



### PREVIOUS SCHOLARSHIP VERIFICATION

**Parent or Guardian:** Please deliver (mail, fax, or email) this form to the STO, **if other than CTSO**, 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 _____<br>(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:<br><br>_____ (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 Organization (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.

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

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