

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/.

Sincerely,

Tom Horne Superintendent of Public Instruction

Tom Horno

ARIZONA SCHOLARSHIPS FOR PUPILS WITH DISABILITIES $APPLICATION\ FORM$

Name:	Birth Date:	SAIS#						
Address:	City: AZ	Zip Code:						
County:	Phone:	Date:						
Last Public School Attended:								
Dates of Attendance:								
Legal Name of Mother:								
Address(if different from student address)								
Legal Name of Father:								
Address(if different from student address)								
Name of the Accepting Private School of Choice:								
Private School Contact Person:								
Phone: Email:								
Address:	City: AZ Zip Code:							
	<u> </u>							
Phone: Date of available space:								
PLEASE ATTACH A COPY OF THE QUALIFIED SCHOOL'S TUITION/FEE SCHEDULE OR ACTUAL PER PUPIL COSTS. (This must be submitted at least 60 days before the first quarterly								
scholarship payment is made. No retroactive payments will be made.) (15-891.01.B)								
I certify that my child attended the entire prior school year in an Arizona public school.								
Parent Signature:	Date of Notice:							
Please send completed form to: Arizona Department of Education 1535 W. Jefferson, Bin 25 Phoenix, AZ 85007								

ARIZONA PUPILS WITH DISABILITIES SCHOLARSHIP $SCHOOL\ VERIFICATION\ FORM$

(Completed by Last School Attended)

Student Full Na	me:						
Date of Birth:				SAIS #:			
Last School Atte	ended:						
(if applicable) Date of Withdrawal:		Date	Date of Purposed Withdrawal:				
Category of Dis	ability:		-				
Initial Special Education Placement Date:							
Effective Date of Current IEP:							
LRE Code:							
Printed name of person completing this verification							
Title							
Phone #							
Signature					Date		

TO BE FILLED OUT COMPLETELY