



**Scholarship Verification Report 2  
2009-10 School Year**

To be completed by the authorized school personnel and returned to ASCT as soon as possible. Please print the list of students and attach it to this form.

If any child is missing or incorrect, please contact our office immediately at (623) 414-3429. If any child is no longer attending your school, cross out the name and write your initials by the name.

**VERY IMPORTANT**

You must answer each one these questions "YES" or "NO" or scholarship money cannot be sent. Please attach an explanation for all "NO" answers

Does the student have a 90% attendance rate or better? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, please list the students and an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the family current on their portion of tuition payments? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, please list the students and an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_ Contact # \_\_\_\_\_

Address: \_\_\_\_\_ City/Ste/Zip \_\_\_\_\_

Principal/School Administrator Signature

\_\_\_\_\_

Date: \_\_\_\_\_