

ARIZONA SCHOOL CHOICE TRUST, INC



Scholarship Verification Report 1
2010-11 School Year

To be completed by the authorized school personnel and returned to ASCT as soon as possible. **Please download and attach your list of students to this form before sending it to ASCT otherwise your payment will not be processed.**

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

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: _____