



Family Empowerment Scholarship for Students with Disabilities (Formerly Gardiner Scholarship Program) Application for School Year 2021-2022

(Deadline to apply posted at www.aascholarships.org)

Initial scholarships are granted in the order of first application completed, first awarded.

If you enroll your student into a private school before you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF), you will be responsible for your student's tuition and he/she may not qualify for future scholarship funding. Funding is not guaranteed. Please consider this before enrolling your student(s) in a private school.

ARE YOU ELIGIBLE TO SUBMIT AN APPLICATION? COMPLETE THE QUESTIONS BELOW TO FIND OUT.

- 1.) Does the household live in Florida?
Yes, please continue to question #2.
No, we live in another state. STOP – do not apply, your household is NOT eligible.
- 2.) Will your student be 3 or 4 years old on or before September 1, 2021?
Yes, my Florida student will be 3 or 4 years old on or before September 1, 2021. Please continue to question #4.
No, my Florida student will be at least 5 years old on or before September 1, 2021. Please continue to question #3.
No, my student will not meet the age requirements for Florida. STOP – do not apply; your student does not qualify to receive a 2021-2022 AAA scholarship.
- 3.) Will your student be the required age to attend Kindergarten through 12th grade on or before September 1, 2021?
Yes, my Florida student will be at least 5 years old but not older than 22 years old on September 1, 2021. Please continue to question #4.
No, my student will not meet the age requirements for Florida. STOP – do not apply; your student does not qualify to receive a 2021-2022 AAA scholarship.
- 4.) Does your student have at least one of the following 26 disabilities?

1. Autism Spectrum Disorder	7. Spina bifida	13. Deaf	19. Language impairment	23. Dyslexia
2. Down syndrome	8. For a 3-5-year-old, being a high-risk child	14. Visually impaired	20. Orthopedic impairment	24. Dyscalculia
3. Cerebral palsy	9. Muscular Dystrophy	15. Traumatic brain injured	21. An other health impairment, as defined in Rule 6A-6.030152	25. Developmental aphasia
4. Intellectual disability	10. Williams syndrome	16. Rare disease	22. Emotional or behavioral disability	26. Another the specific learning disability not listed above
5. Phelan-McDermid	11. Dual sensory impaired	17. Hospital or homebound		
6. Prader-Willi syndrome	12. Anaphylaxis	18. Speech impairment		

Yes, my student has been diagnosed with at least one of 26 listed disabilities. Please continue to question #5.
No, my student has not been diagnosed with at least one of 26 listed disabilities. STOP – do not apply; your student does not qualify to receive a 2021-2022 AAA scholarship.
- 5.) Is your household/student otherwise eligible?
Yes, neither my student nor my household has been disqualified from the program for any reason, including AAA's internal audit process. Please continue to complete the application on the next page.
No, my student or our household has been disqualified/revoked from program participation for any reason, including an internal audit process in the past. STOP – do not apply; your household does not qualify for a 2021-2022 AAA scholarship.

Please Note that a student may NOT receive a FES-SD Scholarship AND:

1. Continue to attend a Florida public school, including:
 - a. Florida School for the Deaf and the Blind
 - b. Florida Virtual School (as a public-school student)
 - c. College-Preparatory Boarding Academy
 - d. A developmental research school
 - e. A district charter school
 - f. A district virtual education program (as a public school student)
2. Remain on a McKay Scholarship or a Tax Credit (Income-Based) Scholarship during the same school year
3. Remain in a Voluntary Prekindergarten Education Program during the same school year
4. Enroll in a school operating for the purpose of providing educational services to youth in the Department of Juvenile Justice commitment programs

Questions? Call 1-888-707-2465 or Email: AAAGardiner@aascholarships.org

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IMPORTANT: Fill in the answers asked for in the blank spaces provided throughout this form; write N/A or 0 if items do not
DO NOT LEAVE ANY BLANK SPACES.

A) PARENT/GUARDIAN "A" Living with the student **B) PARENT/GUARDIAN "B" Living with the student**

Parent A Last Name, First Name, Middle Initial:		Parent B Last Name, First Name, Middle Initial:	
Reserved for future use	E-mail address (REQUIRED)	Reserved for future use	E-mail address (REQUIRED)
Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other		Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
Home (Physical) Address, Apt. # <i>(must be a street address, PO Box not acceptable)</i>			
Home City, State, Zip		Home County	
Mailing Address <i>(if different from above)</i>			
Mailing City		Mailing State	Mailing Zip
Employed By	Work Phone	Employed By	Work Phone

C) STUDENT INFORMATION (Only one student per FES-SD scholarship application)

Student Last Name, First Name, Middle Initial:	
Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>	Student SS#:
Grade Level Student will be entering in August of 2021:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic
Select the disability for the student	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Down syndrome <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Dyslexia <input type="checkbox"/> Phelan-McDermid <input type="checkbox"/> Prader-Willi syndrome <input type="checkbox"/> Spina bifida <input type="checkbox"/> Williams syndrome <input type="checkbox"/> Dyscalculia <input type="checkbox"/> 3 to 5 years old, being a High-Risk Child <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Dual sensory impaired <input type="checkbox"/> Developmental aphasia <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Deaf <input type="checkbox"/> Visually impaired <input type="checkbox"/> Traumatic brain injured <input type="checkbox"/> Another the specific learning disability not listed above <input type="checkbox"/> Rare disease <input type="checkbox"/> Hospital or homebound <input type="checkbox"/> Speech impairment <input type="checkbox"/> Language impairment <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Emotional or behavioral disability <input type="checkbox"/> An other health impairment, as defined in Rule 6A-6.030152
Name of School attended 2020-2021:	School County:
Will you be requesting a new IEP in 2021-2022?: <input type="checkbox"/> Yes (you will be responsible to notify your local school district) <input type="checkbox"/> No	
Type of School attended in 2020-2021:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable
Type of Student:	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal
<i>(New means your child did not receive a FES-SD scholarship in 2020-21 for this student. Transfer means this student received funding from another Scholarship Organization in 2020-21. Renewal means your child received a Gardiner scholarship from AAA for this student in 2020-21.)</i>	

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received.

To check the processing status of your application, go to https://webportalapp.com/sp/aaasf_floridagardiner_21

Questions? Call 1-888-707-2465 or Email: AAAGardiner@aaascholarships.org

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D) NOTARIZED SWORN COMPLIANCE STATEMENT

I _____, the Parent/Guardian of _____, the Student, swear under oath and affirm that:

1. The student is enrolled in a program that meets regular school attendance requirements as provided in s. 1003.01(13)(b)-(d).
2. The program funds are used only for authorized purposes serving the student's educational needs, as described in s. 1002.385(5).
3. I am responsible for the education of my student by, as applicable:
 - a. Requiring the student to take an assessment in accordance with s. 1002.385(8)(c);
 - b. Providing an annual evaluation in accordance with s. 1002.41(1)(c); or
 - c. Requiring the child to take any pre- and post-assessments selected by the provider if the child is 4 years of age and is enrolled in a program provided by an eligible Voluntary Prekindergarten Education Program provider. A student with disabilities for whom a pre- and post-assessment is not appropriate is exempt from this requirement. A participating provider shall report a student's scores to the parent.
4. The student remains in good standing with the provider or school if those options are selected by me.
5. All the information provided in this application and all supporting documentation is true, correct and complete. I understand that intentional misrepresentation could result in the scholarship being denied or revoked.

In addition, I agree to and understand that:

- (a) I must file an application for initial program participation with an organization by the deadline dates.
 - (b) I must notify the school district that the student is participating in the FES-SD Scholarship Program if I choose to enroll the student in a home education program as provided in s. 1002.41. This notification is not in lieu of the required notification I must submit to the district when establishing a home education program pursuant to s. 1002.41(1)(a).
 - (c) I must enroll my child in a program from a Voluntary Prekindergarten Education Program provider authorized under s. 1002.55, a school readiness provider authorized under s. 1002.88, or an eligible private school if either option is selected by me.
 - (d) I must annually renew participation in the program. Notwithstanding any changes to the student's IEP, a student who was previously eligible for participation in the program shall remain eligible to apply for renewal. However, for a high-risk child to continue to participate in the program in the school year after he or she reaches 6 years of age, the child's application for renewal of program participation must contain documentation that the child has a disability defined in s.1002.385 (2)(d) other than high-risk status.
 - (e) I am responsible for procuring the services necessary to educate the student. If I do not procure the necessary educational services for the student and the student's account has been inactive for two consecutive fiscal years, the student is ineligible for additional scholarship payments until the scholarship-funding organization verifies that expenditures from the account have occurred. When the student receives a FES-SD Scholarship, the district school board is not obligated to provide the student with a free appropriate public education. For purposes of s. 1003.57 and the Individuals with Disabilities in Education Act, a participating student has only those rights that apply to all other unilaterally parentally placed students, except that, when requested by the parent, school district personnel must develop an individual education plan or matrix level of services.
 - (f) I am responsible for the payment of all eligible expenses in excess of the amount of the FES-SD Scholarship in accordance with the terms agreed to between me and the providers.
 - (g) I may not transfer any prepaid college plan or college savings plan funds contributed pursuant to s. 1002.385(5)(f) to another beneficiary while the plan contains funds contributed pursuant to this section.
 - (h) I may not receive a payment, refund, or rebate from an approved provider of any services under this program.
 - (i) I may not bill an insurance company, Medicaid, or any other agency for the same services that are paid through the FES-SD Scholarship.
 - (j) I agree to follow the rules and responsibilities for parents as they apply to the program, as set forth in the AAA Parent & School Handbook available at www.aaascholarships.org/florida/parents.
 - (k) I may not sell for personal gain any products purchased by the FES-SD Scholarship Program.
- If I fail to comply, I will forfeit the FES-SD Scholarship.

Signature of Parent

State of Florida, County of _____ Sworn and subscribed before me by means of physical presence or online

notarization this _____ day of _____ 2021 by _____ who has produced

_____ or who is personally known to me.

Notary Public Signature

Print Name

MY COMMISSION EXPIRES: _____ (Seal)

Mail All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-5719
Email: AAAGardiner@aaascholarships.org

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E) HOW DID YOU HEAR ABOUT THIS AAA SCHOLARSHIP PROGRAM?

- | | | |
|--|--|---|
| <input type="checkbox"/> Renewing Household | <input type="checkbox"/> Flyer, brochure or poster | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Another scholarship parent | <input type="checkbox"/> At an event in my community | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Referred by friend, family or work associate not on scholarship | <input type="checkbox"/> Newspaper ad or article | <input type="checkbox"/> Employer communication |
| <input type="checkbox"/> Referred by private school | <input type="checkbox"/> State Agency | <input type="checkbox"/> Other: |

F) REQUIRED DOCUMENTATION CHECKLIST

- Notarized Sworn Compliance Statement (see page 3 of application) (Required for ALL)
- Parent/Guardian's Valid Florida Driver's License OR Current Florida Utility Bill in parent's name and address that matches mailing address on application. (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Student's Birth Certificate (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Prior School Year report card (for private or public school students) (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Licensed Physician/Florida Psychologist Diagnosis of Disability Form – See Page 5 (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Florida Individual Education Plan (IEP), if available

Mail or Email All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation P.O.
Box 15719
Tampa, FL 33684-0719
- or -
AAAGardiner@aaascholarships.org

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received.

To check the processing status of your application, go to https://webportalapp.com/sp/aaasf_floridagardiner_21

Questions? Call 1-888-707-2465 or email AAAGARDINER@aaascholarships.org

2021-2022 Licensed Physician/Florida-Psychologist Diagnosis of Disability Form

Instructions: Please take this form to your child's licensed physician or Florida-licensed psychologist and have them check one or more of the following disabilities that pertain to your child (as defined below) then have them sign and date the bottom of the form. Return the form to AAA Scholarship Foundation. **This Form is Required for New and Transfer Applicants Only.**

- Autism Spectrum Disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association.
- Down syndrome, as defined in s.393.063(13), "Down syndrome" means a disorder caused by the presence of an extra chromosome 21.
- Cerebral palsy, as defined in s.393.063(4), "Cerebral palsy" means a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke.
- Intellectual disability, as defined in s.393.063(21), "Intellectual disability" means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely.
- Phelan-McDermid syndrome, as defined in s.393.063(28) "Phelan-McDermid syndrome" means a disorder caused by the loss of a terminal segment of the long arm of chromosome 22, which occurs near the end of the chromosome at a location designated q13.3, typically leading to developmental delay, intellectual disability, dolichocephaly, hypotonia, or absent or delayed speech.
- Prader-Willi syndrome, as defined in s.393.063(25), "Prader-Willi syndrome" means an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia or an excessive drive to eat which leads to obesity usually at 18 to 36 months of age, mild to moderate intellectual disability, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior.
- Spina bifida, as defined in s.393.063(36), "Spina bifida" means, for purposes of this chapter, a person with a medical diagnosis of spina bifida cystic or myelomeningocele.
- For a 3-5-year-old, being a high-risk child as defined in s. 393.063(23).
- Williams syndrome
- Muscular dystrophy
- Dual sensory impaired
- Anaphylaxis
- A hearing impairment, including deafness
- A visual impairment, including blindness
- Traumatic brain injured
- Rare diseases which affect patient populations of fewer than 200,000 individuals in the United States, as defined by the National Organization for Rare Disorders. **NAME OF RARE DISEASE (REQUIRED):** _____
- Hospital or homebound, as defined by rules of the State Board of Education and evidenced by reports from local school districts. The term "hospital or homebound" includes a student who has a medically diagnosed physical or psychiatric condition or illness, as defined by the state board in rule, and who is confined to the home or hospital for more than 6 months.
- Speech impairment
- Language impairment
- Orthopedic impairment
- An other health impairment, as defined in Rule 6A-6.030152. Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury.
- Emotional or behavioral disability
- Dyslexia
- Dyscalculia
- Developmental aphasia
- Another the specific learning disability not listed above. **NAME OF SPECIFIC LEARNING DISABILITY (REQUIRED)** _____
- NONE OF THE ABOVE

FOR LICENSED PHYSICIAN/FLORIDA-LICENSED PSYCHOLOGIST ONLY

I confirm that _____ (student name) has been diagnosed by me with the defined disability above.

Physician Signature:	Physician Printed Name:
Physician Address:	Date Signed:
Medical ID Number:	State Where Licensed:

Mail or Email this Form along with the Completed Application and Required Documents to:

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-0719
Email: AAAGardiner@aaascholarships.org



**Family Empowerment Scholarship for Students with Disabilities (Formerly Gardiner Scholarship Program)
Add-on Student Application for School Year 2021-2022**

A recent law change allows your household to “Add-On” children without eligible disabilities to your household’s existing Family Empowerment Scholarship that will help pay for tuition and fees (only) while they are enrolled in an eligible private school.

If you do not have any “Add-on” children without eligible disabilities, please disregard the rest of this form.

If you do have child(ren) without disabilities that you would like to have us consider for a PRIVATE SCHOOL scholarship (only), please complete and return the following form. **Note that you must FIRST establish the eligibility for your child(ren) with disabilities before this "Add-on" application will be processed.**

ARE YOU ELIGIBLE TO SUBMIT THIS APPLICATION? COMPLETE THE QUESTIONS BELOW TO FIND OUT.

1. Is your add-on student entering K through 12th grade in Florida and enrolling into an eligible private school for 2021-2022 school year?

- Yes, my add-on student is entering K through 12th grade in Florida and enrolling into an eligible private school for 2021-2022 school year. Please continue to question #2.
- No, my add-on student will NOT be entering those grades in an eligible private school for 2021-2022 school year. STOP – your add-on student does not qualify to receive an AAA scholarship.

2. Will your add-on student be between the required ages for Florida on or before September 1, 2021? (Copy of Birth Certificate is required for your application to be processed.)

- Yes, my Florida add-on student will be at least 5 years of age but not older than 21 years of age on September 1, 2021. Please continue to #3.
- No, my add-on student will not meet the age requirements in Florida. STOP – your add-on student does not qualify to receive an AAA scholarship.

3. Will your add-on student be transferring their scholarship to AAA from another Scholarship Funding Organization (SFO) or the FL DOE?

- Yes, my add-on student received a scholarship from another SFO or the FL DOE for the 2020-21 school year (a *Certificate of Eligibility to Transfer Form* is required in order for this application to be processed. See attached *Certificate of Eligibility to Transfer form*). Please continue to #4.
- No, my add-on student is not a student transfer. My add-on student is a sibling add-on. (Do not complete the attached *Certificate of Eligibility to Transfer form*.) Please continue to #4.

4. Is your household/add-on student otherwise eligible?

- Yes, neither my household nor my add-on student has been disqualified from any scholarship program for any reason, including an internal audit process. Please continue to the next page to complete the application.
- No, my household or my add-on student has been disqualified from a scholarship program for any reason, including an internal audit process in the past. STOP – your add-on student does not qualify for an AAA scholarship.

Return all pages of the completed application and required supporting documents to AAA:

- Email pdf: AAAGardiner@aaascholarships.org or
- Fax: 1-888-707-2465 or
- Mail: AAA Scholarships - P.O. Box 15719, Tampa, FL 33684-5719

Current application submission deadline is listed at www.aascholarships.org.

Household Information

1. PARENT/GUARDIAN "A" on the original scholarship application

Name: _____

2. PARENT/GUARDIAN "B" on the original scholarship application

Name: _____

3. Household Physical Address:

4. Household District/County: _____

5. Household Mailing Address:

6. Parent A Social Security Number: _____

7. Parent A Cell Phone Number: _____

8. Parent A Email Address: _____

**Return all pages of the Completed Application and Required Supporting Documents to
AAA Scholarship Foundation by Email, Fax, or Mail.**

Email pdf: AAAGardiner@aaascholarships.org * Fax: 1-888-707-2465

Mail: AAA Scholarships - P.O. Box 15719, Tampa, FL 33684-5719

Add-On Student Information

For additional students, make a copy of this page before completing or answer every question on an additional sheet of paper.

Student #1 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>
Student SS#:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> White, non-Hispanic	
Grade Level Student will be entering in August of 2021:	
Name of School attended 2020-2021:	
School District / County of school attended in 2020-2021:	
Type of School attended in 2020-2021: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable	
Does this student receive any of the following?: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1	

Student #2 Last Name, First Name, Middle Initial:	Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>
Student SS#:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> White, non-Hispanic	
Grade Level Student will be entering in August of 2021:	
Name of School attended 2020-2021:	
School District / County of school attended in 2020-2021:	
Type of School attended in 2020-2021: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable	
Does this student receive any of the following?: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1	

Return all pages of the Completed Application and Required Supporting Documents to AAA Scholarship Foundation by Email, Fax, or Mail by the deadline.

Email pdf: AAAGardiner@aaascholarships.org* Fax: 1-888-707-2465
Mail: AAA Scholarships - P.O. Box 15719, Tampa, FL 33684-5719

Certification, Authorization and Documentation Checklist

- ✓ I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.
- ✓ I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.
- ✓ I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.
- ✓ I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
- ✓ I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
- ✓ I authorize AAA Scholarship Foundation to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.
- ✓ I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at www.aaascholarships.org.
- ✓ I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.
- ✓ I understand that it is my responsibility to notify my child's public school district if I intend to withdraw him/her.
- ✓ I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.
- ✓ I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and the student(s) may not qualify for future scholarship funding. I understand funding is not guaranteed.
- ✓ I understand that it is my right and responsibility to read and understand a private school's admission and conduct policy before requesting to enroll my child(ren) into an eligible private school.
- ✓ I consent and agree that AAA Scholarship Foundation may obtain my child's free and reduced price meal and free milk eligibility information for the purpose of helping to determine my child's eligibility for the Florida Tax Credit Scholarship Program. I understand that this information will not be shared with any other entity or program. In addition, I may limit my consent to only those programs with which I wish to share this information.

Signatures (E-Signatures not accepted):

Parent/Guardian A: _____ Date: _____

Parent/Guardian B: _____ Date: _____

The following MUST be included with the completed Student Add-On Request Application:

- Birth Certificate for each Add-On Student
- Documented proof of where each Add-on Student resides
- Certificate of Eligibility to Transfer, if required (enclosed)

Return all pages of the Completed Application and Required Supporting Documents to AAA Scholarship Foundation by Email, Fax, or Mail. Current deadline available at www.aaascholarships.org

Email pdf: AAAGardiner@aaascholarships.org * Fax: 1-888-707-2465
 Mail: AAA Scholarships - P.O. Box 15719, Tampa, FL 33684-5719

PARENT/GUARDIAN A Name: _____ Household ID# _____

Florida Certificate of Eligibility to Transfer

This form is required if you wish to transfer your child(ren)'s Florida scholarship to AAA.

- 1) Fill out this form with the name(s) of the child(ren) whose scholarship(s) you are transferring and then sign where indicated. Print additional copies of this form if you have more than two children.
- 2) AAA will send the completed and signed form to your child's school to confirm that the scholarships are eligible for transfer to AAA and to release last school year's scholarship payment data to AAA.

I/We _____ (print Parent name) give _____
_____ (print name of school) permission to release information about
my child(ren)'s scholarship history to AAA Scholarship Foundation.

Transferring Student #1 Name: _____

Transferring Student #2 Name: _____

Parent or guardian signature

Date signed

****THIS SECTION TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL ONLY****

DID STUDENT #1 RECEIVE SCHOLARSHIP FUNDING LAST SCHOOL YEAR? YES _____ NO _____

FOR WHAT TYPE OF SCHOLARSHIP DID THE STUDENT RECEIVE FUNDING? _____

AMOUNT FUNDED LAST SCHOOL YEAR: _____

INDICATE WHETHER THE FUNDING WAS RECEIVED FROM FL DOE _____ OR STEP UP FOR STUDENTS _____

DID STUDENT #2 RECEIVE SCHOLARSHIP FUNDING LAST SCHOOL YEAR? YES _____ NO _____

FOR WHAT TYPE OF SCHOLARSHIP DID THE STUDENT RECEIVE FUNDING? _____

AMOUNT FUNDED LAST SCHOOL YEAR: _____

INDICATE WHETHER THE FUNDING WAS RECEIVED FROM FL DOE _____ OR STEP UP FOR STUDENTS _____

This certifies that the information provided above is true and correct to the best of my knowledge.

Printed Name of Authorized Representative Completing Form

Title

Signature of Authorized Representative Completing Form

Date Signed

Submit Form along with All Pages of the Completed Application and Required Documentation to:

Email: AAAGardiner@aaascholarships.org * Fax: 1-888-707-2465 *

Mail to: P.O. Box 15719, Tampa, FL 33684-5719