

# SCHOOL CHOICE ARIZONA

## SCHOLARSHIP VERIFICATION FORM

**PARENT/GUARDIAN:** Your student may be qualified to receive a Corporate tax Credit Scholarship or an Overflow tax Credit Scholarship if the following are true:

*The student has previously received a scholarship from any source.*

**AND**

*The student has continued enrollment in a qualified AZ private school since receiving that scholarship.*

**Note:** *If the student subsequently withdrew to be homeschooled, the student does not qualify for the Overflow/Plus or Corporate program. If the student was enrolled in an Arizona public school for 90 days during the last fiscal year, please refer to our public school verification form instead of this one.*

**INSTRUCTIONS:** The Arizona Department of Revenue requires that we receive verification that the student received a scholarship through a scholarship program. ***This information must be completed by the STO that made the award*** and submitted to School Choice Arizona. If that STO is no longer in operation, please contact School Choice Arizona.

Printed Parent Name: _____	
Parent's Signature: _____	
Student Name: _____	
Awarding School Tuition Organization: _____	
<b>Please check one:</b>	
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1183, <b>corporate donations for low-income scholarships</b>	
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1184, <b>corporate donations for displaced students and students with disabilities</b>	
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1089, <b>individual donations</b>	
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1089.03, <b>Overflow/PLUS</b>	
Date of most recent scholarship award (any type): _____ / _____	
Name of school where the award was sent: _____	
To my knowledge this student has continued to be enrolled in a private school since receiving this award. Comments: _____	
Form completed by (name of employee, title): _____	
Signature of Employee: _____	Date: _____