

Displaced Student Applicant 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 _____

Contact Name _____ FAX number _____

Email _____

VERIFICATION (to be completed by DCS)

- 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 4.
- Other (explain):

DCS Verification - Signature

Date
