



# Scholarship Application

2015  
2016

PARENT NAME

OFFICE USE ONLY  
Barcode



## 2015-2016 Arizona Disabled/Displaced Scholarship (Lexie's Law)

Before you apply, please review the following important information:

The AZ-DD Scholarship is for Arizona students in preschool through 12th grade meeting at least one of the following three prerequisites:

1. Student has a current or expired Multidisciplinary Evaluation Team (MET) report or Individual Education Plan (IEP) from an Arizona public school (for preschool and K-12); or
2. Student has a current or expired 504 plan from an Arizona public school (for K-12 only); or
3. Student was placed at one time in the Arizona foster care system (for K-12 only).

In order to qualify for the AZ-DD Scholarship:

- A student in preschool must be 3 years old on or before September 1st; or
- A student entering kindergarten must be 5 years old on or before September 1st; and
- You must be an Arizona resident; and
- A student must have at least one of the following: a written MET report, IEP, 504 Plan or foster care documentation

An AZ-DD scholarship may be used for tuition-only at a qualified school. A qualified school:

- is a preschool that offers services to students with disabilities; or
- is a non-governmental primary, secondary or private school that is located in Arizona and that does not discriminate based on race, color, disability, familial status or national origin; and
- requires that all teaching staff and personnel that have unsupervised contact with students are fingerprinted; and
- is not a charter school or any program operated by a charter school.

A student is not eligible for an AAA AZ-DD scholarship if the student accepts a Disabled/Displaced or other Tax Credit Scholarship from another STO or has an Empowerment Scholarship Account (ESA) for the same academic school year. AAA awards the maximum allowed by law per student, per year, for three years (as long as the student otherwise remains eligible) and therefore can not be "stacked" with another Tax Credit Scholarship or ESA during the same academic year.

If you believe that you and your student meet the above requirements, please continue to the next page for the application and page 4 for line-by-line instructions.

Check, Money Order, or Credit Card (form attached) payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$30.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or a third party collection agent. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.

STUDENT NAME

### INSTRUCTIONS:

**INSTRUCTIONS:** Please complete this entire form then print, sign and return it along with copies of the documents listed below to: PSAS/AAA Scholarship Foundation, PO Box 89434, Cleveland, OH 44101-6434 (mail); 440-892-8133 (fax)

**Documentation required to be mailed with completed and signed application:**

- Student's Birth Certificate, and
- **2014 SIGNED** Federal Tax Return and all Schedules/Forms, and
- **2014** year-end non-taxable income documentation, and
- Current or expired MET report, IEP, 504 Plan from the AZ public school your student is zoned to attend (the district is obligated to provide this for your student even if they do not attend the public school), AZ DOR Eligibility Determination Letter, or
- Foster Care Documentation and Displaced Student Application Verification Form (last page of application)

Scholarships are awarded on a first-completed, first awarded basis. Applications will continue to be accepted until funding is exhausted. By law, household income must be documented and reported but is NOT a criteria of eligibility.

To check the processing status of your application (4-6 weeks after mailing), go to [www.my.psas.org](http://www.my.psas.org) or call (866) 424-6443.

IMPORTANT: Fill in all fields of the form; write "N/A" or "0" if items do not apply to you. **DO NOT LEAVE ANY BLANK SPACES.** Line-by-line instructions begin on page 4.

### A Parent/Guardian A Personal Information

This individual is required to sign scholarship checks.

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

Employed by \_\_\_\_\_

### B Parent/Guardian B Personal Information

This individual cannot sign scholarship checks.

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

Employed by \_\_\_\_\_

Home 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, PO Box allowed)

### C Student Personal Information

For additional students, make a copy of this page before completing or answer every question on an additional sheet of paper.

Name (Last, First, MI):		Social Security Number:		Date of Birth:		Grade (2015-2016):		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Race: <input type="radio"/> White, non-Hispanic <input type="radio"/> Black, non-Hispanic <input type="radio"/> Hispanic <input type="radio"/> Asian or Pacific Islander <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Multiracial <input type="radio"/> Unknown <input type="radio"/> Non-Reporting		Foster Child at any time in AZ? <input type="radio"/> Yes* <input type="radio"/> No		Does this child have an IEP? <input type="radio"/> Yes <input type="radio"/> No		If "No", will you be requesting one? <input type="radio"/> Yes <input type="radio"/> No			
Select the disability for which your child has an MET report, IEP or 504 plan:		<input type="radio"/> Autism <input type="radio"/> Emotional Disability <input type="radio"/> Hearing Impaired <input type="radio"/> Mild Intellectual Disability <input type="radio"/> Moderate Intellectual Disability		<input type="radio"/> Orthopedic Impairment <input type="radio"/> Other Health Impaired <input type="radio"/> Specific Learning Disability <input type="radio"/> Speech-Language Impairment		<input type="radio"/> Traumatic Brain Injury <input type="radio"/> Visually Impaired <input type="radio"/> Developmental Delay <input type="radio"/> Preschool Severe Delay			
Name of school attended in 2014-2015:				School County:			School State and Zip Code:		
First Year Attended		Last Year Attended		Type of Student**: <input type="radio"/> New <input type="radio"/> Transfer <input type="radio"/> Renewal		Type of School attended in 2014-2015:		<input type="radio"/> Arizona Public <input type="radio"/> Arizona Private <input type="radio"/> Arizona Charter <input type="radio"/> Arizona Home School	

\*Also complete page 5.

\*\*New means you did not sign scholarship checks in 2014/2015 for any students in your home. Transfer means this student received funding from another STO in the past. Renewal means you signed scholarship checks for this student in 2014/2015.

### D Sworn Statements for IRS Did Not File

Did all adults (18 or older) residing in your home file or were claimed on a Federal Tax Return?

Yes. Do not complete this Section.  No. Complete this Section and Section H for all adults who did not file a Federal Tax Return.

ATTENTION: This sworn statement will be accepted as documentation that this person did not file 2014 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 2014 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):

(Print 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 2014 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 \_\_\_\_\_

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

## E Taxable Income (Answers in US\$ ONLY)

By law, household income must be documented and reported but is NOT a criteria of eligibility.

The **2014** federal tax return for our household was:

Filed (Continue with this section)

Not filed yet (**Stop.** Do not apply until you have a signed **2014** Tax Return. Extensions are not acceptable.)

I/We do not file. I/We only receive non-taxable income - Complete Sections D & F

**Actual 2014**

1. Total number of exemptions claimed on Federal Income Tax form (1040 line 6d)
2. From Income Section enter the Total Income (See 2014 1040 line 22 or 1040A line 15) \$ \_\_\_\_\_
3. Net business income\* from self-employment, farm, rentals, and other businesses. (Attach Schedules C, E, and/or F from your IRS1040) **See 2014 1040 lines 12, 17, and 18** \$ \_\_\_\_\_

*\*Business Income must be adjusted to zero and therefore the total income will be adjusted to determine the household income.*

## F Non-Taxable Income (Answers in US\$ ONLY)

List the **total amount** received from **1/1/14-12/31/14** for all recipients in the household. **DO NOT** list monthly amounts.

1. Child Support \$ \_\_\_\_\_ per year\*
2. Cash Assistance (TANF) \$ \_\_\_\_\_ per year\*
3. Food Stamps (SNAP) \$ \_\_\_\_\_ per year\*
4. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$ \_\_\_\_\_ per year\*
5. Housing Assistance (Sec. 8, HUD, parsonage, etc.) \$ \_\_\_\_\_ per year\*
6. Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) on a separate sheet) \$ \_\_\_\_\_ per year\*
7. Gifts from family and/or friends \$ \_\_\_\_\_ per year
8. Loans from family and/or friends \$ \_\_\_\_\_ per year
9. Personal Savings/Investment Accounts used for household expenses in 2014 \$ \_\_\_\_\_ per year

**\*You must provide 2014 YEAR-END documentation for items 1-6; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/14-12/31/14.**

## G Parent Certification and Signature

- 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 and public records search, and that I may be required to provide other information and/or documentation.
- I authorize the release of personal 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 to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.
- 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](http://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 a student is not eligible for an AAA AZ-DD scholarship if the student accepts a Disabled/Displaced or other Tax Credit Scholarship from another STO or has an Empowerment Scholarship Account (ESA) for the same academic school year.

**Checkout**

Non-Refundable Application Processing Fee ..... \$30.00

\*Please make checks payable to PSAS or complete Credit Card Payment form on page 6

**Total**

**SIGN HERE**

A school tuition organization cannot award, restrict or reserve scholarships solely based on the basis of a donor's 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.

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_

### REQUIRED DOCUMENTATION

**Along with the completed application you MUST include the following (and any other documentation requested):**

- Student's Birth Certificate, and
- 2014 SIGNED** Federal Tax Return and all Schedules/Forms, and
- 2014** year-end non-taxable income documentation, and
- Current or expired MET report, IEP, 504 Plan from the AZ public school your student is zoned to attend (the district is obligated to provide this for your student even if they do not attend the public school), AZ DOR Eligibility Determination Letter, or
- Foster Care Documentation and Displaced Student Application Verification Form (last page of application)

**MAIL APPLICATION AND DOCUMENTS TO:**

PSAS / AAA SCHOLARSHIP FOUNDATION / P.O. BOX 89434 / CLEVELAND, OHIO 44101-6434

# LINE-BY-LINE INSTRUCTIONS

Answer or check ALL questions. Leaving questions blank may delay processing and may lead to your household not being eligible for a scholarship.

## A & B Parent or Guardian

Please determine which Parent/Guardian in the household will be able to go to the school and sign scholarship checks four times per year, then complete this application with that individual as Parent "A". Parent/Guardian "A" will be required to sign each scholarship check. Parent/Guardian "B" will NOT be allowed to sign scholarship checks. If Parent/Guardian "A" is later unable to sign scholarship checks contact AAA immediately.

This scholarship application should be completed by the parent(s)/guardian(s) with whom the student(s) is living. If the parents/guardians are divorced or separated, only the household with primary residential custody should fill out the form. If Parent/Guardian A is divorced and remarried, list information for custodial parent and new spouse as Parent/Guardian A and B. Write Parent/Guardian A's social security number (your family code) on each page of the application, all other documents included, and any supplemental documentation sent in after the original application is submitted.

Parent/Guardian A will be required to sign each scholarship check.

## C Student Personal Information

Provide student name, social security number, date of birth, gender, and the grade he/she will be entering in the fall of 2015-2016. Select the student's race and complete all fields regarding disability information. For the school the student attended in 2014-2015, provide school name, county, state, zip code, year first attended, year last attended, and school type.

## D Sworn Statement for IRS Did Not File

All adults (18 or older) residing in the household who did not file a tax return must complete this section. Copies of this section can be made and completed if more than one person "did not file" a tax return. If ALL adults living in the household DID file a 2014 tax return or were claimed by a household member mark "N/A" through this section and go to Section E.

## E Taxable Income

List all actual amounts for 2014.

**ITEM 1:** Enter the total number of exemptions you claimed on your 2014 IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** From Income Section enter the Total Income Amount (See 2014 1040 line 22 or 1040A line 15).

**ITEM 3:** Net business income\* from self-employment, farm rentals, and other businesses. See 2014 1040 lines 12, 17, and 18. Schedules C, E, and/or F from your IRS 1040 must be submitted for your application to be processed. *Business losses must be adjusted to zero and therefore the total income will be adjusted accordingly to determine household income. By law, household income must be documented and reported but is NOT a criteria of eligibility.*

## F Non-Taxable Income

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

**ITEM 1: Child support:** Report total amount actually received for 2014 for all children in the household.

**ITEM 2: Cash Assistance (TANF):** Report total amount received for 2014.

**ITEM 3: Food Stamps:** Report total amount received for 2014. Do not combine with TANF or Medicaid.

**ITEM 4: Social Security benefits:** Report the total non-taxable (SSA/SSD, etc.) amount received in 2014 for all recipients in household.

**ITEM 5: Housing assistance:** Report the total amount received for 2014. Identify in Section I all sources of Housing assistance (government assistance, Section 8, HUD, parsonage).

**ITEM 6: Other non-taxable income:** Report all additional non-taxable income, received in 2014, including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); food and other living allowances paid to members of the military, clergy or others; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.). Identify source(s) in Section F or on a separate sheet.

**ITEM 7: Gifts received from family and/or friends:** Report the total amount received in 2014.

**ITEM 8: Loans received from family and/or friends:** Report the total amount received in 2014.

**ITEM 9: Personal Savings/Investment Accounts:** Report the total amount used in 2014 for household expenses.

## G Certification and Authorization Signature(s)

Parent A and Parent B must sign the application in this section. By signing the application, you also certify that the information submitted is true, correct, and complete. This application CANNOT be completed without the appropriate signature(s) and the appropriate documentation. Your signature authorizes PSAS to release the application and required documentation to AAA Scholarship Foundation.

## REQUIRED DOCUMENTATION

You must submit photocopies of birth certificates for all students you are applying for, all pages of your signed 2014 Federal Tax Return Form 1040, 1040A or 1040EZ as filed with the IRS, with all Schedules for any wage-earning adult residing with the applicant(s). Provide current or expired MET Report, IEP, 504 Plan from the AZ public school your student is zoned to attend (the district is obligated to provide this for your student even if they do not attend the public school), AZ DOR Eligibility Determination Letter, or Foster Care Documentation and Displaced Student Application Verification Form (last page of application). Do not include your State tax return unless requested. 2014 Tax Return Extensions are not accepted.

### If you receive non-taxable income (Section F):

You must submit photocopies of your 2014 YEAR-END (01/01/14 - 12/31/14) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Social Security Income statements, showing the TOTAL AMOUNT received in 2014 for ALL members of the household. If you list any total for Section F, line 6, you must identify source(s) on a separate sheet of paper.

# AAA Scholarship - Displaced Student Application Verification Form (Foster Child Only)

Complete all fields that apply to the **FOSTER CHILD ONLY**. If you have more than one foster child for whom you are applying for aid, make copies of this form BEFORE filling it out and include all additional completed forms with your application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child (First, Middle, Last)

\_\_\_\_\_  
Previous Name(s)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Previous Social Security Number

Gender:  Male  Female

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

( \_\_\_\_\_ ) \_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Email

## FOR OFFICE USE ONLY

### VERIFICATION (to be completed by DES)

Student **QUALIFIES** for the Displaced Scholarship program in accordance with A.R.S. 43-1505

Student **DOES NOT QUALIFY** for the Displaced Student Scholarship program due to the following:

There is no indication that the child was in foster care in Arizona pursuant to A.R.S. Title 8, Chapter 5

Other (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DES Verification - Signature

Date

\_\_\_\_\_



# PAYMENT FORM

Application ID (if known): \_\_\_\_\_

Did you submit a  paper/PDF or an  online application? (check one)

Name of primary parent on application:

Last Name:

First Name:

Middle Initial:

List one student recorded on your application:

Last Name:

First Name:

Middle Initial:

Name of Program/School/Scholarship applying to:

Name as it appears on the payment account:

Last Name:

First Name:

Middle Initial:

Billing Address:

Apt #:

City:

State:

Zip Code:

Phone Number of Payee:

Select **ONE** of the two payment options below and complete the requested payment information:

### Credit or Debit Card:

Card Type:  Visa  Mastercard  Discover  American Express

Credit/Debit Card Number:

16 digits (American Express - only 15)

Expiration Date:

Security Code on back of card:

3 digits (American Express - 4 digits on front of card)

Payment amount:

- OR -

### Bank Account Transfer (ACH):

Bank Account Type:  Checking  Savings

Bank Routing #:

9 digits

Bank Account #:

Up to 17 digits

Payment amount:

I understand that Private School Aid Service will charge my credit/debit card or debit my bank account for the application processing fee.

**Concerning ACH Payments:** We suggest confirming with your financial institution that third-party debits are allowed from the account you wish to use. If you have not confirmed this, as well as the information required to process the payment(s), we cannot confirm the payment(s) made will process successfully. Please be aware that passbook savings, equity lines of credit, and most money market accounts do not allow third-party debit. It is your responsibility to make sure there are adequate funds in your account today. All payments will be cleared and processed by your bank to determine availability of funds. Typically this process can take up to 3-5 business days and is dependent upon your financial institution. Payment by Electronic Funds Transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.

Signature