

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 2026 / 2027

(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: _____