



Email: ddapply@arizonaleader.org

Fax: (480) 287-8363

DISABLED/DISPLACED STUDENT SCHOLARSHIP APPLICATION

School Year 2018/2019

Instructions:

- 1) There are 5 sections, each must be fully completed! Please type or print clearly.
- 2) Use one application per child.
- 3) In a single submission, email or fax the completed application, necessary documents (IEP/MET/504 Plan and 2017 Federal Taxes (IRS 1040 PG. 1 & 2)) to Arizona Leadership Foundation:

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Please note incomplete applications will be rejected. Only PDF files will be accepted.

STUDENT NAME: _____

PRIVATE SCHOOL ATTENDING: _____

Section 1A: A qualified student must meet one of the following prerequisites (**Check boxes that apply**):

- Student has an IEP or MET from an Arizona public school (for preschool and grades K-12); OR
- Student has an 504 plan from an Arizona public school (for grades K-12 only); OR
- Student was placed at one time in the Arizona foster care system (for grades K-12 only and to be verified by the Arizona Department of Child Safety (DCS))

Section 1B:

- 1) Has student previously received a Disabled/Displaced scholarship from the Arizona Leadership Foundation?
Yes No (If No, please proceed to Question 3 below)
 - 2) If your child has received an Arizona Leadership Foundation Disabled / Displaced Scholarship, has their primary disability category changed from the previous school year? Yes No (If Yes, please provide a copy of the updated MET/IEP and proceed to Section 2)
 - 3) Student needs D/D qualification—If you answered NO to Question 1, complete / include info below:
 - Provide a copy of the Student's Arizona IEP, MET or 504 plan from an Arizona public school with this application.
 - List Student's primary disability category found on the IEP or MET: _____
- OR**
- Provide additional information to verify student was placed in Arizona foster care (A.R.S. Title 8, Chapter 5)
 - Student's Social Security Number _____
 - Any previous names the child might have gone by _____

A school tuition organization cannot award, restrict or reserve scholarships solely on the basis of a donor's 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.



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Section 3: Financial Information

Household members (first & last name of each person living in household — include children!)	Type: G— Guardian C— Child O— Other	Yearly Gross Income from work (Amt. earned before taxes & deductions)	Yearly Welfare, Alimony, Child support payments	Yearly Pension, Retirement, Social Security	Yearly all other Income	Check box if no income per family member	Yearly total income per family member
EXAMPLE: John Doe	G	\$32,000	\$10,000	\$2,400	\$200		\$44,400

YEARLY TOTAL INCOME:

Please attach a copy of pages 1 & 2 of your 2017 Federal Income Tax Return (IRS 1040). If you do not file taxes, other proof of income will be needed (Nutrition Assistance / Food Stamp Program, Unemployment Program, Social Security Disability, etc). If you file an extension, submit 2016 federal taxes and a copy of IRS extension paperwork—2017 taxes must be submitted by September 30, 2018. Please mark out Social Security numbers.

All information is held strictly confidential. ALF will not share or disseminate this information in any way with any other organization.

By signing my name below, I certify that all information on this application is true and all income has been reported and that I have truthfully completed the Financial Worksheet as required by the State of Arizona. I also agree that the Arizona Leadership Foundation and my private school are allowed to share tuition balance information throughout the year. This information is kept confidential between the Arizona Leadership Foundation and the school and is only used to determine Financial Aid needs.

Signature: _____ Date: _____

Printed Name: _____

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Section 4:

Information Release Form for Disabled/Displaced Students

For purposes of the Disabled/Displaced Scholarship Program, I permit the Arizona Department of Revenue and/or the Arizona Department of Child Safety and /or other School Tuition Organizations (STOs) to provide information regarding the eligibility status and scholarship limitation information, including related documents for _____(student name) to the following School Tuition Organization:

Arizona Leadership Foundation

Phone: (602) 320-2844

Fax: (480) 287-8363

Email: ddapply@arizonaleader.org

Parent / Guardian Signature

Parent / Guardian Printed Name

Date

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Section 5:

Please check that you have submitted the applicable documents with your application:

- IEP or MET or 504 Plan, issued by an Arizona public school (not necessary if your child is applying under the foster criteria)
- 2017 Federal Income Taxes (Page 1 & 2 of IRS Form 1040, SS# Marked out) This is a requirement per the Arizona Department of Revenue and applications are incomplete without taxes or other proof of income (Nutrition Assistance / Food Stamp Program, Unemployment Program, Social Security Disability, etc.)

I agree to the following (please check):

- Financial aid awarded to the applicant (s) must be used, as allowed by Arizona law, solely for tuition expenses at a qualified private school of the applicant's choice. Any scholarship amount above the student's tuition balance, must be returned by the private school, to the Arizona Leadership Foundation for reallocation.
- The sum of a student's D/D scholarships is limited to 90% of state aid or cost of tuition, whichever is less.
- A student that receives ESA (Empowerment Scholarship Account) money from the Arizona Department of Education cannot receive funds from any school tuition organization for the same academic period. The applicant is not receiving ESA money for the 2018/2019 school year.
- Arizona Leadership Foundation has absolute and sole discretion in awarding financial aid.
- Financial aid is distributed without regard to ethnicity, sex, or handicap. Financial aid is only for the current academic year and continuing aid is based upon the applicant's eligibility and funds available for disbursement.
- The applicant meets the criteria set forth in Section 1.

Parent / Guardian Signature

Parent / Guardian Printed Name

Date

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