



# ADFCOMMUNITY ADFINITIATIVE

A SUBSIDIARY OF THE ARIZONA DEMOLAY FOUNDATION



# Scholarship Packet



The Arizona DeMolay Foundation Community Initiative is a 501(c)(3) Qualifying Charitable Organization (QCO Code: 22427), operating under A.R.S. § 43-1088.L.2-.3, and L.5, that works with Arizona taxpayers to help citizens donate to provide scholarships to low-income students who wish to pursue a higher education.

The Community Initiative is a wholly owned subsidiary of the Arizona DeMolay Foundation, an organization raising money to fund youth social and leadership development through DeMolay in Arizona.

For more information, visit [ADFCommunityInitiative.org](http://ADFCommunityInitiative.org)

# Scholarship Overview

The scholarship we offer is for qualified low-income students in Arizona to help you pursue a higher education and continue the all-important train of education. As you read through this packet, you will see the required qualifications and may then proceed to apply.

Chosen recipients of the scholarship will receive a minimum of **\$1,000** and amounts may be adjusted upward for reasons including but not limited to our ability to give, the number of applicants, and your academic performance relative to other applicants.

We look forward to reading your application and we hope to be able to award you a scholarship to pursue your higher education goals.

**With any questions, please email:**

[Scholarship@ADFCommunityInitiative.org](mailto:Scholarship@ADFCommunityInitiative.org)

# Qualifications to Apply

1. High school senior, graduate, or equivalent with the intent to attend:

- A four-year, accredited undergraduate institution;
- A two-year, accredited community college; **or**
- A two-year, accredited trade school.

2. **New High School Applicants:** Submit a transcript verifying a 2.5 unweighted GPA over four years of high school, or an official GED score of 500, the equivalent of the GPA.

**Undergraduate and Community College Renewal Applicants:** Submit a transcript verifying a 2.5 unweighted GPA over your first year of classes.

**All Renewal Applicants:** Submit proof of continued enrollment via a schedule of classes.

3. Must submit a letter providing a short biography and describing how a scholarship will aid your pursuit of further education. This can be *no more* than two, double spaced, 12 pt. Times New Roman font.

4. Must submit information about your parent/guardian's most recent Form 1040 or, if you are emancipated minor, your most recent Form 1040:

## 2023 Federal Poverty Guideline

Household/Family Size	Gross Annual Amount (150%)
1	\$21,870
2	\$29,580
3	\$37,290
4	\$45,000
5	\$52,710
6	\$60,420
7	\$68,130
8	\$75,840
For each additional add:	\$7,710

*In accordance with A.R.S. § 43-1088.L.2-.3, L.5, the Community Initiative requires income verification to ensure we are serving the proper populations. Your household income, per information from your Form 1040, must be below the applicable category to the left (e.g. If you have a 2 person household size, your income must be below \$29,580).*

**Please Note:** These guidelines are subject to change and could cause your eligibility to change.

**Financial Privacy Statement:** The Arizona DeMolay Foundation Community Initiative is committed to protecting the financial information you provide for qualification. On occasion, the Arizona DeMolay Foundation Community Initiative may need to share financial information related to scholarship recipients to the Arizona Department of Revenue to recertify as a QCO. By providing your financial information for qualification purposes, you consent to its disclosure to the Arizona Department of Revenue.

# Scholarship Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

School You Plan to Attend: \_\_\_\_\_

Planned Major: \_\_\_\_\_ Planned Credit Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Did you attach your most recent transcript or GED score?  Yes  No

Renewal Applicants, did you attach a schedule of classes?  Yes  No

*Please use your parent(s)/guardian(s) 1040 Form to fill out the below. If an emancipated minor, please use your own 1040 Form.*

Per "Dependents" on the Form 1040, list how many you claim: \_\_\_\_\_

Per Box 9 on the Form 1040, list the total income: \$ \_\_\_\_\_

Did you attach the required letter?  Yes  No

*If any requirement is missing, please attach a small statement explaining why. We will contact you with questions or assistance where necessary.*

If selected as a scholarship recipient, you grant the Arizona DeMolay Foundation Community Initiative, the Arizona DeMolay Foundation, DeMolay International, and all Affiliated Organizations the right to take, copyright, use, and publish photographs of (still or video) and provided text and quotes from you and use such photographs, text, and quotes with or without your name for any lawful purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to [Scholarship@ADFCommunityInitiative.org](mailto:Scholarship@ADFCommunityInitiative.org) **by June 1, 2023 by 5 P.M.**