



## AWARD VERIFICATION FORM

PARENT(S): If you have received a scholarship from an organization other than the Arizona Episcopal Schools Foundation, you must provide verification of that award and confirm that your child continued to be enrolled in a qualified Arizona private school since receiving that scholarship. After you sign, the bottom portion of this form MUST be completed by the STO that issued that award or by the private school that received the scholarship on your child's behalf.

STUDENT ID # \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

\_\_\_\_\_ I/we give the school tuition organization listed below permission to release scholarship information and history regarding my child to the Arizona Episcopal Schools Foundation.

\_\_\_\_\_ My child has continued to be enrolled in a qualified Arizona private school since receiving this scholarship award.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME OF SCHOOL WHERE AWARD WAS SENT \_\_\_\_\_

NAME OF SCHOOL TUITION ORGANIZATION \_\_\_\_\_

**\*\*\* Below to be completed by STO or school representative \*\*\***

Please check all that apply. Also, to verify that these awards were given in a PRIOR ACADEMIC YEAR, please include a date that an award was granted:

IN A PRIOR ACADEMIC YEAR:

\_\_\_\_\_ A scholarship was awarded under the ORIGINAL INDIVIDUAL tax credit program. DATE: \_\_\_\_\_

\_\_\_\_\_ A scholarship was awarded under the SWITCHER INDIVIDUAL tax credit program. DATE: \_\_\_\_\_

\_\_\_\_\_ A scholarship was awarded under the LOW\_INCOME CORPORATE tax credit program. DATE: \_\_\_\_\_

\_\_\_\_\_ A scholarship was awarded under the DISABLED/DISPLACED CORPORATE tax credit program. DATE: \_\_\_\_\_

CONTACT INFORMATION of STO EMPLOYEE OR SCHOOL OFFICIAL VERIFYING THIS INFORMATION:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_