PREVIOUS SCHOLARSHIP VERIFICATION

Parent or Guardian: Please deliver (mail, fax, or email) this form to the STO or school from which your child received a Corporate (low income or Disabled/Displaced) or Individual/Switcher scholarship. Have them complete the form and send to CTSO.

I/We _____ _____ (Parent or guardian signature) (Parent or guardian printed name) give the following School Tuition Organization (STO) or school permission to release information about my child's scholarship history: _____ (Name of STO which awarded the previous scholarship)
Name of Student: (one student per form)

Name of school where the scholarship was sent:	Date of most recent scholarship (mm/dd/yy):

This information must be completed by the School Tuition Oranization (STO) from which the student received a Corporate (low income or Displaced/Disabled) or Individual Switcher scholarship, or by the school which accepted that scholarship.

STO or school representative: Please deliver (mail, fax, or email) this completed form to CTSO.

☐A scholarship was awarded to this student according to A.R.S. 43-1183, **Corporate funds for low-income students** in year:	☐A scholarship was awarded to this student according to A.R.S. 43-1184, **Corporate funds for disabled/displaced students** in year:
☐A scholarship was awarded to this student according to A.R.S. 43-1089.3, **Individual funds for Switchers** in year:	☐A scholarship was awarded to this student according to A.R.S. 43-1089, **Individual funds for any student** in year:
Completed by (printed name of STO or school representative):	Title:
☐To my knowledge this student has continued enrollment in a private school since receiving this award.	
Completed by Signature:	Date:

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