



Academic Opportunity  
of **Arizona**

## Displaced Student Applicant Verification Form

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

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

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

Date of Birth (mm/dd/yy): \_\_\_\_\_ M/F: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

Previous SSN: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 2: \_\_\_\_\_

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*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: \_\_\_\_\_