

School Tuition Association of Yuma, Inc. - (STAY)

P.O. Box 515 ▪ Yuma, AZ 85366 ▪ (928) 782-5786 ▪ Fax (928) 783-8251 ▪ www.azstay.org ▪ stay@azstay.org

Scholarship Verification

This information must be completed by the School Tuition Organization from which your child received a Corporate or Individual Tax Credit scholarship or the school which accepted that scholarship.

To qualify for the new **Switcher Individual Tax Credit** scholarship, your child must have:

1. Previously received a corporate low-income scholarship or corporate displaced/disabled scholarship **AND**
2. Continued to be enrolled in a qualified Arizona private school since receiving that scholarship.

To qualify for the **Low-Income Corporate Tax Credit** scholarship, your child must have:

1. Previously received a scholarship from any STO **AND**
2. Meet the income guidelines found on the STAY Website for the Low-Income Corporate Tax Credit **AND**
3. Continued to be enrolled in a qualified Arizona private school since receiving that scholarship.

Please complete this form for each STO from which your child received a scholarship and attach the completed form to your application. If necessary, the STO may fax the form directly to our office.

I/we _____
(Parent or guardian signature) (Parent or guardian printed name)

give the following STO permission to release information about my child's scholarship history.

Student Name: _____

School Year: 2016 / 2017

School Tuition Organization (STO): _____

(This section is to be completed by the STO, not the parent.)

<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1089, "Original" Individual Tax Credit.	Date of last prior school year scholarship:
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1089.03, "Switcher" Individual Tax Credit.	Date of last prior school year scholarship:
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1183, corporate donations for low-income scholarships.	Date of last prior school year scholarship:
<input type="checkbox"/> A scholarship was awarded to this student under the provisions of A.R.S. 43-1184, corporate donations for displaced/disabled students.	Date of last prior school year scholarship:
Name of school where the award was sent: _____	
Completed by (name of employee, title): _____	
Signature: _____	Date: _____