



# Disabled/Displaced Scholarship Application for the 2019-20 School Year

If you have multiple students eligible for a Disabled/Displaced scholarship, you must fill out one D/D application per student.

Register on our website [www.ibescholarships.org](http://www.ibescholarships.org) to track scholarships for your student online.

1st round financial aid assessment deadline May 1, 2019

2nd round financial aid assessment deadline August 15, 2019

### Parent/Guardian(s) Information:

Title:  Mr.  Ms.  Mrs.  Mr. & Mrs.  Dr. & Mrs.  Dr. & Mr.  Dr. & Dr.

First Parent/Guardian Name(s): \_\_\_\_\_

Second Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of person allowed to request information about your file, if any, other than parent/guardian(s) listed above:

\_\_\_\_\_ Authorized Person's phone number: \_\_\_\_\_

### Student Information:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Student's pre-adopted name: \_\_\_\_\_ SSN if student was in foster care: \_\_\_\_\_

Circle grade in 2019-20: Disabled pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (19-20) \_\_\_\_\_ Annual Tuition: \_\_\_\_\_

School attended for 2018-19 school year: \_\_\_\_\_ (circle): public private

### Eligibility:

One of the following criteria must apply to the student to be considered for a Disabled/Displaced scholarship. Please attach any additional documentation, if needed.

- Disabled preschooler with an Arizona public school IEP or MET **Must provide copy of IEP or MET**
- Disabled student, grades K-12, with an Arizona public school IEP, MET or 504 plan **Must provide copy of IEP, MET or 504**
- Student was placed at one time in the Arizona foster care system (will be verified by the Arizona Department of Economic Security)



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**Financial Information:**

1. List **all** persons living in the household, including children. This would include yourself, your spouse, each child, grandchildren, relatives or any other person living in your residence full time.
2. Include **annual** gross income (before taxes) for all household members. Check “no income” for anyone not receiving income.
3. IBE will **not** accept applications with \$0 income listed for the household. If your family truly has no income, IBE requires an income letter of explanation.
4. **NEW!** IBE requires the last two (2) paystubs for all income earners in the household. If you do not have paystubs IBE requires the last two proof of income supplements. These could include, but are not limited to: Social Security benefit statements, Welfare benefit statements, Retirement benefit statements, Proof of child support or alimony or current bank statements. You may attach a letter further explaining your financial situation if necessary.

Name	Type: C - Child P - Parent O - Other	(Gross) Earnings from work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if no income	Check if a foster child
Example: John Smith	P	\$50K yrly.				<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"/>

**Incomplete applications will not be processed.**

*I certify that I am a parent or legal guardian of the child(ren) listed on this application. All information reported on this application is true and correct to the best of my knowledge.*

*I certify that I am aware that if my student(s) receives ESA (Empowerment Scholarship Account) or any publicly funded education services, they are not eligible to receive an award from any STO. I will notify IBE immediately if they receive either during the academic year in which I am applying.*

*I certify I am attaching required income documentation and any other applicable eligibility documentation.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice (A.R.S 43-1603): A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of a donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.