

Arizona Adventist Scholarships, Inc.

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

2025 – 2026

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Cash withdrawn from savings	\$	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
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Date Please Indicate: ☐ Mother ☐ Father ☐ Legal Guardian