



NORTHERN LIGHTS

STUDENT TUITION ORGANIZATION

NORTHERN LIGHTS DISABLED/DISPLACED SCHOLARSHIP 2019 APPLICATION

ELIGIBILITY: A student must have an Individual Education Plan (IEP) or a 504 plan from an Arizona public school (can be current or expired) or have been in the Arizona foster care system at some point in time.

Income information is required due to AZ DOR reporting requirements, but is not considered in eligibility. Please email completed forms to applications@northernlightssto.org along with the FIRST PAGE of your child's IEP or 504 plan. Please do not send the entire form, only the page with the diagnosis code.

You can apply for the DD scholarship and other types of STO scholarships, however you can NOT receive more than the published tuition amount or maximum scholarship amount under the DD matrix for this school year. Also, you can not receive an Empowerment Savings Account and STO scholarship. If you have questions, email: applications@northernlightssto.org

PARENT INFORMATION

1. NAME: _____
2. ADDRESS: _____
3. EMAIL: _____
4. PHONE: _____

STUDENT INFORMATION

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH STUDENT

1. NAME: _____
2. DATE OF BIRTH: _____
3. IEP OR 504? YES NO
4. IN ARIZONA FOSTER CHILD? YES NO
5. SCHOOL ATTENDED IN 2018-2019: _____
6. GRADE IN THIS CURRENT YEAR: _____
7. SCHOOL YOU PLAN TO ATTEND THIS SCHOOL YEAR: _____

PART 2: HOUSEHOLD INCOME

Your household *gross income \$_____ (ALL income sources, before any deductions)

Number living in household _____

IMPORTANT: We reserve the right to audit all applications and may ask for verification of income (W2, 1040 or paystubs) for Department of Revenue reporting purposes. Income is NOT an eligibility requirement for DD scholarships. Family identifying information is always kept private in audits and reports. Information gathered is used for statistical purposes only.

CONDITIONS OF ELIGIBILITY

(Please initial each statement)

I certify that the student(s) on this application are residents of Arizona and if receiving a scholarship from will be attending a PK-12 private school.

I understand in order to qualify for a scholarship under the disabled/displaced corporate tax credit program, the student must have an Individual Education Plan (IEP) or a 504 plan from an Arizona public school (can be current or expired), or was at one point placed in the Arizona foster care system.

I understand that each scholarship must be renewed annually and that I may be required to provide income verification for reporting purposes.

I understand that all decisions made by Northern Lights are final and I agree to release Northern Lights from any liability.

I understand that a scholarship from Northern Lights may only pay a portion of the total tuition for each student and that parents are responsible for remaining tuition.

PART 3: SIGNATURE

I declare that the information of this form, to the best of my knowledge, is complete and accurate. I agree, if requested, to send additional information to support or verify statements on this form.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

SCHOOL VERIFICATION

(MUST BE COMPLETED BY SCHOOL PERSONNEL)

FAMILY INFORMATION – NAMES OF STUDENT/PARENT AND ADDRESS:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

PHONE/EMAIL OF SCHOLARSHIP MANAGER: _____

STUDENT NAME: _____

GRADE LEVEL FOR 2019-2020: _____

TOTAL TUITION (NOT INCLUDING FEES, UNIFORM/SUPPLY COSTS): _____

FINANCIAL AID/DISCOUNTS: _____

TUITION AFTER DISCOUNTS: _____

I CERTIFY THAT THIS IS THE TOTAL TUITION DUE FOR THE STUDENT AT THIS TIME, FOR THIS SCHOOL YEAR. MISREPRESENTATIONS OF TUITION DUE OR OWED CAN BE SUBJECT TO CANCELLATION OF SCHOLARSHIP ELIGIBILITY AND REFUND REQUEST:

SIGNED: _____

TITLE: _____

CONDITIONS OF ELIGIBILITY

- Student and parent(s) or legal guardian(s) must be residents of Arizona.
- Student must be attending a tuition-based (private) school in Arizona.
- Student must be at a grade level between Kindergarten and 12th grade (Preschool funding available for children with an IEP or 504)