

Previous Award Verification

This form must be completed by the awarding STO or school that received the award.

Parent's Name:	
Student's Name:	
Name of the school where the award was sent:	
Please check all that apply (award must be in a prior school year):	
<input type="checkbox"/> Awarded Original/Individual Scholarship (A.R.S 43-1089)	
Awarding STO: _____	School Year: _____
<input type="checkbox"/> Awarded PLUS/Switcher Scholarship (A.R.S 43-1089.03)	
Awarding STO: _____	School Year: _____
<input type="checkbox"/> Awarded Low-Income Corporate Scholarship (A.R.S 43-1183)	
Awarding STO: _____	School Year: _____
<input type="checkbox"/> Awarded Disabled/Displaced Scholarship (A.R.S 43-1184)	
Awarding STO: _____	School Year: _____
This student has continued to attend a qualified private school. (circle one) Yes No	
This student accepted ESA. (circle one) Yes No	
If so, when? From _____ to _____	
Printed Name: _____	Title: _____
Signature: _____	Date: _____