

# School Tuition Association of Yuma, Inc. - STAY

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

## AGREEMENT TO PARTICIPATE – SCHOOL YEAR 2025 / 2026

*(This form must be completed annually.)*

### NOTICE

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.

### Please verify each item below.

- I certify we are a nongovernmental primary or secondary school that does not discriminate on the basis of race, color, sex, handicap, familial status or national origin.
- I certify we satisfy the requirements prescribed by law for private schools in Arizona on January 1, 1997 and subsequent.
- I certify that we require all teaching staff and personnel that have unsupervised contact with students to be fingerprinted. (Please provide the name of the company used to gather this information.)

\_\_\_\_\_  
*(Company Name)*

- I certify that in the event the student does not complete the school year for which the funds are awarded, the school will return the pro-rated portion of the grant/scholarship to STAY. STAY scholarships are to be pro-rated evenly from the first eligible day of attendance to the end of the school year regardless of the date the scholarship was sent to the school.
- I certify that the school will not accept STO funds for the same time period in which a student is receiving ESA funds and, that, once ESA funding begins for a student, any remaining STO scholarship funds will be pro-rated and refunded to STAY.
- I certify that we will return any STAY scholarship received after a student has disenrolled.
- I certify that we do not participate in or encourage the swapping of donations.
- I certify that we will notify STAY of any swapping activity of which we become aware.

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone / Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Last Day of School: \_\_\_\_\_ Posted Tuition: \_\_\_\_\_

Administrator/Business Manager:

Name / Title: \_\_\_\_\_

Email / Phone: \_\_\_\_\_

Contact Person:

Name / Title: \_\_\_\_\_

Email / Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_