

DISPLACED / FOSTER STUDENT VERIFICATION FORM

The information you provide will be verified by the state of Arizona and will determine the eligibility of your student for scholarship awards with STO4KIDZ.

Please complete and upload this form along with your student's Online application.

| To verify studen | nt with the Department of Economic | Security, please provide the following information: |
|------------------------------|--|---|
| Student's Name: First | Middle | Last |
| Previous Name(s) (if adopted | i) | |
| DOB (mm/dd/yyyy) | M/F | SSN |
| Address: | City | State: AZ Zip |
| Name of Legal Guardian | | |
| Phone | Alternate Phone | Email |
| Address (if different) | | |
| Student was placed in | foster care in Arizona pursuant to A.R.S | S. Title 8, chapter 5 |
| | partment of Child Safety (DCS) to propose and to release this information to | ovide information regarding the eligibility of the above student for School Tuition Organization 4 Kidz. |
| Signature | | Date |
| Return completed form to: | School Tuition Organization 4 Kidz (st Email: Info@sto4kidz.org Phone: | to4kidz) Attention: Miriam Antolik : 602)698-8855 |
| VERIFICATON (Must be cor | mpleted by DCS) | |
| Student QUALIFY for the | ne Displaced Scholarship program in ac | ccordance with A.R.S. 43-1505 |
| Student DOES NOT Q | UALIFY for the Displaced Scholarship | program due to the following: |
| There is no indi | cation that the child was in foster care i | in Arizona pursuant to A.R.S. Title 8, Chapter 5. |
| Other (explain): | | |
| | | |
| DCS Verification Completed | • | |
| Print Name | Signature | Date |

NOTE: A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.

School Tuition 4 Kidz (STO4KIDZ) is a tax-exempt charitable organization pursuant to federal law, Section 501c3.



DISABLED / DISPLACED INFORMATION RELEASE FORM

| For purposes of the Disabled/Displaced | l Schol | larship Program, I permit the Arizona | |
|--|---------|--|---|
| Department of Revenue to provide info | rmatic | on regarding the eligibility status and | |
| Scholarship limitation forto the following School Tuition Organiza | | School Tuition Organization 4 Kidz (STO4KIDZ | • |
| STO Contact Person: Miriam Antolik Phone: 602.698.8855 | | | |
| Email: Info@sto4kidz.org | | | |
| Parent/Guardian Name (please print) | | | |
| Phone: | Email: | l: | _ |
| | [| Date | |

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