



Disabled/Displaced Scholarship Application for the 2020-2021 School Year

Email all D/D applications with supporting documents to our D/D Coordinator, Wendi Hauser at wendi@ibescholarships.org.
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 to track scholarships for your student online.

Financial aid assessment deadline August 17, 2020

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: _____

Mark grade in 2020-21: Disabled pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Private school attending **full time**: (20-21) _____ Annual Tuition: _____

School attended for 2019-20 school year: _____ (check) 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, grades K-12, was placed at one time in the Arizona Foster Care System (will be verified by the Arizona Department of Child Safety)



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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. 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"/>

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.