

Attachment 9  
**Displaced Student Applicant Verification Form**

Date \_\_\_\_\_

Name of Child  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_ M/F \_\_\_\_\_ SSN \_\_\_\_\_  
prev ssn \_\_\_\_\_

Name of  
Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State AZ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

**Return completed form to:**

Name of STO **America's Scholarship Konnection**

Contact Name **Amy Luksza** FAX number **866-622-7745**

Email **amy@askscholarships.org**

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**VERIFICATION (to be completed by DES)**

- Student **QUALIFIES** for the Displaced Scholarship program in accordance with A.R.S. 43-1505
- Student **DOES NOT QUALIFY** for the Displaced Student Scholarship program due to the following:
- There is no indication that the child was in foster care in Arizona pursuant to A.R.S. Title 8, Chapter 5.
  - Other (explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DES Verification - Signature

Date

\_\_\_\_\_