



State of Arizona  
Department of Education

Tom Horne  
Superintendent of  
Public Instruction

**Arizona Scholarships for Pupils with Disabilities Program  
Program Application**

Dear Parent:

The *Arizona Scholarships for Pupils with Disabilities Program* was created by the Arizona State Legislature (A.R.S. 15-891) during the 2006 Legislative Session, with an effective date September 21, 2006. Under this legislation, students with disabilities have the option of attending any public school of the pupil's choice or receive a scholarship to any qualified school of the pupil's choice. A.R.S. 15-891 defines a qualified school as: "A nongovernmental primary school or secondary school or a preschool for handicapped students that is located in this state and that does not discriminate on the basis of race, color, handicap, familial status or national origin."

Funding in the amount of \$2.5 million has been appropriated to fund scholarships for students with disabilities to attend private schools. These scholarships are available on a first come, first serve basis. **In some cases, the scholarship amount awarded may not be sufficient to pay the full amount of the tuition and fees charged by a private school.** In order to give your child's current school proper notice, and to make timely scholarship payments to you, we need the information requested on the attached forms:

1. *Arizona Scholarship for Pupils with Disabilities Program application form*
2. [Completed Parent W-9 form](#)
3. *Private school tuition/fee schedule from accepting school*
4. *School Verification form (completed by last public school attended)*
5. *Withdrawal form (completed by last public school attended)(if applicable)*

Please note: **your child's scholarship application cannot be processed until the enclosed form is completed and returned to the Arizona Department of Education at the following address:**

**Arizona Department of Education  
1535 West Jefferson Street, Bin #25  
Phoenix, AZ 85007**

If you have questions regarding the information contained in this letter, or the application, please contact us at (602)542-4013, or toll-free at (800)352-4558. You may also wish to view the "Frequently Asked Questions" resource guide available at: [www.ade.az.gov/hb2676/](http://www.ade.az.gov/hb2676/).

Sincerely,

A handwritten signature in cursive that reads "Tom Horne".

Tom Horne  
Superintendent of Public Instruction



**ARIZONA PUPILS WITH DISABILITIES SCHOLARSHIP  
SCHOOL VERIFICATION FORM  
(Completed by Last School Attended)**

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| <b>Student Full Name:</b>  |  |                                     |  |
| <b>Date of Birth:</b>  |  | <b>SAIS #:</b>                      |  |
| <b>Last School Attended:</b>                                     |  |                                     |  |
| <small>(if applicable)</small><br><b>Date of Withdrawal:</b>     |  | <b>Date of Purposed Withdrawal:</b> |  |
| <b>Category of Disability:</b>                                   |  |                                     |  |
| <b>Initial Special Education Placement Date:</b>                 |  |                                     |  |
| <b>Effective Date of Current IEP:</b>                            |  |                                     |  |
| <b>LRE Code:</b>   |  |                                     |  |
| <hr/> <b>Printed name of person completing this verification</b> |  |                                     |  |
| <hr/> <b>Title</b>   |  |                                     |  |
| <hr/> <b>Phone #</b>   |  |                                     |  |
| <hr/> <b>Signature</b>   |  | <hr/> <b>Date</b>                   |  |

**TO BE FILLED OUT COMPLETELY**