

**Anabaptist Scholarship Foundation
Of Virginia
3955 Singers Glen Rd. Harrisonburg, VA 22802
(540) 820-8633**

2019-2020 Family Application Form

*Applications cannot be processed unless they are fully completed and include a copy of the 2018 IRS Form 1040, page 1.
Filing Deadline **Oct. 31, 2019***

A new application is required EACH year. Please list ALL students for which you are applying.

IF A CHILD IS NOT NAMED WE WILL NOT KNOW TO INCLUDE HIM/HER IN THE SCHOLARSHIP APPLICATION.

Student's Name: _____ Grade _____ Gender: Boy Girl

Student's Name: _____ Grade _____ Gender: Boy Girl

Student's Name: _____ Grade _____ Gender: Boy Girl

Student's Name: _____ Grade _____ Gender: Boy Girl

Student's Name: _____ Grade _____ Gender: Boy Girl

1st Parent/Guardian's Name: _____

2nd Parent/Guardian's Name: _____

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Home or Cell Phone: (____) _____ E-mail: _____

VA County/City: _____ VA School District: _____

Number of people reported on IRS tax return form 1040 for my/our household in 2018: **Total Dependents, including self** _____

Household Income Information:

To be eligible for a scholarship, your annual household income (**including income from all dependents living in your household and any child support**) must not exceed \$24,210 plus \$13,260 for each dependent – **including self**. i.e. A family of four = \$24,210 + \$53,040 = \$77,250. **A copy of page 1 of the Federal Income Tax Return (IRS Form 1040, 1040A, 1040EZ) for the year 2018 must be attached to this application including any tax returns filled by dependent children.** Any parent or guardian who claims the student as a dependent must submit a copy of their 1040. If you did not file a tax return for 2018 include a signed statement of monies received in 2018 and the number of dependents (including self {and spouse if applicable}) you supported during the 2018 year.

School Information:

List the school your children will be attending with the aid of the Anabaptist Scholarship Foundation of Virginia: *(Note: if you have children attending different qualifying schools, a separate application must be filed for each school.)*

School Name: _____

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Certification Signature:

I certify that all of the above information is true and correct and the Federal Forms 1040 enclosed provide a true and accurate verification of my annual household income. I understand that the deliberate misrepresentation of the information may result in the scholarship being denied or terminated. I understand that the scholarship payments will continue for the complete 2018-2019 school year only as long as my child is enrolled at a qualified school. Once a scholarship is issued for a student, the scholarship will follow the student, in the event the student transfers to another qualifying school during the current school year. In the event the student transfers to a non-qualifying school, any unused portion of the scholarship award will be retained by ASF for other scholarships. Further, I understand that the scholarships are awarded according to the prioritized selection of the qualified applicants, as per the guidelines established by the Commonwealth of VA and by Anabaptist Scholarship Foundation of Virginia, and that the scholarships given are the sole responsibility of ASF and the school. All decisions are final.

Signature of Parent/Guardian _____ Date _____