

# ARIZONA TAX CREDIT SCHOOL PARTNERSHIP APPLICATION



Please review the following statements and complete all sections to ensure your school is eligible to receive scholarship funding from Arizona Tax Credit.

Submit the completed application by mail, email, or fax to:

Arizona Tax Credit, P.O. Box 1172, Higley, AZ 85236

Email: info@AzTxCr.org

Fax: 877.750.7050

Please print legibly!

School Name: \_\_\_\_\_

## Section 1: Acknowledgement of and Agreement with Private School Requirements

I acknowledge/agree that \_\_\_\_\_ is a qualified private school in compliance with A.R.S. Section 43-1089 requirements listed below and can receive scholarships from Arizona Tax Credit.

*Private School Name*

*\*Please initial the following statements to acknowledge your school's agreement.*

\_\_\_\_\_ This school is a qualified private school in the state of Arizona. A "qualified school" is defined as a nongovernmental primary or secondary school (private K-12) that does not discriminate based on race, color, disability, familial status, or national origin.

\_\_\_\_\_ This school charges tuition for all students (notwithstanding any types of scholarships or discounts it may offer).

\_\_\_\_\_ This school has regular classroom instruction that meets the state requirements for days per year.

\_\_\_\_\_ This school does not receive direct funding as a public or charter school. This includes but is not limited to third-party correspondence programs that provide classes, grades, credits, promotions, etc. Dual-enrollment classes through these sorts of programs for *college credit(s)* are acceptable.

\_\_\_\_\_ This school requires that all teaching staff and personnel that have unsupervised contact with students be fingerprinted.

If this school has a private pre-school program for students with disabilities, please initial here: \_\_\_\_\_

## Section II: School Information

Grades Served: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

School Email: \_\_\_\_\_ School Phone: \_\_\_\_\_

Tuition\* (*List Tuition / Grade if applicable or attach a tuition schedule to this application*) \_\_\_\_\_

*\*STO scholarships can cover tuition only. They may not be used for any other expenses or fees (such as application fees, tutoring, etc.) Therefore, please provide the posted tuition amount for any/all families. If your school has adjusted a student's tuition based on the special need services identified in the student's IEP, we can provide a scholarship for a student's revised tuition.*

## Section III: Contact Information (*This employee will process all scholarship awards.*)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Signature

Administrator/Board Member: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_