School Tuition Association of Yuma, Inc. - (STAY)

P.O. Box 515 • Yuma, AZ 85366 • (928) 782-5786 • Fax (928) 783-8251 • www.azstay.org • stay@azstay.org

Scholarship Verification

This information must be completed by the School Tuition Organization from which your child received a Corporate or Individual Tax Credit scholarship or the school which accepted that scholarship.

To qualify for the new **Switcher Individual Tax Credit** scholarship, your child must have:

- 1. Previously received a corporate low-income scholarship or corporate displaced/disabled scholarship AND
- 2. Continued to be enrolled in a qualified Arizona private school since receiving that scholarship.

To qualify for the Low-Income Corporate Tax Credit scholarship, your child must have:

- 1. Previously received a scholarship from any STO AND
- 2. Meet the income guidelines found on the STAY Website for the Low-Income Corporate Tax Credit AND
- 3. Continued to be enrolled in a qualified Arizona private school since receiving that scholarship.

Please complete this form for each STO from which your child received a scholarship and attach the completed form to your application. If necessary, the STO may fax the form directly to our office.

I/we(Parent or guardian signature)	(Parent or	guardian printed name)
give the following STO permission to release information about my child's scholarship history.		
Student Name:		
School Year: <u>2023/2024</u>		
School Tuition Organization (STO):		
(This section is to be completed by the STO, not the parent.)		
☐ A scholarship was awarded to this student under the provisions of A.R.S. 43-1089, "Original" Individual Tax Credit.		Date of last prior school year scholarship:
☐ A scholarship was awarded to this student under the provisions of A.R.S. 43-1089.03, "Switcher" Individual Tax Credit.		Date of last prior school year scholarship:
☐ A scholarship was awarded to this student under the provisions of A.R.S. 43-1183, corporate donations for low-income scholarships.		Date of last prior school year scholarship:
☐ A scholarship was awarded to this student under the provisions of A.R.S. 43-1184, corporate donations for displaced/disabled students.		Date of last prior school year scholarship:
Name of school where the award was sent:		
Completed by (name of employee, title):		
Signature:	Date:	
orginature.		