



# Scholarship Application Packet 2025-2026

**Pappas Kids Schoolhouse Foundation**

**(602-441-5707)**

**[Applications@pappaskidssf.org](mailto:Applications@pappaskidssf.org)**

**530 E. Hunt Highway,  
Ste 103, PMB 443  
San Tan Valley, AZ 85143**

Dear Scholarship Applicant,

The Pappas Kids Schoolhouse Foundation is a qualified Arizona School Tuition Organization. One of the Foundation's goals is to secure and distribute monetary gifts that fulfill its commitment to excellence in education. Providing scholarships to students who are goal orientated, hardworking, willing to be involved in community service and extracurricular activities is a major focus of this commitment. We are offering a hand up to those who qualify for our scholarships and maintain the standards we require. All students who will be entering grades K-12 are welcome to apply. The eligibility requirements are listed below.

### **Eligibility Requirements**

1. Must attach a copy of private school application or acceptance letter.
2. Must fill out application completely and fulfill all application requirements.
3. We require proof of income. (The first two pages of your 2024 tax return.) If you do not file a tax return, we ask for proof of State benefits such as AHCCCS, Disability Benefits or Arizona SNAP (food stamps) program benefits. The statements for these items must include the income they used to calculate your benefit amount.
4. Must attach a copy of last semester's report card- Highly Preferred GPA of 2.5 or higher. Students with lower GPA's may be considered.
5. To qualify for a scholarship from the Pappas Kids Schoolhouse Foundation, a student must qualify for the national free or reduced lunch program using the income guidelines. (To see if you qualify, please see included sheet). **Page 4.**
6. If the student is transferring from a public school, please fill out and include the "public school verification form" that is attached. - **Please see page (8)**
7. The applicant may be qualified to receive a Corporate Tax Credit Scholarship if they previously received a scholarship from the original individual income tax credit program or the switcher individual tax credit program or the corporate low-income tax credit program and the child continued to attend a qualified Arizona private school in subsequent years. - **Please see page (9)**

### **Awarding of Scholarships:**

1. All awards will be determined by the Pappas Kids Schoolhouse Foundation Board of Directors. These awards are based on academic merit, financial need, community involvement and extracurricular activity participation.
2. Awards will be for one or more academic years at the private school of applicant's choosing. Intentions to fund more than one year can be made by the Board of Directors based upon student's performance and maintaining eligibility including a satisfactory GPA.
3. All scholarship awards will be paid directly to a qualified private school on behalf of the student, to be applied to his/her tuition only.

It is our mission to provide scholarships to students of low-income families offering opportunities to excel in an educational environment they otherwise could not afford.

"A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donation with another taxpayer to benefit either taxpayer's own dependent."

# Pappas Kids Schoolhouse Foundation

## “PAPPAS KIDS”

530 E. Hunt Highway #103, PMB 443,  
San Tan Valley, Arizona 85143  
(602)441-5707 • (• applications@pappaskidssf.org)

### Scholarship Packet Checklist (Make sure you've included the following items):

- Completed application. - DO NOT STAPLE PACKET
- First two pages** of your 2024 tax return or other financial documents (Without financial documents your packet is considered **incomplete** and will not be accepted.)
- Submit two (2) letters of recommendation: from either (a) teacher, administrator or counselor and (b) family, friend, employer, clergy, etc. It is the student's responsibility to ensure that these letters are received by the deadline. Two recommendation forms are included in this application packet. **(Include them in the packet, DO NOT MAIL SEPARATELY, DO NOT STAPLE PACKET ANYWHERE.)**
- Student Essay: From students currently in 5<sup>th</sup> grade and higher on one of the following topics. **1. How does attending a private school enhance your future?**  
**2. How does having a choice in your education positively impact you?** **3. How have scholarships helped you?**
- Empowerment Scholarship Account Form (ESA) - Signed and a copy of canceled ESA contract if applicable student received ESA Funds in prior school year. See **Page 11**
- Grade Card from latest quarter.

A complete packet must be submitted to Pappas Kids Schoolhouse Foundation for consideration. Call Dayna Sandoval with any questions you may have at (602) 441-5707 Applications may **NOT** be faxed into the Foundation. Packets with their supporting documents may be emailed (Must be sent in one email) to **Applications@pappaskidssf.org**

Only one application per envelope please. **DO NOT STAPLE PACKET**  
**Application Deadline:**

We will not accept applications sent in any earlier than **February 05, 2024** and must be received or postmarked by **May 10, 2025.**

Late or incomplete applications may not be considered.

Send COMPLETE applications to: **Applications@pappaskidssf.org** Be sure to include the name of the student, grade entering, and name of school applying for in subject lines of email.

**Dayna A. Sandoval - Director**  
Pappas Kids Schoolhouse Foundation  
530 E Hunt Hwy #103, PMB 443  
San Tan Valley, AZ 85143

# Child Nutrition Programs

# Income Eligibility Guidelines

## Effective July 1, 2024 – June 30, 2025

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2024 – June 30, 2025

For Determining Official's Use Only

How often was income received?										
Household Size*	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$377	\$536	\$753	\$1,072	\$816	\$1,161	\$1,632	\$2,322	\$19,578	\$27,861
2	\$511	\$728	\$1,022	\$1,455	\$1,108	\$1,576	\$2,215	\$3,152	\$26,572	\$37,814
3	\$646	\$919	\$1,291	\$1,838	\$1,399	\$1,991	\$2,798	\$3,981	\$33,566	\$47,767
4	\$780	\$1,110	\$1,560	\$2,220	\$1,690	\$2,405	\$3,380	\$4,810	\$40,560	\$57,720
5	\$915	\$1,302	\$1,829	\$2,603	\$1,982	\$2,820	\$3,963	\$5,640	\$47,554	\$67,673
6	\$1,049	\$1,493	\$2,098	\$2,986	\$2,273	\$3,235	\$4,546	\$6,469	\$54,548	\$77,626
7	\$1,184	\$1,685	\$2,367	\$3,369	\$2,565	\$3,650	\$5,129	\$7,299	\$61,542	\$87,579
8	\$1,318	\$1,876	\$2,636	\$3,752	\$2,856	\$4,064	\$5,712	\$8,128	\$68,536	\$97,532
Additional members, add:	\$135	\$192	\$269	\$383	\$292	\$415	\$583	\$830	\$6,994	\$9,953

\*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

### Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
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Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion → \$200 x 52 = \$10,400 Total Annual Income

\$3,000 monthly x Monthly Income Conversion → \$3,000 x 12 = \$36,000 Total Annual Income

The incomes are then added together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

There are four listed names on their meal benefit income eligibility form – demonstrating a household's size of four. The annual income cap for a household of four to be free is \$40,560 and reduced is \$57,720. This household's annual income is \$46,400 – greater than \$40,560, less than \$57,720. Therefore, this household qualifies for reduced-price meals.

**Pappas Kids Schoolhouse Foundation  
Scholarship Application**  
(Fill out all information requested)

Administration use only: Income: _____ Family size: _____ FL / RL / NA %: _____ BP Grade: _____ GPA: _____ CORP / SWITCHER / PLUS--RENEW / NEW
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BACKGROUND INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from permanent: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of School Currently attending: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Name of the Qualified Arizona Private School to which you have applied or been accepted to and plan to attend in Fall 2024:

\_\_\_\_\_ Grade Level in Fall 2024: \_\_\_\_\_

Full tuition amount for the school applying for: \_\_\_\_\_

Father's/Guardian's Full Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Mother's/Guardian's Full Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

What school and/or community activities are you involved in? \_\_\_\_\_

Have you received Corporate Tuition Tax Credit Funding, if so from which Organization? \_\_\_\_\_

Have you received Switcher Tuition Tax Credit Funding, if so from which Organization? \_\_\_\_\_

What is the primary language spoken in your home? (This question is for research purposes only): \_\_\_\_\_ Household size \_\_\_\_\_

I understand that the Pappas Kids Schoolhouse Foundation (PKSF) Scholarship will be used for tuition fees only.

I understand that it is my responsibility to notify the PKSF of any address or telephone number changes.

I understand that falsification of any information may result in termination of the scholarship.

The information provided is complete and accurate to the best of my knowledge.

I authorize the Qualified Arizona Private School to release academic information to the PKSF Scholarship Selection Committee for selection purposes only.

**All applications remain confidential and become property of the PKSF. Incomplete and late applications may be ineligible.**

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

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

**Pappas Kids Schoolhouse Foundation Scholarship  
Application Recommendation Form**

Please type or print (a separate letter may be attached)

Name of Applicant: \_\_\_\_\_

Reference: (circle one) Family, Friend, Employer, Clergy, Other (please specify). \_\_\_\_\_

We request your frank, confidential statement based on your knowledge of the above-referenced applicant. Please indicate your association with applicant, length of acquaintance, and the reasons you believe he/she would be a worthy candidate for a Pappas Kids Schoolhouse Foundation Scholarship. We are interested in specific points such as reliability, chance of success in his/her chosen field, motivation, and ability that does not necessarily reflect in his/her grades. Information contained in your recommendation will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients. (Attach additional page if needed)

Name of Recommender: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Return this form to your student. It is to be INCLUDED in your student's packet when mailed to PKSF.

Pappas Kids Schoolhouse Foundation Scholarship Application Recommendation Form

Please type or print (a separate letter may be attached)

Name of Applicant: \_\_\_\_\_

Reference: (circle one) Family, Friend, Employer, Clergy, Other (please specify). \_\_\_\_\_

We request your frank, confidential statement based on your knowledge of the above-referenced applicant. Please indicate your association with applicant, length of acquaintance, and the reasons you believe he/she would be a worthy candidate for a Pappas Kids Schoolhouse Foundation Scholarship. We are interested in specific points such as reliability, chance of success in his/her chosen field, motivation, and ability that does not necessarily reflect in his/her grades. Information contained in your recommendation will be disclosed only to those persons who are involved in the evaluation and selection of scholarship recipients. (Attach additional page if needed)

Name of Recommender: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Return this form to your student. It is to be INCLUDED in your student's packet when mailed to PKSF.



EMAIL: [Applications@pappaskidssf.org](mailto:Applications@pappaskidssf.org)

## Public School Attendance Verification

Required for students who are transferring from an Arizona public or charter school

If your child is transferring from an Arizona public or charter school you must submit this form completed by an official at the child's prior Arizona public or charter school. *Your application is incomplete without this form.*

### APPLICANT INFORMATION

Student's

Name: \_\_\_\_\_ Parent's

Name: \_\_\_\_\_

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

### PUBLIC or CHARTER SCHOOL VERIFICATION

Public or Charter School attended: \_\_\_\_\_

Public or Charter School

address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**The following information must be completed by a public or charter school official.**

#### **DATES OF ATTENDANCE**

*The student MUST have attended a minimum of 90 school days or one full semester of the 2024/2025 school year to qualify for this scholarship as a public or charter school transfer student.*

First day of the 2024/2025 school year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's date of withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Public or Charter school official verifying this Information (Please Print)

\_\_\_\_\_

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

Title: \_\_\_\_\_

A school tuition organization cannot award, restrict or remove 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.







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Phone (602) 441-5707

**(IMPORTANT-REQUIRED FORM) Empowerment Scholarship Account(ESA)**

The ESA statute (A.R.S. §15-2402(B)(3)) requires that while a parent has a contract with the ESA program, a student cannot receive both ESA and STO money for the same period. The ESA program has clarified that a student may utilize an STO scholarship up to the start of ESA funding. Funding from the ESA program is on a quarterly basis and begins in the quarter following acceptance to the program. Once ESA funding begins, any outstanding STO scholarship money must be refunded by the private school to the STO.

By signing below your school confirms that if a student should apply and receive any ESA funding in the same period they were awarded a Pappas Kids Schoolhouse Foundation Scholarship, Pappas Kids will be notified and all funds awarded will be returned to PKSF.

I confirm that the student listed below is not receiving any Empowerment Scholarship Account funding currently. Should my student accept this type of award I also confirm that I will notify the Pappas Kids Schoolhouse Foundation immediately and understand that accepting any ESA funding during the same period will void the Pappas Kids Schoolhouse Foundation Scholarship award provided to my student.

Without a completed form in your packet Pappas Kids may reject your application upon review.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

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

**Pappas Kids Schoolhouse Foundation is recognized as a 501 © (3) non-profit corporation and does not discriminate on the basis of race, color, national origin, sex, age or handicap in its programs, activities, admission or employment practices.**