



State of Arizona
Department of Education
ESA ELIGIBILITY ATTESTATION

I, _____, believe my student, _____
does have a need and would benefit from continuing to receive educational services and
ESA funds for one additional year. I understand that because A.R.S. § 15-2402(B)(4)(o)
changes the procedures for review of eligibility for ESA, the submission of this signed
attestation may qualify my student for a one year extension only for the 2018-2019
school year.

	Applicant Signature
	Applicant Printed Name
	Student's Printed Name
	ESA Application ID #

Return by: **May 1, 2018**

Email: ESA@azed.gov

Mailing Address:
Arizona Department of Education
Empowerment Scholarship Account
1535 W. Jefferson Street, bin #41
Phoenix, Arizona 85007