

Award Verification

RETURN INFORMATION

E-mail: applications@arizonatuitionconnection.com
Mail: 11445 E Via Linda Suite #2-145
Scottsdale, AZ 85259



Arizona Tuition Connection

11445 E. Via Linda Suite #2,-145 Scottsdale, AZ 85259 480.409.4106
www.arizonatuitionconnection.com

PARENTS: If you have received a scholarship from an organization other than Arizona Tuition Connection, you must provide verification of that award. Please initial the statement below giving the school and/or school tuition organization you have used in the past permission to release award information to Arizona Tuition Connection. Also, please initial to confirm that your child has 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 the award or by the private school that received the scholarship on your child's behalf.

Student Name: _____

I/we give the school tuition organization listed below permission to release scholarship information and history regarding my child to Arizona Tuition Connection.

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

The remainder of this form must be completed by the School Tuition Organization (STO) or by the private school that received the scholarship on your child's behalf.

Student Name:

Name of School where award was sent:

Name of School Tuition Organization:

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: _____

Signature: _____ Date: _____