

## Corporate Disabled/Displaced Pupil Scholarship Application “**Lexie’s Law**”

**Instructions:**

1. Complete and sign this application. Your information is important to us, so please print clearly.
2. Use only one application per child.
3. All applications must be signed by the school.
4. Send or fax the application and attachments to:  
**STAY - PO Box 515 - Yuma, AZ 85366 - FAX: (928) 783-8251**

**Eligibility:** Any award made by STAY can only be used for tuition for a child attending a qualified private school in the state of Arizona. The child must have attended a public school during the previous 100 school days or have received a tuition grant or an educational scholarship in 2008-09 under title 15, chapter 8, article 1.2 or 8 A.R.S.

**\*\* (Since there is a requirement to have attended public school during the previous 100 school days  
Kindergarteners do not qualify unless they are transferring mid-year.)**

**Requirements:** Please fill out a separate application for each child and supply the following information for each family. This information is required for every household.

- ~ A copy of pages 1 & 2 of last year's Federal Tax Return (all information is kept strictly confidential & only used for scholarship evaluation.)
- ~ A completed and signed Information Release Form (attached or see [http://www.azstay.org/forms/InformationReleaseForm\\_State.pdf](http://www.azstay.org/forms/InformationReleaseForm_State.pdf) to get a copy of this form)
- ~ Check the box below that applies to your child:
  - ~ Received a disabled/displaced student voucher in 2008-09 school year, if so, what was the scholarship amount received \$ \_\_\_\_\_.
  - ~ Did not receive a disabled/displaced voucher in 2008-09 school year
- ~ Check all below that apply to your child:
  - ~ IEP
  - ~ 504 Plan
  - ~ A child in a CPS case in which dependency as to the child was adjudicated as to both of the child's parents, and the child has been adopted or placed with a legal guardian. The adoptive parent(s) or legal guardian(s)
  - ~ make(s) the decision to apply for the voucher
  - ~ A child in a closed CPS case in which the child was voluntarily placed in foster care
  - ~ A child in a closed CPS in which the court found the child dependent as to least one parent and the child is now with the biological or adoptive parent or legal guardian

**School Tuition Association of Yuma, Inc. (STAY)**  
**P.O. Box 515 • Yuma, AZ 85366 • (928) 782-5786 • Fax (928) 783-8251**

**Corporate Disabled/Displaced Pupil Scholarship Application “Lexie’s Law”**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail \_\_\_\_\_

Requested Private School: \_\_\_\_\_ Requested Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Requested school year: \_\_\_\_\_ Total Tuition: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

What other grants or scholarships have you received? \_\_\_\_\_

NAME OF PUBLIC SCHOOL PREVIOUSLY ATTENDED:

NAME OF PUBLIC SCHOOL	MOST RECENT SCHOOL YEAR ATTENDED	CITY
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*I hereby certify that my child has attended the above public school for at least the first one hundred days of the last school year or qualified for a Grant for the previous school year.*

I affirm that the information in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Grant funds are awarded to enable students to attend nongovernmental primary or secondary school in the State of Arizona. School Tuition Association of Yuma, Inc. and the recipient school do not discriminate on the basis of race, color, sex, handicap, familial status or national origin. In the event the student does not complete the school year for which funds are awarded, the school will return the unused portion of the grant to STAY.

***For more information, check out our website: [www.azstay.org](http://www.azstay.org)***

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**Information Release Form for Educational Scholarships and Tuition Grants for  
Disabled/Displaced Students**

For purposes of the Disabled/Displaced Scholarship Program, I permit the Arizona Department  
of Revenue to provide information regarding the eligibility status and scholarship/grant limitation

for \_\_\_\_\_ (student's name) to the following School

Tuition Organization:

\_\_\_\_\_.

STO Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax form to: (602) 716-7991  
Attn: Karen Jacobs  
Office of Economic Research and Analysis  
Arizona Department of Revenue