



**School Tuition Organizations (STOs): You MUST apply to both:**

**1) Arizona Leadership Foundation (ALF):**

**DEADLINE: June 15, 2019**

\_\_\_\_\_  
DATE APPLIED (mm/dd/yy)

Download Application, and *Public School Attendance Verification (PSAV)* or *STO Award Verification Form*, here: [arizonaleader.org/students-families/applications](http://arizonaleader.org/students-families/applications)

NOTE: ALF requires submission of the first two pages of your Federal tax return with your application; and requires that **all supporting documents** are submitted with the completed application. **Please submit as soon as possible, in case you need to resubmit.** Call us if you have questions, 589-4933.

**2) IBE - Institute for Better Education:**

**Round 2 Deadline: August 15, 2019**

\_\_\_\_\_  
DATE APPLIED (mm/dd/yy)

Create online acct. and apply online: [www.ibescholarships.org](http://www.ibescholarships.org)

NOTE: IBE requires the last two (2) paystubs -- or other proof of income -- for all income earners in the household. See website for details. You may attach a letter further explaining your finances as well.

**FINANCIAL AID QUESTIONS:**

1. What was the **Adjusted Gross Income** for the student's PRIMARY household in 2018?  
(See "Adjusted Gross Income" on Federal Tax Return)

\$ \_\_\_\_\_

2. Number of **dependent children** living in applicant's PRIMARY household, including applicant: (AGE AS OF 09/01/19)

0-4 years old: \_\_\_\_      5-17 years old: \_\_\_\_      18+: \_\_\_\_

3. Number of adults contributing income (of any type) to the PRIMARY household:

1: \_\_\_\_      2: \_\_\_\_      3 or more: \_\_\_\_

4. Please complete the chart on the following page regarding your annual household income for **2018**, for all members of the student's PRIMARY HOUSEHOLD. List **ALL persons living in the household full-time, including all children, other family members in your care, etc.**

Include **ANNUAL GROSS income (before taxes)** for all household members. Check "NO income" for anyone in the household who did not receive *any* of the types of income listed below:

Questions? Contact Stefanie Kirk or David Higuera at (520) 589-4933. Thank you.

Name of Household Member	Type: P-parent G-guardian C-child O-other	GROSS Earnings from Work	SNAP, TANF, and/or Unemployment Ins. income	Pensions, Retirement, Social Security, and/or SSDI income	Child Support, Alimony	All other income	NO income (check box)	Total Annual Gross Income
<b>Example:</b> <i>Marjorie Green</i>	<i>P</i>	<i>\$39,000</i>	<i>0</i>	<i>0</i>	<i>\$3,360</i>	<i>0</i>		<i>\$42,360</i>

**Total 2018 Annual Gross Income, Primary Household: \$ \_\_\_\_\_**

5. Please list any **major expenses** that impact your monthly bottom line, such as large medical bills, student loan debt, or expenses related to the care of a loved one (e.g. child-care, elder-care, care for a family member with a disability). *Attach separate sheet if necessary.*

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6. Are there any **special circumstances** regarding your finances that we should know as we evaluate your Financial Aid Application, including any circumstances that you anticipate will change in 2019 compared to 2018? *Attach separate sheet if necessary.*

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Questions? Contact Stefanie Kirk or David Higuera at (520) 589-4933. Thank you.