



**Higher Education STO, Inc.**  
*God, Country & The Next Generation*

## Scholarship Verification

I give permission for Higher Education STO Inc. to ask and receive information on my behalf.  
I give permission for an STO or school I have received scholarship from to release information about my student's scholarship history.

Name of student:

PRINTED name of Parent or guardian:

X \_\_\_\_\_

Signature of Parent or guardian

\_\_\_\_\_ DATE

### TO BE COMPLETED BY STO OR SCHOOL:

Scholarship verification is requested by Higher Education STO. The student(s) above have indicated that they have received a scholarship from your organization. Release forms, signed by the parent and/or guardian of the students, have been obtained by Higher Education STO Inc. In addition, we have provided you with the above release of information completed by the parents for your records.

Please identify the scholarship amount, scholarship type, and date awarded.

Thank you for your help in completing this form! Any questions call (480)658-0665

Student was awarded a scholarship under the provisions of A.R.S. 43-1089 "ORIGINAL" <input type="checkbox"/>	Student was awarded a scholarship under the provisions of A.R.S. 43-1089.03 "SWITCHER/PLUS" <input type="checkbox"/>	Student was awarded a scholarship under the provisions of A.R.S. 43-1183 "CORPORATE/LOW INCOME" <input type="checkbox"/>	Student was awarded a scholarship under the provisions of A.R.S. 43-1184 "CORPORATE /D/D" <input type="checkbox"/>
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Name of Student Tuition Organization OR School:

Amount of Award:

Date of Award:

School Award was sent to:

X \_\_\_\_\_

Signature of STO/School employee verifying award

\_\_\_\_\_ DATE

Please send completed scholarship verification form to HESTO

office@higher-goals.org | (800)416-0973[fax] | P.O. BOX 14496 Mesa AZ 85216|