



Corporate Disabled/Displaced Pupil
Scholarship Application
2020-2021 School Year

Private School Information: DEADLINE: Friday, August 14, 2020

Name of School: _____

Address: _____ City: _____ AZ Zip: _____ Telephone: _____

Student grade for the 2019-2020 School Year: _____ Annual Tuition: _____

Student Information:

Please type or print legibly.

Eligibility: Meets the eligibility requirements of the State of Arizona Disabled/Displaced Scholarship Corporate Tax Credit.

Parent/Guardian Name: _____
(Last Name) (First Name)

Mailing Address: _____ City: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____ Cell Number () _____

Student Full Name: _____ Parent Email Address: _____

Public School Attended: _____

Please check the box below that applies to your child:

- ☐ Received a disabled/displaced student scholarship in previous years and have attached an award letter or a completed CTSO Previous Award Verification form. **OR**

Did not receive a disabled/displaced scholarship in the previous school year but my child is eligible under the following prerequisites:

- ☐ Attached is a copy of my child's IEP, MET or 504 plans from an Arizona public school. **You must submit with your application.**
- ☐ Student was placed at one time in an Arizona foster care system. **CTSO will verify with** the Arizona Department of Children's Services only. Attached is my signed information release from to verify by DCS.

Parent/Guardian Signature

- ☐ As required by the State of Arizona, I have also included an Income Verification Form.

Note: Please send/email or fax completed forms and supporting documentation to: Julieta Gonzalez, CTSO P.O. Box 31, Tucson, AZ 85702; FAX: 520-838-2578; E-mail: jgonzalez@diocesetucson.org Questions? 520-838-2534

. ALL DOCUMENTS MUST BE SUBMITTED TOGETHER AS ONE PACKET FOR REVIEW.

For CTSO Office Use Only:

Full Year Tuition Amount: \$ _____ CTSO Scholarship Awarded \$ _____