

Previous Award Verification

This information **must be completed by the School Tuition Organization (STO)** that your student received a scholarship from or by **the Private School** that received the scholarship. If you have already had this form completed for another STO, IBE may accept that copy in place of this form. **This form must be submitted with your application.**

ALL INFORMATION REQUESTED BELOW IS REQUIRED.

Parent's Name: _____
Student's Name: _____
Name of the school where the award was sent: _____
Please check all that apply (award must be in a prior school year): <input type="checkbox"/> Awarded Original/Individual Scholarship (A.R.S 43-1089) STO: _____ School Year: _____ <input type="checkbox"/> Awarded PLUS/Switcher Scholarship (A.R.S 43-1089.03) STO: _____ School Year: _____ <input type="checkbox"/> Awarded Low-Income Corporate Scholarship (A.R.S 43-1183) STO: _____ School Year: _____ <input type="checkbox"/> Awarded Disabled/Displaced Scholarship (A.R.S 43-1184) STO: _____ School Year: _____
This student has continued to attend a qualified private school. (circle one) Yes No
Printed Name: _____ Title: _____
Signature: _____ Date: _____