



EMPOWERMENT SCHOLARSHIP ACCOUNT
2018-2019 EXPENSE REPORT
STUDENT WITH DISABILITY

Quarter: _____

Applicant/Legal Guardian and Student Details (print in blue or black ink):

| | |
|-------------------------------------|------------------------------------|
| Student First Legal Name | Student Legal Last Name |
| Applicant/Legal Guardian First Name | Applicant/Legal Guardian Last Name |

Expenses (If not Applicable, Leave Blank)

1) Private School Expenses

A) Tuition

School Name: _____ Tuition Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual

B) Fees

Fee Type 1: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Activity Fee ☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Fee Type 2: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Fee Type 3: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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C) Textbooks - Required By Private School

| | |
|-----------|-----------------|
| Textbook: | Amount Paid: \$ |
| Textbook: | Amount Paid: \$ |
| Textbook: | Amount Paid: \$ |

B) Uniform (Required By and Purchased Through School)

Total Payment Amount: \$ _____

2) Educational Therapies and Services for Students with Disabilities

A) Therapy 1

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Therapist: _____

Therapy Type: _____ Credential Type: _____

☐ Checking this box assures that I have verified credentials and documents are attached

B) Therapy 2

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Therapist: _____

Therapy Type: _____ Credential Type: _____

☐ Checking this box assures that I have verified credentials and documents are attached

C) Therapy 3

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Therapist: _____

Therapy Type: _____ Credential Type: _____

☐ Checking this box assures that I have verified credentials and documents are attached

Use Addendum sheet to add additional therapies



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3) Paraprofessional for Students with Disabilities

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Paraprofessional: _____

Credential Type: ☐ Associates degree or higher
☐ 60 or more credit hours
☐ Passed one or more of the three paraprofessional tests

☐ Checking this box assures that I have verified credentials and documents are attached

4) Life-Skills Education

These courses help students with disabilities learn life-skills to promote independence.

A) Course 1

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Course Title: _____ Subject: _____

Provider: _____ Contact: _____

B) Course 2

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Course Title: _____ Subject: _____

Provider: _____ Contact: _____

4) Assistive Technology Rental for Students with Disabilities (as required by therapy)

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Equipment _____ Provider _____

Please attach signed Rental Agreement with submission



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5) Education and/or Psychological Evaluation (credential required)

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Evaluation Type: _____ Provider _____

6) Braille Translation Service

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Provider: _____

7) Tutoring Services – Academic Subjects, including Art, Foreign Language and Music (credential required)

A) Tutor 1

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Tutor: _____ Subject: _____

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate

☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

B) Tutor 2

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Tutor: _____ Subject: _____

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate

☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

Use Addendum sheet to add additional Academic Tutors



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C) Tutor 3

Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Name of Tutor: _____ Subject: _____

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching/Substitute Teaching Certificate

☐ Subject-specific Credential (Specify): _____

☐ Checking this box assures that I have verified credentials and documents are attached

Use Addendum sheet to add additional Extra-Curricular Tutors

8) Curricula

A) Curriculum Order 1

Payment Date: _____ Total Payment Amount: \$ _____ Vendor: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

a) Curriculum, as listed on Invoice

| Name of Curriculum | Grade Level | Subject | Price |
|--------------------|-------------|---------|-------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

b) Supplemental Material

| Required by (Curriculum Name) | Name of Item | Price |
|-------------------------------|--------------|-------|
| | | \$ |
| | | \$ |

c) Taxes and Shipping: Payment Amount: \$ _____



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B) Curriculum Order 2

Payment Date: _____ Total Payment Amount: \$ _____ Vendor: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

a) Curriculum, as listed on Invoice

| Name of Curriculum | Grade Level | Subject | Price |
|--------------------|-------------|---------|-------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

b) Supplemental Material

| Required By (Curriculum Name) | Name of Item | Price |
|-------------------------------|--------------|-------|
| | | \$ |
| | | \$ |

c) Taxes and Shipping: Payment Amount: \$ _____

Use Addendum sheet to add additional Curricula

9) Online Private Program

A) Tuition

Program Name: _____ Tuition Paid: \$ _____ Payment Date: _____

B) Fees (as shown on Invoice)

Name of Fee: _____ Tuition Paid: \$ _____ Payment Date: _____

C) Required Textbooks/Curriculum

| | |
|--------------|-----------------------|
| Title: _____ | Amount Paid: \$ _____ |
| Title: _____ | Amount Paid: \$ _____ |
| Title: _____ | Amount Paid: \$ _____ |



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10) Testing Fee for Placement/Admission Exams related to College

Payment Date: _____

Test Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: _____ Payment Amount: \$ _____

Test Name: ☐ American College Test (ACT) ☐ California Achievement Test (CAT)
☐ Stanford Achievement Test (SAT) ☐ Iowa Test of Basic Skills (ITBS)
☐ Tests of Academic Proficiency (TAP) ☐ Metropolitan Achievement Test (MAT)
☐ TerraNova ☐ Other (Specify) : _____

11) Post-Secondary Institution (University, College, Trade or Vocational School in Arizona)

A) Tuition

Institution Name: _____ Tuition Paid: \$ _____ Payment Date: _____

B) Fees

Name of Fee 1: _____ Amount Paid: \$ _____

Name of Fee 2: _____ Amount Paid: \$ _____

C) Textbooks Required by Post-Secondary Institution

Title: _____ Amount Paid: \$ _____

Title: _____ Amount Paid: \$ _____

Title: _____ Amount Paid: \$ _____

D) Placement / Admissions Test

Test Name: _____ Test Date: _____

Amount Paid: \$ _____

12) Bank Fee for ESA Account

a) Bank Fee 1

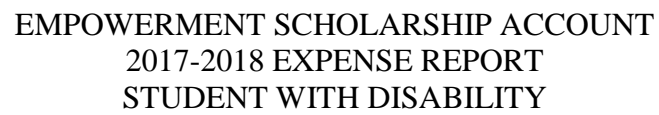
Payment Date: _____ Payment Amount: \$ _____

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee

b) Bank Fee 2

Payment Date: _____ Payment Amount: \$ _____

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee



Note: Student cannot be enrolled in public school; services must be paid-services from a public school within Arizona

Payment Amount: \$ _____

School: _____

Course Title: _____ Subject: _____ Grade Level: _____



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EXPENDITURE – ATTESTATION FORM

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
 - a. Suspend an ESA account or remove a parent for misspending;
 - b. Require repayment of misspent funds before releasing additional monies;
 - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
- 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

| |
|--------------------|
| ESA Application #: |
|--------------------|

| | | |
|------------------------------|-----------|------|
| Parent Name (<i>Print</i>) | Signature | Date |
|------------------------------|-----------|------|

Submission is not complete without all supporting documentation (receipts, invoices, credentials, etc.)

Send completed Expense Report and required documents to:



Mail

**Arizona Department of Education
Attn: ESA
1535 W. Jefferson Street Bin #41
Phoenix, Arizona 85007**



Email:

esa@azed.gov