfer (page 6), if required
- ☐ Separation/Divorce Agreement if applicable

Mail All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation
P.O. Box 15719
Tampa, FL 33684-0719

Processing of applications is typically completed within 4-6 weeks once ALL required documentation is received.
To check the processing status of your application, go to https://app.wizehive.com/webform/aaasf.
Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

PARENT/GUARDIAN A Name:_____ **SS#** _____

Florida Certificate of Eligibility to Transfer – Page 6

This form is required if your student(s) is transferring to AAA from another Scholarship Funding Organization (SFO) and must be provided to AAA in order to complete processing of your organization. Make additional copies of this form if you have more than two students.

This form is to be completed by the school that received funding from the SFO for that school year.

I/We _____ give the school permission to release information about my child(ren)'s scholarship history to AAA Scholarship Foundation, Inc.

_____
Parent or guardian signature

Student name:	
Name of Scholarship Funding Organization (SFO):	
Amount(s) Awarded and School Year(s)	Amount(s) Paid and School Year(s)
This certifies that the student listed above was the recipient of a Tax Credit Scholarship for the amounts and time periods listed above.	
Signature and Date:	
Name and Title of Individual Completing Form:	

Student name:	
Name of Scholarship Funding Organization (SFO):	
Amount(s) Awarded and School Year(s)	Amount(s) Paid and School Year(s)
This certifies that the student listed above was the recipient of a Tax Credit Scholarship for the amounts and time periods listed above.	
Signature and Date:	
Name and Title of Individual Completing Form:	

Mail this Form along with All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation
P.O. Box 15719
Tampa, FL 33684-0719

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