



# 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::
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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](mailto:helpdesk@az4education.org)

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