

APPLICATION FOR ELIGIBILITY FOR THE DISABLED / DISPLACED SCHOLARSHIP PROGRAM

(This form is NOT an application for a scholarship. Contact a School Tuition Organization for a scholarship application.)

Student's Full Name:		Date of Birth (mm/dd/yy):	
Address:		City/State:	ZIP code:
Parent/Legal Guardian Name:			
Contact Phone:		E-mail Address:	

Please check the box that applies to the student and provide the additional information if required. If none apply, then student does not meet qualifications for the disabled/displaced scholarship program.

1) Student is currently enrolled in an Arizona public school (grades K-12 or preschool for disabled students) and has been enrolled for one full semester during the current school year or was enrolled for at least 90 days in the prior school year.

2) Student is currently enrolled in a qualified private school but was enrolled in an Arizona public school (grades K-12 or preschool for disabled students) for one full semester during the current school year.

3) Student is currently enrolled in a qualified private school but was enrolled in an Arizona public school (grades K-12 or preschool for disabled students) for at least 90 days in the prior school year.

4) Student is currently enrolled or will enroll next school year in a qualified private school Kindergarten program. School year enrolled (ex. 2012/13): _____

5) Student is currently enrolled or will enroll next school year in a qualified private school Preschool program for disabled students. School year enrolled (ex. 2012/13): _____

6) Student is currently enrolled or will enroll next school year in a qualified private school (grades K-12 or preschool for disabled students) and is a dependent of a member of the US Armed Forces who is stationed in Arizona pursuant to military orders. School year enrolled (ex. 2012/13): _____

Check if box **1, 2 or 3** was selected above. A copy of the **Arizona Public School Enrollment Verification** form (page 3 of application) must be completed by a public school official and attached to this application. If not attached, the application will not be processed.

Check if box **6** was selected above. A copy of the military orders showing the Arizona station must be attached to the application.

Please check the box that applies to the student and provide the additional information required. If none apply then student does not meet qualifications for the disabled/displaced scholarship program.

Student has an IEP or MET from an Arizona public school

A copy of the IEP or MET with determination of eligibility must be attached to this application.

Indicate the student's primary disability category found on the student's IEP or MET: _____

Student has a 504 Plan from an Arizona public school

A copy of the 504 plan must be attached to this application.

Student was placed in foster care in Arizona pursuant to A.R.S. Title 8, Chapter 5

To verify student with the Department of Economic Security please provide the following information:

Male Female Social Security Number: _____

If adopted, student's pre-adopted name: _____

Parent/Legal Guardian Name:

Date:

Signature:

Make sure your paperwork is complete and you have attached all required documents before submitting to the department. You should have the following:

- Application for Eligibility
- Public School Enrollment Verification form (if applicable)
- Copy of military orders showing Arizona station (if applicable)
- Copy of IEP, MET or 504 plan (if applicable)

Send the completed application and required attachments by mail, e-mail or fax to:

Karshannon Gene
Office of Economic Research & Analysis
Arizona Department of Revenue
PO Box 29099
Phoenix, AZ 85038

E-mail: kgene@azdor.gov

Fax: 602-716-7991

**Please note that this is not an application for a disabled/displaced scholarship. Qualified students interested in receiving scholarships provided by School Tuition Organizations must contact a School Tuition Organization for a scholarship application. A contact list for these organizations may be found on our website www.azdor.gov.

Arizona Public School Enrollment Verification

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Student Name:

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year (mm/dd/yy) - (mm/dd/yy):	Grade:
<p>Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, student was enrolled for _____ days of the school year.</p>	
Name and Title of Individual Completing Form:	
Signature and Date:	

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year (mm/dd/yy) - (mm/dd/yy):	Grade:
<p>Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, student was enrolled for _____ days of the school year.</p>	
Name and Title of Individual Completing Form:	
Signature and Date:	