



# Christian Scholarship Foundation

Formerly the Prescott Christian School Scholarship Foundation

Serving the Prescott Metro Area

## SCHOLARSHIP APPLICATION – FINANCIAL INFORMATION

### 1. LIST ALL CHILDREN IN YOUR HOUSEHOLD

Name of Child	Entering Grade

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### 2. FOSTER CHILD

If you are submitting an application for a child who is the legal responsibility of a welfare agency or court, please provide the following (list additional foster children on separate sheet of paper):

Child's Name: \_\_\_\_\_ Child's Personal Use Monthly Income: \$ \_\_\_\_\_  Check If NO Income

### 3. **TOTAL HOUSEHOLD GROSS INCOME.** THIS IS **NOT** THE ADJUSTED GROSS FROM YOUR FEDERAL TAX RETURN. You must tell us the amount and frequency (i.e., weekly, monthly, every 2 weeks, twice a month, etc.)

**Name:** List first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Gross Income and How Often It Is Received:** Next to each person's name list each type of income received and how often, (weekly, every other week, twice a month, monthly, or annually).

- A. **EARNINGS FROM WORK:** List the gross\* income earned from work (wages, salaries, tips, commissions). List NET income from self-owned business and farms. *\*This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you.*
- B. **WELFARE, CHILD SUPPORT, SPOUSAL MAINTENANCE:** Including: TANF, General Assistance, General Relief, etc. NOTE: Food stamps and FDPIR benefits are not included in income.
- C. **PENSIONS, RETIREMENT, SOCIAL SECURITY:** Including: Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.
- D. **ALL OTHER INCOME:** Include: Worker's Compensation, unemployment, strike benefits, net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trust and/or investments, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

**Check if NO Income:** If the person does not have any income, check the box.

Names: (List everyone in the household)	<b>Gross income and how often it is received.</b> <i>Example: \$100/monthly; \$100/twice a month; \$100/ every 2 wk; \$100/weekly</i>				Check if NO income
	A) Earnings from work before ANY deductions Amount / Frequency	B) Welfare, child support, alimony Amount / Frequency	C) Pensions, retirement, Social Security Amount / Frequency	D) All Other Income Amount / Frequency	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

### 4. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN)

*I certify (promise) that all information on this application is true and that all income is reported.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

Revised: 06/21/2014

NOTE: School tuition organizations 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.