

Arizona Adventist Scholarships, Inc.

P.O. Box 12340, Scottsdale, AZ 85267-2340

2020 - 2021

Income Declaration Form

~APPLICATION AND INCOME DECLARATION MUST BE COMPLETE TO BE ACCEPTED~

PLEASE PRINT COMPLETE STUDENT INFORMATION:

School		Grade
Last Name	First Name	Date of Birth
Address		
City	State	ZIP
		Phone

STATE OF ARIZONA NOTICE: A school tuition organization 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.

The information requested is established by the United States Department of Agriculture (USDA) and is used to determine, for state reporting purposes, the percentage of our scholarship recipients who are eligible for free or reduced priced lunches (185% of poverty level). They are not a determining factor in awarding of scholarships. The information is used solely for this purpose and will **not be sold/given to a third party**. Please complete form in its entirety and as accurately as possible. List all applicable earnings in the spaces provided. **An entry of \$0.00 or leaving this blank will nullify this application. This information is kept strictly confidential within the office of AZ Adventist Scholarships, Inc.**

Sign and attach to the Scholarship Application Form.

PLEASE SUBMIT COMPLETE FAMILY INFORMATION:

Yearly Household Earnings from Work:

Wages, salaries, tips, commissions:	\$	_____
Net income from self-owned businesses and farms	\$	_____
Strike benefits, unemployment compensation	\$	_____
Worker's compensation	\$	_____

Yearly Household Welfare/Child support/Alimony:

Public assistance/welfare benefits (TANF, General Assistance, General Relief)	\$	_____
Alimony and child support payments	\$	_____

NOTE: Food Stamps and FDPIR benefits are not included in income

Yearly Household Pensions/Retirement/Social Security:

Pensions, retirement income, veteran's benefits	\$	_____
Social Security	\$	_____
Supplemental Security Income	\$	_____
Disability benefits	\$	_____

Other Yearly Household Income:

Net rental income	\$	_____
Interest, dividend income	\$	_____
Cash withdrawn from savings	\$	_____
Income from estates, trusts and/or investments	\$	_____
Regular contributions from persons not living at home	\$	_____
Any money that may be used to pay for children's meals	\$	_____
Any Tribal Funds	\$	_____

TOTAL HOUSEHOLD YEARLY INCOME \$ _____

I declare that the information provided is an accurate representation of my/our financial resources.

Parent/Legal Guardian Signature _____ Print Name _____

Date _____ Please Indicate: Mother Father Legal Guardian