

**SCHOLARSHIP APPLICANT STATEMENT RE: INCOME**  
**(For applicants who did not file tax-returns for Tax Year 2024)**

**“I did not file a tax return for the 12 month period ending December 31<sup>st</sup>, 2024.”**

“I understand that in order to receive any tuition scholarship award from Catholic Education Arizona, I must complete, sign and return this 2-sided document (including USDA Free & Reduced Lunch eligibility questionnaire on reverse-side) to document household income received during 2024.”

“I hereby certify that the information entered on page 2 of this document and on my 2025 FAIR application under **Family Income** is true and accurate to the best of my knowledge. I understand that such information reported is subject to verification and further acknowledge that any false or materially inaccurate information may result in rejection of my application and/or forfeiture of current or future scholarship award(s) from Catholic Education Arizona.”

Name of parent(s)/guardian(s):

Signature of parent(s)/guardian(s):

\_\_\_\_\_ **X** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **X** \_\_\_\_\_ Date: \_\_\_\_\_

Full name of applicant student(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Please submit completed document to your school principal for verification and completion to FAIR no later than April 15, 2025. \*\***

## HOUSEHOLD INCOME FOR 2024 TAX YEAR (12 MONTHS ENDING 12/31/24)

(BASED UPON U.S.D.A. FREE & REDUCED LUNCH PROGRAM APPLICATION)

<b>PART I. ALL HOUSEHOLD MEMBERS (DO NOT INCLUDE FOSTER CHILDREN WHO ARE LEGAL RESPONSIBILITY OF WELFARE AGENCY/COURT)</b>		
Names of household members (First, Middle Initial, Last)	Name of School (for each child in a K-12 school)	CHECK IF NO INCOME
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**PART II. TOTAL HOUSEHOLD GROSS INCOME.** Report all income you & members of your household received in 2023, and how often you received it

1. FULL NAME (List all household members with income)	2. GROSS INCOME& HOW OFTEN IT WAS RECEIVED (COMPLETE SECTIONS BELOW AS APPLICABLE)			
	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income (complete #3 below)
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

3. USE SPACE TO DESCRIBE "OTHER INCOME" (SUCH AS RENTAL INCOME, FOSTER CHILD PERSONAL USE INCOME), AND LIST DATES RECEIVED: