



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.) Is your total household income / financial resources at or below the income listed for your household size?

2017- 2018 Household Income/Financial Resources Table

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

Household size	Maximum Household Income for Scholarship Awards up to 100%	Maximum Household Income for Scholarship Awards up to 88%	Maximum Household Income for Scholarship Awards up to 74%	Maximum Household Income for Scholarship Awards up to 60%	Maximum Household Income for Scholarship Awards up to 50%
1	\$24,108	\$25,917	\$27,726	\$29,535	\$30,150
2	\$32,464	\$34,900	\$37,336	\$39,772	\$40,600
3	\$40,820	\$43,863	\$46,946	\$50,009	\$51,050
4	\$49,175	\$52,865	\$56,555	\$60,245	\$61,500
Each additional person add:	\$8,356	\$8,983	\$9,610	\$10,237	\$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 **B) PARENT/GUARDIAN "B" Living with the student**

This individual is required to sign scholarship checks.

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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other		Relationship to the Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> 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 (REQUIRED)	
Home Mailing Address (if different from above)			
Mailing City		Mailing State	Mailing Zip

C) HOUSEHOLD INFORMATION

<p>1) Number of people who lived in your home during 2016: Parents/Guardians _____ + Children _____ + Others _____ = Total of above _____ (This is your "household size")</p>	<p>6) List any parents, not living in the home, for children who live with Parent(s) A and B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Non-Custodial Parent's Name</th> <th style="width: 30%;">Child's Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Non-Custodial Parent's Name	Child's Name						
Non-Custodial Parent's Name	Child's Name								
<p>2) What is the language spoken in your home: _____</p>									
<p>3) What is PARENT A's marital status today:</p> <p><input type="checkbox"/> Single, never Married <input type="checkbox"/> Divorced (Divorce Agreement Required)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated (Separation Agreement Required)</p> <p><input type="checkbox"/> Divorced/Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Living w/boyfriend, girlfriend, fiancé</p>	<p>7) Does PARENT A and/or B have a divorce/separation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)</p>								
<p>4) Does PARENT A receive child support for any children in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8) Date of Separation (Month/Year) or N/A:</p>								
<p>5) Does PARENT B receive child support for any children in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9) Date of Divorce (Month/Year) or N/A:</p>								

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	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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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2017-2018 AAA-FLORIDA K-12 Private School Tax Credit Scholarship Application - Page 4

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? <input type="checkbox"/> Rent <input type="checkbox"/> 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)

<input type="checkbox"/> Loss of job	<input type="checkbox"/> Child support reduction	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Recent separation/divorce	<input type="checkbox"/> Change in family living status	<input type="checkbox"/> Became eligible for disability insurance
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Death in the household	<input type="checkbox"/> Became eligible for social security
<input type="checkbox"/> Income reduction	<input type="checkbox"/> Change in custody	<input type="checkbox"/> 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.

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

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2017-2018 AAA-FLORIDA K-12 Private School Tax Credit Scholarship Application - Page 5

K) HOW DID YOU HEAR ABOUT AAA SCHOLARSHIP PROGRAM?

<input type="checkbox"/> Renewing Household	<input type="checkbox"/> Flyer, brochure or poster	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Another scholarship parent	<input type="checkbox"/> At an event in my community	<input type="checkbox"/> Social Media (Facebook, Twitter, etc.)
<input type="checkbox"/> Referred by friend, family or work associate not on scholarship	<input type="checkbox"/> Newspaper ad or article	<input type="checkbox"/> Employer communication
<input type="checkbox"/> Referred by private school	<input type="checkbox"/> State Agency	<input type="checkbox"/> 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 8-10 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

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:	

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