



ARIZONA EDUCATION & SCHOLARSHIP
OPPORTUNITY PROGRAM

SCHOLARSHIP APPLICATION

INSTRUCTIONS

Please ensure that you have read and completed this entire application. For your convenience this application is broken into sections, but all information must be provided before your student is considered eligible for any scholarship award.

Please only submit one application per student per school year. If you would like to update information on a previous application, fill in the updated portions of the form and include a note stating your intent.

APPLICATION YEAR

Applying for School Year: _____ (enter School Year)

STUDENT INFORMATION

Today's Date ____ / ____ / ____

Student Date of Birth ____ / ____ / ____

Student Name _____
Last First Middle

What Grade Will Student Begin in Application Year? _____

Parent/Guardian Name _____
Last First Middle

Spouse Name _____
Last First Middle

Mailing Address _____

City State ZIP

Parent/Guardian E-mail _____ Phone (____) ____ - ____

School Name _____ School City _____

All awards made by AESOP can only be used for tuition for students attending grades K-12. The student must be planning to attend K-12 by the semester following the award process. If the student is not currently attending, or has not begun the enrollment process, AESOP cannot make an award.

NOTICE: A school tuition organization cannot award, restrict, or reserve scholarships only on the basis of a donors recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayers own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.



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FINANCIAL INFORMATION

1. How Many People in Your Household?

Please list the number of individuals living in your household, related or not, *except* for foster children.

_____ **# of people in household**

2. Household Income

Please list the first and last name of EVERY SINGLE PERSON IN YOUR HOUSEHOLD, REGARDLESS OF AGE, INCLUDING THE STUDENT(S) FOR WHICH YOU ARE APPLYING, except for foster children. Following each person's name, please list that person's gross annual income before taxes (list "\$0" if they have no income). Be sure to include all sources of income, however derived.

Please note that this information will be encrypted and held in strict confidence, and is required by the State of Arizona prior to the grant of any scholarship award.

Name	Gross Income	Name	Gross Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

3. Additional Eligibility

Please indicate whether any of the following apply:

- ☐ **Transferring from a Public School** (Attendance Verification Form) ☐ **Previously Received an STO Scholarship** (Previous STO Verification Form) ☐ **US Armed Forces Dependent**

PLEASE REVIEW THIS SECTION CAREFULLY. If any of the above apply, your application will not be considered complete until you complete and remit the appropriate Verification Form (available at aesopkids.org/forms.php).

I hereby certify that all information provided with this application is true and accurate:

Signature

Print Name

Date