



Scholarship Verification Form For Switcher / Corporate

Parent/Guardian: To receive certain scholarships, we must verify that the student accepted a scholarship in a prior academic school year. If you have a scholarship award email/letter from the STO, please send that instead. Otherwise, fill in your student name(s) below and request the details to be completed by the awarding STO or school awarded to.

I give permission to release the scholarship award information for my child(ren)

Printed name of parent/guardian

Signature of parent/guardian

Date

STO/School: Please indicate award type approved, academic year(s) and school awarded to.

Awarding STO:	School Awarded To::
---------------	---------------------

Student Name(s)	Academic School Year(s)	1* IO	2* IS	3* CL	4* CD
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*1 – Individual Original (IO) ARS 43-1089; *2 – Individual Switcher/Overflow/Plus (IS) ARS 43-1089; *3 – Corporate Low-Income (CL) ARS 43-1183; *4 – Corporate Disabled/Displaced (CD) ARS 43-1184

STO/School: Please sign and forward to helpdesk@az4education.org

_____ Name of STO / School verifying the scholarship(s)		
_____ Signature by STO or School Rep	_____ Printed name / Title	_____ Date